

THE COMPLETE GUIDE ON

# **HOW TO SELL MEDICARE ADVANTAGE PLANS**

# TABLE OF CONTENTS

## 5 Understanding the Basics

- 5 What Are Medicare Advantage Plans?
- 6 The Types of MA Plans
- 8 The Value of MA Plans

## 10 Getting Licensed & Trained

- 10 What's Required to Sell MA Plans?
- 10 How Do You Get Licensed?
- 11 Finding E&O Insurance
- 13 Training & Where to Find It

## 15 Preparing Your Portfolio

- 15 Getting Contracted
- 16 Getting Certified
- 17 Picking Carriers & Plans
- 19 Ordering Supplies

## 21 Marketing & Generating Leads

- 21 Word of Mouth/Referrals
- 21 Getting Involved in Your Community
- 23 Hosting Educational & Sales Events
- 25 Medicareful
- 27 Affinity Partners
- 29 Using Social Media

## 31 Recognizing Ideal Clients

- 31 Who Can Buy MA Plans?
- 32 The Ideal Clients for MA Plans

## **35 Pitching MA Plans**

- 35 Traits of a Great Sales Pitch
- 38 What Seniors Value Most in MA Plans
- 40 Narrowing Down a Plan
- 42 Making a Recommendation

## **43 Enrolling Clients into Plans**

- 43 When Can You Enroll Clients into MA Plans?
- 46 How Effective Dates Work
- 47 Enrollment Methods
- 48 Preventing Rapid Disenrollments

## **51 Staying Compliant**

- 51 What Are the Medicare Communications and Marketing Guidelines?
- 52 An Overview of Medicare Compliance Regulations
- 57 How to Follow Up with Clients Compliantly
- 59 Definitive Guidelines for the MA OEP

## **61 Cross-Selling Ideas**

- 61 Good Products to Cross-Sell with MA Plans
- 63 How Medicareful Helps You Sell Ancillary Products

## **64 Partnering with an FMO**

- 64 What Is an FMO & Why Should You Work with One?
- 65 How to Pick a Great MA FMO
- 66 Why Team up with Ritter Insurance Marketing?

## **67 Our Final Pieces of Advice**

## **68 Action Steps**

## **69 AEP/Ready-to-Sell Checklist**

## **70 AHIP FAQs & Answers**

## **72 Medicareful FAQs & Answers**





Medicare Advantage plans are growing in popularity among the Medicare-eligible population. The Congressional Budget Office estimates that 41 percent of individuals in this population will have a Medicare Advantage plan by 2026. About 34 percent of Medicare beneficiaries are currently enrolled in a Medicare Advantage plan, according to the Kaiser Family Foundation. That means a large chunk of business will be up for grabs in the next few years. Are you prepared to help your aging clients get this type of coverage that they may want and need?



# UNDERSTANDING **THE BASICS**

Individuals who are eligible for Original Medicare have options beyond enrolling in just Medicare Parts A and B. Instead, they can enroll in Medicare Part C. This part of Medicare is known as Medicare Advantage coverage.

## What Are Medicare Advantage (MA) Plans?

Medicare Advantage (MA) plans, also known as Medicare Part C plans, are privately offered health insurance plans. In other words, they're not offered by the government like Original Medicare; they're offered by privately owned insurance companies. MA plans provide Medicare-eligible individuals with a great alternative to Original Medicare coverage.

In their most basic form, MA plans must cover all services covered by Medicare Parts A and B. They usually also offer additional benefits, like dental, vision, and hearing (DVH), over-the-counter drug allowances, fitness memberships, and health management programs.

With an MA plan, a beneficiary will still pay any required monthly premiums for Parts A and B. Beyond this, an MA plan's cost depends on factors like the plan's monthly premium, yearly deductible, and required copayments or coinsurances.

# The Types of MA Plans

There are several different types of MA plans. Let's take a look at them below.

## THE DIFFERENT TYPES OF MA PLANS



MA-Only  
Plans



MAPD  
Plans



\$0-Premium  
Plans



Medicare MSA  
Plans



Dual Eligible Special  
Needs Plans



Chronic Condition  
Special Needs Plans



Institutional Special  
Needs Plans

### MA-Only Plans

MA-only plans do not offer prescription drug coverage. Enrollees would have to purchase a stand-alone Part D plan to get prescription drug coverage.

### Medicare Advantage Prescription Drug (MAPD) Plans

Medicare Advantage Prescription Drug (MAPD) plans include qualified prescription drug coverage, meaning members don't need separate prescription drug coverage.

