

MEDICARE & MARKETPLACE COMPLIANCE CHANGES PY2024

*PRESENTED BY GRABER & ASSOCIATES
SEPTEMBER 12TH, 2023*

*AGENT USE ONLY
INFORMATION SUBJECT TO CHANGE*



COMPLIANCE CHANGES OVERVIEW – PY2024

- MARKETPLACE COMPLIANCE
 - CONSENT DOCUMENTATION REQUIREMENTS
 - TEMPLATE OPTIONS
 - G&A RESOURCES
- MEDICARE
 - CALL RECORDINGS/WEB BASED TECH
 - PECL & CMS REQUIRED TOPICS
 - DISCLOSURE STATEMENT
 - AEP LETTER/EMAIL
 - SCOPE OF APPOINTMENT
- QUESTIONS

MARKETPLACE COMPLIANCE

- Agents and brokers must not maintain access to a client's HealthCare.gov account or associated email account.
- Agents and brokers may never create a HealthCare.gov account for a consumer or log into a consumer's HealthCare.gov account—whether in the U.S. or outside of the country.
 - *Reminder: Adding your NPN to a Marketplace account requires consumer consent*
- Are you utilizing a FREE [HealthSherpa](#) account yet?

MARKETPLACE CONSENT DOCUMENTATION REQUIREMENTS

- CMS finalized regulation updates requiring agents, brokers, and web-brokers to **document the receipt of consent** from the consumer or their authorized representative.
 - The consumer or their authorized representative must take an action to produce the documentation
 - The documentation must contain, at a minimum, the following information:
 - A description of the scope, purpose, and duration of the consent provided by the consumer or their authorized representative;
 - The date the consent was given;
 - The name of the consumer or their authorized representative;
 - The name of the agent, broker, web-broker, or agency being granted consent;
 - A process through which the consumer or their authorized representative may rescind the consent.
 - The agent, broker, or web-broker must maintain the documentation for a minimum of 10 years

MARKETPLACE CONSENT DOCUMENTATION CONTINUED....

- CMS does not prescribe the manner in which agents and brokers must document consent
- Different formats acceptable:
 - Recorded phone call
 - Text message
 - Email
 - Electronic document with digital signatures
 - Physical document with wet signatures
- Can have agency consent
- Can last indefinitely

MARKETPLACE CONSENT TEMPLATE CMS EXAMPLE

OMB Control Number: 0938-1438
Expiration Date: 06/30/2026

CMS Model Consent Form for Marketplace Agents and Brokers

I, _____ [insert name of primary household contact], give my permission to _____ [insert name of the person or entity who has the consumer's consent] to serve as the health insurance agent or broker for myself and my entire household if applicable, for purposes of enrollment in a Qualified Health Plan offered on the Federally Facilitated Marketplace. By consenting to this agreement, I authorize the above-mentioned Agent to view and use the confidential information provided by me in writing, electronically, or by telephone only for the purposes of one or more of the following:

1. Searching for an existing Marketplace application;
2. Completing an application for eligibility and enrollment in a Marketplace Qualified Health Plan or other government insurance affordability programs, such as Medicaid and CHIP or advance tax credits to help pay for Marketplace premiums;
3. Providing ongoing account maintenance and enrollment assistance, as necessary; or
4. Responding to inquiries from the Marketplace regarding my Marketplace application.

I understand that the Agent will not use or share my personally identifiable information (PII) for any purposes other than those listed above. The Agent will ensure that my PII is kept private and safe when collecting, storing, and using my PII for the stated purposes above.

I confirm that the information I provide for entry on my Marketplace eligibility and enrollment application will be true to the best of my knowledge. I understand that I do not have to share additional personal information about myself or my health with my Agent beyond what is required on the application for eligibility and enrollment purposes. I understand that my consent remains in effect until I revoke it, and I may revoke or modify my consent at any time by _____ [insert method to revoke consent].