### \$0-Premium Plans

Private insurers can save costs by establishing networks for their MA plans, and then put those savings into making those plans have a low or \$0 premium. A low- or \$0-premium plan will have a higher maximum out-of-pocket limit.

### Medicare Medical Savings Account (MSA) Plans

With a Medicare Medical Savings Account (MSA) plan, a lump sum is deposited annually into a savings account by the plan via Medicare. The unused balance of the annual deposit will roll over year after year. Members have the flexibility to spend their balance on qualified health expenses (e.g., hospital, medical, dental, vision, and long-term care costs) or save it for future costs.

The Medicare MSA plan itself is a high-deductible health plan, which means nothing is covered until that deductible is met. Even after a client meets their

1

### FAMILIARIZE YOURSELF WITH MA PLANS

Get to know the different types of MA plans on the market and their value to clients and agents!



deductible, members would need to buy a stand-alone Part D plan, unless they have another form of creditable coverage to avoid late enrollment penalties.

**Dual Eligible Special Needs Plans (D-SNPs)**

Dual Eligible Special Needs Plans (D-SNPs) are a type of MA Special Needs Plan available to individuals eligible for both Medicare and Medicaid. Most D-SNPs are health maintenance organization (HMO) plans, though some are preferred provider organization (PPO) plans. Each state determines which D-SNPs a carrier can offer and the benefits they can include.

Generally speaking, D-SNPs include the following:

- Care coordination
- \$0 monthly premiums
- Over-the-counter quarterly benefits
- DVH benefits
- Transportation benefits
- Gym memberships
- Telehealth services

There are five types of D-SNPs: All-Dual, Full-Benefit, Medicare Zero Cost Sharing, Dual Eligible Subset, and Dual Eligible Subset Medicare Zero Cost Sharing. The type of plan a dual-eligible can enroll in depends upon the Medicaid category they fall under.



Type of D-SNP	Who’s Eligible to Enroll
All-Dual	Any dual-eligible beneficiary
Full-Benefit	Dual-eligibles who qualify for full Medicaid benefits for the month under any eligibility category or Medical assistance for any month if the individual was eligible for assistance in any part of the month
Medicare Zero Cost Sharing	Dual-eligibles who aren’t responsible for cost-sharing for Medicare Parts A or B (QMB, QMB+ beneficiaries)
Dual Eligible Subset	Members of certain groups of dual-eligibles determined by a carrier’s coordination with a State Medicaid Agency
Dual Eligible Subset Medicare Zero Cost Sharing	Members of certain groups of dual-eligibles determined by a carrier’s coordination with a State Medicaid Agency who aren’t responsible for Medicare cost-sharing



## **Chronic Condition Special Needs Plans (C-SNPs)**

Chronic Condition Special Needs Plans (C-SNPs) can provide coverage for people with a select chronic condition or for people who may suffer from one (or more) of many chronic conditions. More than just regular MA plans, C-SNPs aim to help their members manage their chronic conditions, avoid hospitalizations, and improve their health outlook. Oftentimes, they customize their benefits, networks, and drug formularies to better meet the needs of their members. Unlike standard MA plans, Special Needs Plans, like C-SNPs, must include prescription drug coverage.

## **Institutional Special Needs Plans (I-SNPs)**

Institutional Special Needs Plans (I-SNPs) are another type of MA plan, but they're generally not able to be sold by independent agents. Carriers with these plans usually require prospects to enroll directly with the carrier. These plans restrict enrollment to individuals who have or will likely need the level of care provided in a long-term care (LTC) skilled nursing facility (SNF), a LTC nursing facility (NF), a SNF/NF, an intermediate care facility for individuals with intellectual disabilities (ICF/IDD), or an inpatient psychiatric facility for 90 days or longer.

## **The Value of MA Plans**

Why are MA plans gaining popularity among Medicare eligibles and agents?

### **The Value for Medicare Eligibles**

As an alternative to Original Medicare, MA plans must cover all Part A and B services. What sets MA apart are the additional benefits. Instead of having to buy multiple plans (e.g., DVH plans and Medicare Supplements (Med Supp or Medigap plans), as one would have to with just Medicare Parts A and B, with MA plans, beneficiaries get most of this coverage in one plan, for one premium.



Many Medicare-eligibles find MA plans attractive due to their:

- All-in-one nature
- \$0- or low monthly premiums
- Low copays
- Low deductibles
- Prescription drug coverage (MAPD plans)
- Value-added benefits related to:
  - Dental, vision, and/or hearing
  - Fitness memberships
  - Transportation
  - Meal

The drawback of these plans is some can also operate within service areas as small as a zip code and have limited provider networks. While HMOs generally offer little to no coverage for out-of-network services, some do offer features allowing members to receive limited in-network coverage in a different state.

## The Value for Agents

More and more people age into Medicare every day, and it's not a cycle that's ending anytime soon. Over the past 50 years, private Medicare plans have become increasingly popular among shoppers. According to the Kaiser Family Foundation, between 2004 and 2015, the number of beneficiaries enrolled in private Medicare plans has more than tripled — increasing from 5.3 million to 16.8 million. They also report that MA enrollment has increased by 50 percent since the enactment of the Affordable Care Act (ACA), despite belief that the law's payment reductions would cripple MA enrollment. The Congressional Budget Office estimates that 41 percent of Medicare-eligible individuals will have an MA plan by 2026. And about 34 percent of Medicare beneficiaries are currently enrolled in an MA plan, according to the Kaiser Family Foundation. That means a large chunk of business will be up for grabs in the next few years.

With so many people potentially interested in these plans, why not be the one to offer them? Just as with other insurance sales, agents get commission for selling MA plans. Plus, there are multiple types of MA plans and products on the market, so it should be easy to find plans that fit your clients' unique medical needs, lifestyles, and budgets.





## GETTING **LICENSED & TRAINED**

What do you need to do to begin selling MA plans? Whether you're just getting started in insurance sales or are a veteran agent looking to build your portfolio, you'll find all the steps you need to take in here.

### What's Required to Sell MA Plans?

Generally, to sell MA plans, you'll need your health insurance license and errors and omissions (E&O) insurance. Once you get licensed to sell and have insurance protection, you'll need to contract with carriers in order to sell their products. (We'll discuss that more in the next chapter.)

### How Do You Get Licensed?

Since requirements for licensing can vary by state, it's important you know and abide by the regulations for each state you'd like to sell in. Usually, you can find this information and required documentation on each state's Department of Insurance website. (You can find these websites by clicking on your state on the [National Association of Insurance Commissioners' website](#).)

The [National Insurance Producer Registry's \(NIPR\) website](#) is another place you'll want to look.

Depending on the state, you may have to complete pre-licensing education. If you do, we may be able to give you a code or personalized link for a discount on the cost of this type of training through [WebCE.com](https://www.webce.com). You'll also have to complete a background check, the licensing test, and a license application.



Anyone new to insurance sales can learn more about what's needed to become an insurance agent by downloading Your Step-by-Step Guide to Getting Started in Insurance Sales at [RitterIM.com/free-guide](https://RitterIM.com/free-guide).

## Finding E&O Insurance

Mistakes happen, even to the best of us. Fortunately, errors and omissions (E&O) insurance, can help you mitigate the risks and costs that come with your profession. But what is it and do you really need to buy it?

### About E&O Insurance

In short, E&O insurance is a form of professional liability insurance. It can help financially protect insurance agents who are accused of errors, negligence, lacking to fulfill certain promises, or other forms of insufficient work. Usually, it covers court costs and settlement costs up to the policy's coverage limit. Anyone who provides advice or services to others professionally should consider buying E&O insurance. If you're an insurance agent, you provide both, so we highly recommend you buy this form of protection. Additionally, many insurance carriers actually require agents who market and sell their plans to hold an active E&O policy.



2

### GET LICENSED TO SELL MA

Check with your state(s) to find out their licensing requirements, complete necessary education, take the test, and get your E&O insurance.





How much does E&O insurance cost? It depends on who you buy it from, on the size of your company, where you do business, your lawsuit history, and the coverage limit. If you team up with a field marketing organization (FMO), like Ritter Insurance Marketing, you may be able to get E&O insurance at a lower, discounted cost. For example, [Ritter offers E&O coverage](#) for \$150 for the year, if one of our life or health agents purchases an E&O policy any time from January to March. After that, we prorate the cost of this coverage based on the month the agent purchases it in.

## Where to Find Good E&O Insurance

If you're searching for E&O insurance, we recommend asking your upline or FMO where they recommend buying it from. Good FMOs will have partnerships with companies who offer this form of coverage, and even offer agents discounted rates on this type of protection.

Ritter Insurance Marketing has two E&O insurance programs available to agents who contract to sell life or health insurance through Ritter. These programs are available through American Family Home Insurance Company and CalSurance. Agents who opt for the CalSurance program can choose from multiple coverage and limit options, as well as installment payment plans. You can [learn more about Ritter's E&O insurance options and how to sign up for them here](#).