Name of Primary Writing Agent: _____
 Agent National Producer Number: _____
 Phone Number: _____
 Email Address: _____

Name of Agency (if applicable): _____
 Agency National Producer Number: _____
 Owner of Agency: _____
 Phone Number: _____
 Email Address: _____

Name of Primary Household Contact and/or Authorized Representative: _____
 Phone Number: _____
 Email Address: _____
 Signature: _____
 Date: _____

- CMS TEMPLATE LINK
 - [CLICK HERE](#)

MARKETPLACE CONSENT TEMPLATE HEALTHSHERPA EXAMPLE

- HEALTHSHERPA
TEMPLATE LINK
• [CLICK HERE](#)

Enrollment consent form

I, _____ [name of primary household contact], give my permission to _____ [name of the person or entity who has the consumer's consent] ("Agent") to serve as the health insurance Agent or broker for myself and my entire household if applicable, for purposes of enrollment in a Qualified Health Plan offered on the Federally Facilitated Marketplace. By consenting to this agreement, I authorize the above-mentioned Agent to view and use the confidential information provided by me in writing, electronically, or by phone only for one or more of the following:

- Searching for an existing Marketplace application
- Completing an application for eligibility and enrollment in a Marketplace Qualified Health Plan or other government insurance affordability programs, such as Medicaid and CHIP or advance tax credits to help pay for Marketplace premiums
- Providing ongoing account maintenance and enrollment assistance, as necessary
- Responding to inquiries from the Marketplace regarding my application

I understand that the Agent will not use or share my personally identifiable information (PII) for any purposes other than those listed above. The Agent will ensure that my PII is kept private and safe when collecting, storing, and using my PII for the stated purposes above.

- I confirm that the information I provide for entry on my Marketplace eligibility and enrollment application will be true to the best of my knowledge.
- I confirm that I have reviewed my completed application and that all information is accurate.

I understand that I do not have to share additional personal information about myself or my health with my Agent beyond what is required on the application for eligibility and enrollment purposes. I understand that my consent remains in effect until I revoke it, and I may revoke or modify my consent at any time by contacting my Agent or by revoking it through my HealthSherpa dashboard.

Last updated: August 2023 (B)

Primary Writing Agent

Name of primary writing Agent: _____
Agent National Producer Number: _____
Phone number: _____
Email address: _____

Agency (if applicable)

Name of Agency (if applicable): _____
Agency National Producer Number: _____
Owner of Agency: _____
Phone number: _____
Email address: _____

Primary applicant

Name of primary household contact: _____
Authorized representative (if applicable): _____
Phone number: _____
Email address: _____
Primary contact signature: _____
Date: _____

Page 2 Last updated: August 2023 (B)

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MARKETPLACE CONSENT TEMPLATE NABIP EXAMPLE

- NABIP TEMPLATE LINK
 - [CLICK HERE](#)

CONSENT FOR BROKER ASSISTANCE

AS REQUIRED UNDER CMS-9899-F AMENDMENT OF 45 CFR § 155.220

Household Contact Information

Name of Primary Contact and/or Authorized Representative	
Phone Number	Email

I give my permission to **[Insert Agency Name]**, and/or their staff to provide the following services on behalf of myself, and my entire household if applicable.

1. Search for an existing Marketplace application;
2. Completing an application for eligibility and enrollment in a marketplace Qualified Health Plan or government insurance affordability programs, such as Medicaid and CHIP or advance tax credits to help pay for Marketplace Premiums or enrollment in off-exchange insurance products as applicable;
3. Providing ongoing account maintenance and enrollment assistance, as necessary; or
4. Responding to inquiries from the Marketplace regarding my Marketplace application.

I understand that **[Insert Agency Name]**, and/or their staff will not share my personally identifiable information (PII) and they will ensure that my PII is kept private and safe when collecting, storing, and using my information for the stated purposes above.

I confirm that the information I provide for entry on my Marketplace eligibility and enrollment application will be true to the best of my knowledge.

I understand that my consent remains in effect until I revoke it, and I may revoke or modify my consent at any time. I understand that requests must be made in writing, either by sending the request via certified mail to the address below or via email to **[Email]**.

Agency Contact Information

[Name] | **[Phone Number]** | **[Mailing Address]**

Agent Contact Information

[Name] | **[Email]** | **[NPN]**

PRIMARY CONTACT SIGNATURE

DATE

Disclosure: This consent form does not supersede any State or Federal Agent of Record, Broker of Record, or other form required by a QHP issuer.