**SAVE MONEY**



**MEET REQUIREMENTS**



**STAY PROTECTED**

## Do You Need to Buy It?

If a client thinks you've wronged them in some way, professionally, they may try to take you to court. Even if you don't have to pay a settlement, the most trivial lawsuits can lead to unexpected, major court costs. E&O insurance can cover your attorney and legal fees, including any settlements ordered inside of or reached outside of court.

As an insurance agent, your job is to help your clients ensure they're prepared for the worst and protected from financial risks. You could have the best intentions with a sale, but sometimes things can go sideways — especially in today's litigious environment! You can't forget about the importance of protecting yourself financially from bad situations, too.

## Training & Where to Find It

Whether you're a new or experienced agent, making time for Medicare training is important, especially if you want to grow your book of business and expand your profit margin. Why? You might ask. There are at least four great reasons, which we'll go over next. We'll also tell you about some of the best Medicare training resources out there to help you effectively spend your time.

### Why Should You Complete Medicare Training Each Year?

If you're considering skipping out on training this year, we hope these reasons will make you reconsider!

#### Stay Up to Date on New Medicare Products

The insurance industry is always changing. Insurers are constantly innovating and producing new products to better meet their members' unique needs. You need to be on top of the latest.

#### Stay Up to Date on Medicare Certifications & Compliance

If you sell MA or prescription drug plans (PDPs), you have to complete AHIP Medicare training, or an equivalent type of compliance training, each year. You likely also have to complete product trainings for most, if not all, of your carriers.

#### Better Your Portfolio and Your Bottom Line

Certain opportunities can actually help you discover products that you'll want in your portfolio for the upcoming plan year. There may be products in your local market that weren't very competitive last year, but are this year, or vice versa.

#### Better Serve Your Clients

The more you know about the industry and the products on the market, the better the recommendations you can make to your clients! And happy clients are often loyal clients.

### Great Medicare Agent Training Resources for 2020 & Beyond

Here are a few sites with training resources that will help you make the most of your pre-AEP, AEP, and post-AEP time!



3

#### CHECK OUT ADDITIONAL TRAINING RESOURCES

Reading this guide is a great start to your MA training, but we recommend continuing your education beyond it. Remember, plans and regulations can change each year!

### [CMS.gov](https://www.cms.gov)

A great site to frequent if you'd like to stay current on industry news and major Medicare changes. They also have important compliance-related documents, like the Medicare Communications and Marketing Guidelines (MCMG), as well as data and statistics!

### [AHIP.org](https://www.ahip.org)

You'll likely need to complete the AHIP Medicare training and test annually. AHIP.org also boasts health policy news and information, research reports, continuing education events, online educational courses, and more!

### [RitterIM.com](https://www.ritterim.com)

At Ritter Insurance Marketing, we have a blog dedicated to covering major insurance industry news, Medicare, life, and ancillary products, the technology that can make your job easier, and ways to generate more leads, close more sales, and make more money. We have additional eBooks and even a podcast that you can listen to while driving to and from appointments. And our Events page is usually chock-full of upcoming webinars and in-person meetings for Medicare agents that range from being general to product specific!







## PREPARING YOUR PORTFOLIO

After you get licensed and pick up your E&O coverage, you'll almost be ready to start adding MA products to your portfolio.

Your clients' health, budgets, and preferences are unique, so offering a variety of plans will serve you (and them) well. How do you get started with building an attractive portfolio of plans?

### Getting Contracted

In order to sell those carriers' products, you must contract (or "get appointed") with them. If you're already contracted with that carrier to sell another type of product, you may not have to complete more contracting to sell their MA plan(s). Some carriers do require you to complete a new contract for each of their product lines you sell, though. Once you submit contracting paperwork, it takes the carrier an average of about seven to 10 business days to process it and any background checks. Contracting turnaround time can take as long as four to six weeks closer to AEP, so the earlier in the year you contract, the better!

All contracts will discuss your partnership with the carrier and your FMO (if you contract with the carrier through one) and any product requirements you must meet. It will also cover how you'll be paid for the sales you make and potential renewals. If you ever have any questions about your relationship with a carrier or your FMO (if you contract with the carrier through one), chances are you'll find the answers in your contract.

**Note:** Not all carriers Ritter partners with are shown here. Contracting availability is subject to change.

## Getting Certified

In order to sell MA plans, agents must complete two different types of certifications: AHIP certification as well as compliance and product certifications. These certifications are in place to help protect seniors and reward agents who do things the right way.