G&A MARKETPLACE CONSENT RESOURCES

- NOTIFICATION WITH EMAIL/TEXT TEMPLATE SENT AUGUST 11TH, 2023
- G&A [Phone.com](#) Partner Discount
 - Call/Email Alex Diaz with promo code GAAPDC2023

To...
 Cc...
 Subject: MARKETPLACE CONSENT DOCUMENTATION

AGENT DIRECTIONS: ITEMS IN BOLD ARE FOR AGENT/AGENCY TO FILL IN WITH THEIR AGENT/AGENCY INFORMATION BEFORE SENDING TO BENEFICIARY OR AUTHORIZED REPRESENTATIVE. (YOU CAN REMOVE THESE DIRECTIONS BEFORE SENDING TO BENEFICIARY/AUTHORIZED REPRESENTATIVE).

PLEASE RESPOND TO THIS EMAIL BY FILLING IN THE HIGHLIGHTED SPACES AND SENDING BACK TO ME. PER CMS GUIDELINES I/WE MUST DOCUMENT AND SAVE THIS CONSENT PRIOR TO ASSISTING YOU WITH YOUR MARKETPLACE APPLICATION:

I, **[insert name of primary household contact]**, give my permission to **AGENT/AGENCY NAME** to serve as the health insurance agent or broker for myself and my entire household if applicable, for purposes of enrollment in a Qualified Health Plan offered on the Federally Facilitated Marketplace. By consenting to this agreement, I authorize **AGENT/AGENCY NAME** to view and use the confidential information provided by me in writing, electronically, or by telephone only for the purposes of one or more of the following:

1. Searching for an existing Marketplace application;
2. Completing an application for eligibility and enrollment in a Marketplace Qualified Health Plan or other government insurance affordability programs, such as Medicaid and CHIP or advance tax credits to help pay for Marketplace premiums;
3. Providing ongoing account maintenance and enrollment assistance, as necessary; or
4. Responding to inquiries from the Marketplace regarding my Marketplace application.

I understand that **AGENT/AGENCY NAME** will not use or share my personally identifiable information (PII) for any purposes other than those listed above. **AGENT/AGENCY NAME** will ensure that my PII is kept private and safe when collecting, storing, and using my PII for the stated purposes above. I confirm that the information I provide for entry on my Marketplace eligibility and enrollment application will be true to the best of my knowledge. I understand that I do not have to share additional personal information about myself or my health with **AGENT/AGENCY NAME** beyond what is required on the application for eligibility and enrollment purposes. I understand that my consent remains in effect until I revoke it, and I may revoke or modify my consent at any time by notifying **AGENT/AGENCY NAME** in writing.

Name of Primary Writing Agent:
 Agent National Producer Number:
 Agency National Producer Number (if applicable):
 Owner of Agency (if applicable):

Name of Primary Household Contact and/or Authorized Representative: **[insert name of primary household contact]**
 Date of Consent: **[insert date of consent]**

Agent Call Recording

Partnering with Graber & Associates provides you access to EXCLUSIVE technological options helping you meet Medicare & Marketplace compliance.

Phone.com

Phone.com is a cloud-based communication and virtual phone system platform. It enables users to manage their communications efficiently through a web interface or mobile app, facilitating better connectivity with customers.

- **Convenient calling over data and Wi-Fi** - make calls anywhere using your 4G/5G data or Wi-Fi.
- **Better visual voicemail** - get all your voicemails in one place and access them within the app or your email.
- **Personal conference bridge** - making it easy to connect employees and clients wherever they work.
- **Text using any Phone.com number** - send and receive SMS messages using any of your business phone numbers.

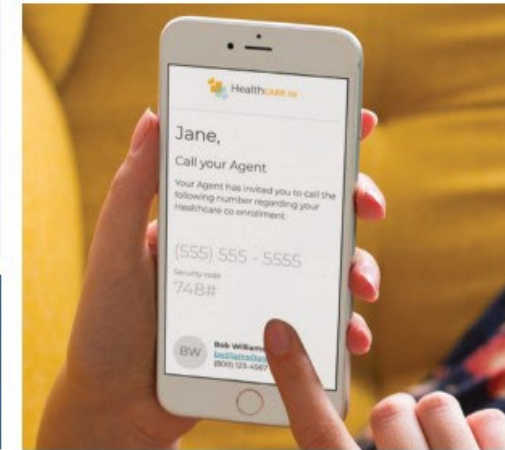
Graber & Associates' Phone.com Partner Discount

Contact Alexandra Diaz at:
 adiaz@phone.com or (858) 299-2045
 with promo code **GAAPDC2023**

Connecture

Connecture's call recording functionality is a standard feature built into your G&A Medicare Enrollment Platform.

- By partnering with Graber & Associates, this is at **NO COST** to you.
- Agent Call Recording for SOA, shopping and enrollment.



MEDICARE COMPLIANCE: CALL RECORDINGS/WEB BASED TECH

- PY2024 CALL RECORDING RULE
 - ONLY SALES, MARKETING, AND ENROLLMENT CALLS NEED TO BE RECORDED
 - CALLS TO SCHEDULE AN APPOINTMENT DO NOT NEED TO BE RECORDED
 - ONLY THE AUDIO PORTION
 - INCLUDES TELEPHONIC AND WEB-BASED CALLS (*SKYPE, GOTO, ETC...*)
- PY2024 TELEPHONIC/WEB BASED PRE-ENROLLMENT CHECKLIST REQUIREMENT
 - THE PRE-ENROLLMENT CHECKLIST (PECL) IS REQUIRED FOR ALL TELEPHONIC/VIRTUAL MARKETING MEETINGS
 - EFFECT ON CURRENT COVERAGE ADDED TO PECL
- RULES FOR SPOUSES

Agent Call Recording

Partnering with Graber & Associates provides you access to EXCLUSIVE technological options helping you meet Medicare & Marketplace compliance.

Phone.com

Phone.com is a cloud-based communication and virtual phone system platform. It enables users to manage their communications efficiently through a web interface or mobile app, facilitating better connectivity with customers.

- **Convenient calling over data and Wi-Fi** - make calls anywhere using your 4G/5G data or Wi-Fi.
- **Better visual voicemail** - get all your voicemails in one place and access them within the app or your email.
- **Personal conference bridge** - making it easy to connect employees and clients wherever they work.
- **Text using any Phone.com number** - send and receive SMS messages using any of your business phone numbers.

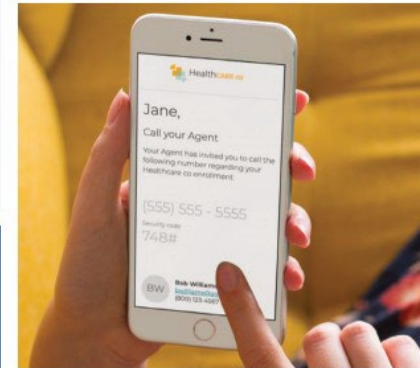
Graber & Associates' Phone.com Partner Discount

Contact Alexandra Diaz at
adiaz@phone.com or (858) 299-2045
with promo code **GAAPDC2023**

Connecture

Connecture's call recording functionality is a standard feature built into your G&A Medicare Enrollment Platform.

- By partnering with Graber & Associates, this is at **NO COST** to you.
- Agent Call Recording for SOA, shopping and enrollment.



PY2024 P.E.C.L.

- ***Pre-Enrollment checklist (PECL)***. The PECL is a standardized communications material that plans must provide to prospective enrollees with the enrollment form, so that the enrollees understand important plan benefits and rules. **For telephonic enrollments, the contents of the PECL must be reviewed with the prospective enrollee prior to the completion of the enrollment.** It references information on the following:
 - (i) The EOC.
 - (ii) Provider directory.
 - (iii) Pharmacy directory.
 - (iv) Formulary.
 - (v) Premiums/copayments/coinsurance.
 - (vi) Emergency/urgent coverage.
 - (vii) Plan-type rules.
 - (viii) Effect on current coverage.

PRE-ENROLLMENT CHECKLIST EXAMPLES (PY2023)



Blue Medicare Advantage PPO
Blue Medicare Advantage Enhanced PPO
Blue Medicare Advantage PPO | Avera
Blue Medicare Advantage Valor PPO

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-855-716-2544** (current members) or **1-800-213-3771** (non-members) from 8 a.m. to 8 p.m. local time, seven days a week from October 1 through March 31; 8 a.m. to 8 p.m., local time, Monday through Friday from April 1 through September 30. TTY users should call 711.