### AHIP Certification

In order to sell MA plans during AEP, most insurers require completion of America's Health Insurance Plans (AHIP) training courses. Insurers generally require AHIP certification to assure that agents selling their plans are compliant with the latest CMS guidelines and regulations. The certification consists of two courses: Medicare and Fraud, Waste & Abuse (FWA).

- **AHIP Medicare training** — Covers the basics of eligibility and benefits, the different types of MA plans and PDPs, marketing guidelines, and proper enrollment procedures
- **FWA training** — Covers industry efforts and tools to detect fraud in the Medicare program, the human and financial cost of FWA, and the proper reporting techniques

Typically, the AHIP certification test costs \$175, but many carriers offer a discounted rate of \$125 if you take the exam through the carrier portal. You can check [Ritter's carrier pages](#) for information on which carriers will offer AHIP discounts.

### Carrier Certifications

Every year, insurance agents working in the Medicare field must certify with the carriers they represent to sell their MA plans, PDPs, and select Med Supps. This action is a vital step in agents becoming "ready-to-sell!"

Many carriers require agents to complete AHIP training along with their own product training. Whether they accept and/or cover the cost of AHIP and the specifics surrounding their own compliance and product trainings varies.

- **Compliance Training** — Usually AHIP, Pinpoint, or Gorman Health/Miramar:Agent training
- **Product Training** — Covers the carrier's products, plans, benefits, requirements, etc.

## Medicare Certification Made Easy for Agents

In Ritter's Certification Center, you'll find MA certification and Part D certification info for multiple big-name carriers, including whether they require AHIP and if they help cover the cost. You can also find out things like if certifying for the upcoming plan year will allow you to sell the previous plan year's products and who you can contact at a carrier to confirm that you're certified.

Anyone who visits the Ritter Certification Center can view upcoming Medicare certification release dates and links to carrier-specific Medicare training requirements in one neat table. However, to view carrier-specific requirements, agents must log in to RitterIM.com. If you're new to the site, you must [register with RitterIM.com](#) first. (Creating an account is free and only takes a minute!)

**RITTER**  
Insurance Marketing®

Enter a term to search...

Agencies

Agents

**Carriers**

Branding Guide

**Certification**

Products

Compliance

Medicareful

Platform

Static Sites

Release Notes

RIMDev

Glossary

©2020 Ritter Insurance Marketing  
Last published May 27, 2020

### Certification

Last Modified: May 19, 2020

#### 2021 Medicare Certification

To view certification requirements, you must register on [RitterIM.com](#).

Company	Status	Certification Requirements
Aetna & Coventry	TBD	Coming Soon
Affinity Health Plan	TBD	Coming Soon
AgeWell	AHIP: TBD Product Training: TBD	Coming Soon
Allwell	TBD	Coming Soon
Amerigroup	TBD	Coming Soon
AmeriHealth Caritas VIP Care	TBD	Coming Soon
Anthem & Empire BCBS	TBD	Coming Soon
BCBSWNY	TBD	Coming Soon
BSNENY	TBD	Coming Soon
Bright Health	AHIP/Equivalent: TBD Product Training: TBD	Coming Soon
Capital BlueCross	TBD	Coming Soon
CareFirst	TBD	Coming Soon
Cigna	TBD	Coming Soon
Clover Health	TBD	Coming Soon

**Note:** Not all carriers Ritter partners with are shown here. Training availability is subject to change.

## Picking Carriers & Plans

After you get licensed and pick up your E&O coverage, you'll be ready to start adding MA plans to your portfolio. Your clients' health, budgets, and preferences are unique, so offering a variety of plans will serve you (and them) well. Let's explore how you can find and stock up on the good ones.



As you start building your portfolio, we recommend thinking of it as your toolbox. You want to have different tools for the different situations you run into. A common challenge new agents experience is wanting to add “everything” competitive to their portfolio, which can lead to feeling overwhelmed. Many carriers have minimum production requirements (some as low as one enrollment) – but agents not meeting these criteria can be terminated. Therefore, we recommend for new agents to start out with no more than three carriers. Our Sales Team can help you identify the top carriers in your area, so you have the right products in your portfolio.

“ As you start building your portfolio, we recommend thinking of it as your toolbox.

The following table lists everything you should consider when picking MA products for your portfolio. Be sure to diversify in every spectrum when building your offerings. Remember, pricing may vary, but the products that fit your clients’ needs are priceless.