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.Wellmark.com/medicare/advantage/resources or call **1-855-716-2544** (TTY 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

The next two check boxes do not apply to the Blue Medicare Advantage Valor PPO plan as it does not cover Part D prescription drugs:

- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2024.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

Wellmark Advantage Health Plan, Inc. is an independent licensee of the Blue Cross and Blue Shield Association.

WM 11040 23v1

H5900_23SDPP0chcklst_C FVNR 0822

Medica Prime Solution® (Cost) Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1 (800) 234-8755** (TTY: 711).

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit Medica.com/GetMyDocs or call toll-free at **1 (800) 234-8755** (TTY: 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered. (Plans with Part D coverage).

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on Jan. 1, 2024.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).



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PY2024 CMS REQUIRED QUESTIONS & TOPICS

- Ensure that, prior to an enrollment, CMS' required questions and topics regarding beneficiary needs in a health plan choice are fully discussed. Topics include information regarding primary care providers and specialists (that is, whether or not the beneficiary's current providers are in the plan's network), regarding pharmacies (that is, whether or not the beneficiary's current pharmacy is in the plan's network), prescription drug coverage and costs (including whether or not the beneficiary's current prescriptions are covered), costs of health care services, premiums, benefits, and specific health care needs.
- *This is a separate requirement from the PECL*
- *AHIP HANDOUT*

DISCLAIMER STATEMENT

- PY2024 DISCLAIMER STATEMENT FOR AGENTS NOT APPOINTED WITH ALL AVAILABLE CARRIERS/PLANS*
 - “WE DO NOT OFFER EVERY PLAN AVAILABLE IN YOUR AREA. CURRENTLY WE REPRESENT [INSERT NUMBER OF ORGANIZATIONS] ORGANIZATIONS WHICH OFFER [INSERT NUMBER OF PLANS] PRODUCTS IN YOUR AREA. PLEASE CONTACT MEDICARE.GOV, 1-800-MEDICARE, OR YOUR LOCAL STATE HEALTH INSURANCE PROGRAM (SHIP) TO GET INFORMATION ON ALL OF YOUR OPTIONS.”

DISCLAIMER STATEMENT

- CONVEYED WITHIN FIRST 60 SECONDS OF ALL TELEPHONIC/WEB-BASED SALES CALLS
- ELECTRONICALLY CONVEYED WHEN COMMUNICATING VIA EMAIL
- PROMINENTLY DISPLAYED ON AGENT/AGENCY WEBSITE*
- PROMINENTLY DISPLAYED ON ALL MARKETING MATERIALS
- G&A [MEDICARE ENROLLMENT PLATFORM](#) ENHANCEMENTS WILL HELP!
 - Number of organizations and total plans available once zip code is entered in profile
 - **Tune in to our PY2024 Medicare Enrollment Platform Enhancements Webinar on September 20th!**

DISCLAIMER STATEMENT CONTINUED.....

- Website Disclaimer

- “We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program to get information on all of your options.”

AEP/OEP NOTIFICATIONS & DISCLAIMER STATEMENT

- SEND CLIENT NOTIFICATIONS PRIOR TO OCTOBER 1ST
- G&A TEMPLATES AVAILABLE

Medicare Notification Example With SOA Recommendation

<FLName>
<Address>

Dear <Greeting>,

Another year has passed and the Annual Enrollment Period (AEP) for Prescription Drug Plans, Cost Plans, and Medicare Advantage Plans is here. This year AEP is October 15th, 2023 through December 7th, 2023 and we can begin discussing your options as soon as October 1st. During AEP you can keep your current plan or switch to something different. Any changes you make will go into effect January 1st, 2024.

Each year, insurance companies are able to make changes to their plan's premium, deductible, cost sharing, and covered prescription drugs. For this reason, you are encouraged to watch for your current plan's Annual Notice of Change (ANOC) mailing which will outline plan changes for 2024.

We recommend comparing your current prescription drug list with all 2024 plan options to ensure you are enrolled in the most cost-effective plan available for your situation. We would be happy to review your updated prescription drug list and make a recommendation for a plan change, if needed.

To schedule an analysis of available 2024 plans please complete the steps below:

1. Complete/sign the enclosed SCOPE OF APPOINTMENT (SOA) FORM and return to <Agent/Agency Name> in the enclosed prepaid envelope. **If the enclosed SOA is not received at least 48 hours prior to your scheduled appointment we may have to ask you to reschedule due to new federal guidelines.**
2. Call our office at <phone number> or <phone number> to schedule an appointment.