### Everything to Consider When Picking MA Carriers & Plans

Plan Star Ratings	How does the plan score on Medicare’s overall 5-star rating scale? Does the plan place well in quality care and customer service?
Plan Premium/Costs	What is the monthly plan premium, and does it match well with your client’s price point? What other costs are associated with the plan (copays, coinsurance)? Does the plan offer a Part B Premium Giveback?
Provider Network	Is it an HMO or a PPO plan? Does the network only include providers in a certain hospital system or in select counties?
Drug Formulary (if MAPD plan)	What kind of prescriptions are in the plan's drug formulary? How expensive are the tiers and copays?
Additional Features/Benefits	What other perks are available (e.g., any DVH, fitness memberships, telehealth, transportation meal benefits)?
Brand-Names	Do people recognize and trust the carrier’s name?

# Ordering Supplies

A vital step in prep involves making sure you'll have the Medicare enrollment supplies you need to give clients. How can you ensure you'll have your enrollment kits on time?

## 1. Know Carriers' Medicare Supply Ordering Processes

To help ensure you get what you need before AEP, you should become familiar with the process for ordering enrollment supplies for each of the Medicare carriers you represent.

Here's what you should know or try to find out:

- When will you be able to order supplies for the upcoming plan year?
- Does the enrollment kit contain everything you'll need? Will you need to order other items separately?
- Will you be sent a certain number of kits automatically after certifying? How is that number determined?
- How many kits can you order at a time? Do you need to request an exception (e.g., if you're expecting a large turnout at a sales event)?
- How do you order (additional) enrollment supplies — over the phone or via email, fax, or a website? Do you need to fill out and submit a special form?
- How will supplies be shipped to you if you order them via "snail" mail?

As a national FMO, Ritter collects this information for many MA, Medigap, and Part D carriers and makes it readily available to agents. You should be able to find much, if not all, of the info you're looking for on RitterIM's [carrier pages](#)! (Note: You must [register with and log in to RitterIM.com](#) to view the carrier pages.)

## 2. Complete Your Medicare Certifications Early

Most carriers will only send or let you order Medicare enrollment kits if you have completed your required MA and Part D certifications and are considered ready-to-sell. Additionally, some carriers let agents who certify early pre-order their Medicare enrollment supplies to beat the rush and have consumer-facing materials before AEP. As an added bonus, one carrier even enters early birds into contests for sweet prizes, such as a destination vacation!

## PERKS OF CERTIFYING EARLY



**PRE-ORDER  
SUPPLIES**



**HAVE MATERIALS  
BEFORE AEP**



**QUALIFY FOR  
INCENTIVES**

If you put off certifying or simply assume your certifications are complete, it can have a devastating effect on your ability to start selling on October 15, the start of AEP. In the past, we've had agents assume they completed their certifications and that their kits would be sent to them. Unfortunately, come the start of the selling season, these agents usually find out that they are not ready-to-sell and need to contact the carrier or certification provider to complete their certifications. This puts them way behind schedule, and they often get stuck in the rush for enrollment kits.

### 3. Pre-Order Medicare Enrollment Supplies If You Can

Consumer-facing Medicare materials for the new plan year cannot be distributed prior to October 1; therefore, most carriers will only start shipping enrollment kits and supplies to agents on this date. Pre-ordering your supplies before then ensures your requests will be among the first ones processed. If all goes well, you should receive your supplies with plenty of time to get organized before Medicare's busy season.

### 4. Don't Wait Until AEP to Submit Orders

Around AEP, MA and Part D carriers get flooded with requests for supplies and the processing of these requests can really delay shipments. For example, let's say you order Medicare supplies after October 1. Your delivery could take 12 days or more! If you order supplies as soon as you possibly can, you should receive what you need by the start of AEP — maybe even sooner! And keep in mind, while you can't collect an enrollment form until October 15, you can still set appointments and hand prospects and clients kits after October 1. It's one of the ways you can maximize the first two weeks of October!



What happens if your kits get delayed or you run out of supplies? If you need a way to collect compliant PTC or Scopes of Appointment, **Medicareful** can save the day (and streamline your sales)! Your own site also lets you enroll clients in several major Medicare plans online and houses Summary of Benefits forms.

4

#### ADD MA PLANS TO YOUR PORTFOLIO

Contract with a few highly-rated, competitive, and brand-name carriers. Be sure to offer a variety of options with different premiums, networks, formularies, and features!





# MARKETING & GENERATING LEADS

Any sales professional who gets commission-based pay knows they need a steady flow of clients to keep making money. So, what are some ways you can prospect with ease?