Any drug lists received after December 1st are not guaranteed to be reviewed prior to the December 7th deadline. Thank you for your continued business!

Sincerely,
<Agent/Agency Name>

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

Medicare Notification Without SOA Recommendation

<FLName>
<Address>

Dear <Greeting>,

Another year has passed and the Annual Enrollment Period (AEP) for Prescription Drug Plans, Cost Plans, and Medicare Advantage Plans is here. This year AEP is October 15th, 2023 through December 7th, 2023 and we can begin discussing your options as soon as October 1st. During AEP you can keep your current plan or switch to something different. Any changes you make will go into effect January 1st, 2024.

Each year, insurance companies are able to make changes to their plan's premium, deductible, cost sharing, and covered prescription drugs. For this reason, you are encouraged to watch for your current plan's Annual Notice of Change (ANOC) mailing which will outline plan changes for 2024.

We recommend comparing your current prescription drug list with all 2024 plan options to ensure you are enrolled in the most cost-effective plan available for your situation. We would be happy to review your updated prescription drug list and make a recommendation for a plan change, if needed.

Our team is prepared to service you virtually or in-person, depending on your specific needs.

To schedule an analysis of available 2024 plans during this limited timeframe, please call our office at <phone number> or <phone number>. Any drug lists received after December 1st are not guaranteed to be reviewed prior to the December 7th deadline.

Thank you for your continued business!

Sincerely,
<Agent/Agency Name>

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

Medicare Notification Example With SOA & Medicare.gov Recommendation

<FLName>
<Address>

Dear <Greeting>,

Another year has passed and the Annual Enrollment Period (AEP) for Prescription Drug Plans, Cost Plans, and Medicare Advantage Plans is here. This year AEP is October 15th, 2023 through December 7th, 2023 and we can begin discussing your options as soon as October 1st. During AEP you can keep your current plan or switch to something different. Any changes you make will go into effect January 1st, 2024.

Each year, insurance companies are able to make changes to their plan's premium, deductible, cost sharing, and covered prescription drugs. For this reason, you are encouraged to watch for your current plan's Annual Notice of Change (ANOC) mailing which will outline plan changes for 2024.

We recommend comparing your current prescription drug list with all 2024 plan options to ensure you are enrolled in the most cost-effective plan available for your situation. We would be happy to review your updated prescription drug list and make a recommendation for a plan change, if needed.

To schedule an analysis of available 2024 plans please complete the steps below:

1. Complete/sign the enclosed SCOPE OF APPOINTMENT (SOA) FORM and return to <Agent/Agency Name> in the enclosed prepaid envelope. **If the enclosed SOA is not received at least 48 hours prior to your scheduled appointment we may have to ask you to reschedule due to new federal guidelines.**
2. Call our office at <phone number> or <phone number> to schedule an appointment.
3. Optional: To facilitate an accurate review of your prescription drug list, it will help to create a Medicare.gov account if you do not have one already. Please complete the enclosed Medicare.gov Consent Slip and include it in the prepaid envelope.

Any drug lists received after December 1st are not guaranteed to be reviewed prior to the December 7th deadline. Thank you for your business!

Sincerely,
<Agent/Agency Name>

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

Medicare Notification Example With SOA & Medicare.gov Recommendation

MEDICARE.GOV ACCOUNT CONSENT FORM

To facilitate an accurate review of your prescription drug list, it will help to create a Medicare.gov account. Please check the box below that meets your preference and return in the enclosed prepaid envelope.

- I give <Agent/Agency Name> permission to retrieve my medication list from Medicare.gov and, if needed, create/update an account for me. We will then review my medication list from Medicare.gov during my scheduled appointment.
- I plan to schedule an appointment and will provide my medication list at that time.

Printed Name: _____ Phone: _____

Signature: _____ Date: _____

<FLName>
<Address>

Dear <Greeting>,

<Agent/Agency Name> would like to take this opportunity to provide you with information on the health insurance Open Enrollment Period (OEP). This year's Open Enrollment Period spans November 1, 2023-January 15, 2024. **Outside of this enrollment period you will need a qualifying event (ex: marriage, birth, involuntary loss of credible coverage) to obtain coverage or make a plan change.** Contact our office and we can help you determine if a life event allows you to acquire coverage or make a change outside of the OEP.

Additionally, there have been recent changes in the individual health insurance market that may affect you. New subsidy eligibility guidelines may positively impact how much you pay for health insurance through the Marketplace at Healthcare.gov. As of now, current legislation enforcing these increased subsidy amounts applies through tax year 2025.

- If you currently have a plan OFF the Marketplace, you can stay on your current plan but you may want to consider a Marketplace plan. You may have increased savings available to you by enrolling through Healthcare.gov. Plans on Healthcare.gov have increased tax credits which lower your monthly premium and create possible cost-share reductions. These tax credits now apply to higher income earners that previously may not have qualified for premium subsidies.
- If you currently have a plan ON the Marketplace, you may want to review your plan options to see if another Marketplace plan provides lower out-of-pocket costs or better suits your needs in 2024. Additionally, you may now qualify for cost-share reductions and need to consider switching into a cost-share reduction eligible plan.

Each person's situation is unique, so we encourage you to reach out to our office to review how these changes may affect you and your health insurance costs. We are here to help you understand your health insurance options and implement updates if needed.

Thank you for your continued business!

Sincerely,

<Agent/Agency Name>

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

PY2024 SCOPE OF APPOINTMENT

- REQUIREMENT TO OBTAIN COMPLETED SOA AT LEAST 48 HOURS PRIOR TO PERSONAL MARKETING APPOINTMENT
- TWO EXCEPTIONS:
 - WALK-IN'S INITIATED BY BENEFICIARY
 - WITHIN 4 DAYS OF THE END OF A VALID ENROLLMENT PERIOD
 - EX: AEP, IEP, OEP, SEP, ETC
- SOA VALID FOR 12 MONTHS
- CAN USE THE SAME SOA FOR MULTIPLE APPOINTMENTS
- UNSCHEDULED INBOUND CALLS
- *Referrals**

PY2024 SCOPE OF APPOINTMENT CONTINUED....

Applicable	Not Applicable
<ul style="list-style-type: none">• <u>Scheduled</u> sales events (formal presentations) when the appointment is initiated by the agent/broker	<ul style="list-style-type: none">• Unscheduled in person meetings (walk-ins) initiated by the beneficiary (office, etc.), including walk-ups during informal events and scheduled 1:1 appointments, and walk-ups after a formal sales event
<ul style="list-style-type: none">• <u>Scheduled</u> outbound phone calls	<ul style="list-style-type: none">• All inbound phone calls• Outbound phone calls that are unscheduled (leads provided by the Plan)• Outbound phone calls that are unscheduled and initiated by the beneficiary (call backs for web forms, BRC, C2C, etc.)
<ul style="list-style-type: none">• <u>Scheduled</u> in person/virtual/telephonic meetings	<ul style="list-style-type: none">• During the last four days of a valid election period for the beneficiary

PY2024 SCOPE OF APPOINTMENT CONTINUED....

- MEDICARE ENROLLMENT PLATFORM SOA COLLECTION

- IN PERSON
- TEXT
- EMAIL
- VOICE SIGNATURE NEW FOR PY2024!
- PRACTICE ON YOURSELF

Scope of Appointment

A Scope of Appointment is required for all sales appointments. Submit the SOA once you have received it from the beneficiary.

SOAs **1**

You have no SOAs for this profile

[Complete SOA form \(In-person or phone\)](#) **2** | [Print consumer form](#) **3** | [Upload](#)

Email address

Email SOA **4**

Phone number

Text SOA **5**

[← Previous](#) [Add preferences](#) [Continue to plans](#)

FINAL THOUGHTS.....

- IN-PERSON MEETINGS WITH MEDICARE BENEFICIARIES WILL FEEL SAME!
- CONSIDER ADDING YOUR [HEALTHSHERPA PURL](#) & [MEDICARE ENROLLMENT PLATFORM PURL](#) TO YOUR EMAIL SIGNATURE
- SAVE MEDICARE CLIENT MEDICATION LISTS:
 - ENROLLMENT PLATFORM
 - MEDICARE.GOV ACCOUNT
- Marketing
 - Carrier Specific
 - Non-Product Line Specific (*Medicare*)