## Word of Mouth/Referrals

As an agent, you're competing against other agents for the same clients and potential sales. This makes getting your name out there vital, and asking for referrals is a smart, time-saving, inexpensive way to spread the word. But, remember to review the CMS guidelines when it comes to clients providing you with referrals directly. Clients can give your business cards to friends or relatives that they would like to refer to you and have them reach out to you.

To maximize the number of leads you receive from referrals, make sure to follow up with each and every referral you get as soon as possible and thank your referral source for their help with a handwritten note or card.

## Getting Involved in Your Community

For many brokers, time is money. While getting involved at the local soup kitchen or assisted living facility seems like a great idea, you might put it off for another day or keep it on your to-do list. It's understandable. You're so busy seeing clients, completing paperwork, chasing leads, and trying to keep up with family and friends that undertaking a volunteer project or other charitable endeavor probably feels out of reach. But what if we told you making community involvement part of your integrated marketing strategy can win you new business?

## Branding on a Budget

Community outreach allows you to gain visibility, build relationships, bring in new business with minimal investment, and set yourself apart from the competition. Although the people using the food bank you volunteer at may never be your clients, you should look at the bigger picture.

If you're unsure on how to structure your community involvement plan, follow the lead of some of the nation's top companies. It's easy to research ideas and learn from today's most influential brands. One of America's largest online retailers sends volunteers to local food banks. And, almost every insurance company across the nation donates funds and time to improve the health and well-being of members in their local communities.

### WAYS TO GET INVOLVED



## Gaining Trust

In a world where insurance has become transactional (online, phone, or kiosk), you have the power to stand out as the local, human connection clients need to navigate health care choices. Prospects look for someone who reflects their core values — someone who they can rely on not to mislead them. Your community involvement is a strategic way to humanize insurance, improve public perception and build awareness of your brand, and acquire loyal clients. Remember, people do business with people and make decisions emotionally. In the end, generously offering your time and establishing yourself as a local mainstay helps show people they can trust you to handle complex insurance decisions and management.

“Your community involvement is a strategic way to humanize insurance, improve public perception and build awareness of your brand, and acquire loyal clients.

## Sharing Your Story

Spreading the word about your kindness is how you turn it into a marketing component that builds your brand and your book. Publishing press releases, blog posts, and social media updates are all great ways to raise awareness about your activities and how you're setting yourself apart. But keep in mind, community involvement is not something that you should look at as a transactional event — it's all about building relationships. Seeing it only as a cash cow will lead to initial disappointment, as profiting from it will take a while. Where and how you spend your time should mean more than the business it may bring.

## Hosting Educational & Sales Events

Holding educational and sales events is a fantastic way to grow your client base, but you must make sure to stay compliant.

### Establishing Your Event

Educational events serve to inform Medicare beneficiaries about MA, Part D, or other Medicare programs. During them, you cannot market specific plans. As for the when and where, educational events may be held in a public venue. Under no circumstance should you hold them in in-home or one-on-one settings.

If marketing is your goal, you must hold and follow CMS' guidelines for a sales event. There are two types of sales events that you can hold: formal and informal. Here's what sets them apart:

- **Formal Sales Events:** Agent presents plan-specific information to an audience invited to the occasion.
- **Informal Sales Events:** Agent offers plan info upon request only while at a table, booth, kiosk, or RV.

You must register sales events with the proper parties and hold them in a public setting where individuals do not receive health care services. Note, you may carry out sales activities in common areas of health care settings, including common entryways, vestibules, waiting rooms, hospital or nursing home cafeterias, and community, recreational, or conference rooms. **You may NOT carry out sales activities in exam or hospital patient rooms, treatment areas where patients interact with their provider or provider's team, and pharmacy counter areas where patients interact with pharmacy providers and obtain medications.** Avoid sales activities at health fairs or expos where health screenings are being provided to avoid the risk of being perceived as engaging in "cherry picking."





To meet these fundamental requirements, be sure to schedule your event far enough in advance to reserve a suitable space and let everyone know about it.

## Registering Your Event

Exact reporting deadlines and requirements vary from carrier to carrier, but carriers are responsible for maintaining accurate records of all their agents' educational events and informal and formal sales events. The earlier you submit your events to carriers, the sooner you'll be able to start advertising them.

“ Exact reporting deadlines and requirements vary from carrier to carrier.

Getting to know all your carriers' reporting requirements is important. Not registering an event in time with one of them will force you to reschedule it. Furthermore, if you fail to register an event with a carrier, you could lose out on sales commission and have your contract revoked.

**Note:** Any event not advertised as “educational” can be viewed as a marketing event and should be registered as one.

## Promoting Medicare Educational Events

You can advertise educational events via most forms of marketing, including newspaper and radio ads, flyers, and direct mailers. However, there are a couple guidelines you must follow when marketing them:

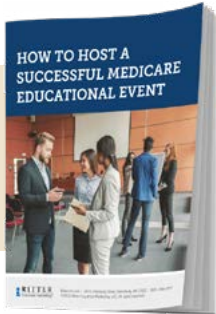
- All educational events must be explicitly marketed as “educational” to beneficiaries.
- Educational event advertisements and invitations must also contain the following disclaimer: “For accommodations of persons with special needs at meetings call <insert phone and TTY number>.”

CMS used to have rules on how agents had to promote and present prospective enrollee educational events and enrollee-only educational events; however, these were absent in their 2019 MCMG. We believe that, based on the 2019 MCMG definitions of marketing and communications, the intent to hold an enrollee-only event may qualify as “marketing.” (Typically, enrollee-only events are held for a specific carrier's current enrollees, and the intent is to retain the current enrollees in a plan.) Since enrollee-only events are conducted on behalf of a specific carrier, we would advise you to follow carriers' guidelines to stay compliant.

If you're hosting a sales event, just putting out a flyer with your sales seminar or workshop's information on it is unacceptable. When creating ads or invites, **you cannot require potential attendees to provide contact information to RSVP for the event.** While you may plan to educate attendees on Medicare programs during your presentation, you cannot say your event is “educational.” You should disclose the products you plan on reviewing. Additionally, you must include the following disclaimer on all advertisements and invitations for your event: “For accommodation of persons with special needs at sales meetings call <insert phone and TTY number>.”

You can promote your sales event online, via direct mailers and flyers, or through other forms of media. However, if you cancel the event at least two days in advance, it's a good practice to notify potential attendees via the same advertising channels you used to promote the event.

**Note:** CMS has released updates to the 2019 MCMG in the form of a memo for the 2020 AEP. Many of the guidelines from the 2019 MCMG, including the ones we just mentioned, are still relevant for 2020.



Learn more about how to successfully host an educational event! [Download a free guide.](#)

## Medicareful

Medicareful is a tool that can streamline the way you sell Medicare. This program is exclusively available through Ritter Insurance Marketing.

### Why Should Agents Use It?

Medicareful is a CMS-compliant, consumer-facing website that you can use to run MA, PDP, and Med Supp quotes and plan comparisons. You can also use it to collect electronic Scopes of Appointments, take online Medicare enrollments, and market yourself. Each agent gets their own unique URL, which can then be used for marketing and more.

1. It provides a compliant website that you can use for marketing purposes.
2. It can save you a lot of time with the online Scopes of Appointment and online enrollment.
3. You can use it for marketing strategies with affinity partners and the Medicareful Living blog.



## How to Get Your Own Free Medicareful Site

A free site is available to any agent with a qualifying carrier contract through Ritter. If you're interested in getting a free site, simply fill out the form at [RitterIM.com/agent-tools/medicareful](https://RitterIM.com/agent-tools/medicareful) and a representative will reach out to help you set up your site. If you need a qualifying carrier contract, you can [reach out to your state's Ritter representative](#) for more info. They'll be able to recommend a contract that suits your target market and clientele.

**RITTER**  
Insurance Marketing

Register Login Contact 800-769-1847

Ritter and Carrier Operations During the COVID-19 Pandemic

### Medicareful

## Sign Up For Your Own Free Website

Get your own Medicareful website that quotes, enrolls, and generates leads.

**SEE HOW IT WORKS!**

#### Get Your Site

First Name\*

Last Name\*

Email Address\*

Phone Number

Select State

**SUBMIT**

## Medicareful Marketing Materials

Ritter has many Medicareful marketing materials — print and digital — that you can customize for your business and use to promote it. This makes working with affinity partners even easier! Simply go to [RitterIM.com/agent-tools/medicareful](https://RitterIM.com/agent-tools/medicareful), download the Medicareful Advertising Request Form, fill it out, then submit it! You can also see examples of our Medicareful marketing materials on this form.

### What's available?

- Newspaper ads
- Table tents
- Slim Jims
- Brochures
- Posters
- Web banners
- Landing pages

## Medicareful Living

Medicareful Living is a companion blog to our Medicareful site that focuses on helping seniors improve their knowledge about their health, diet, Medicare options, and more! Content is published



daily that agents can share with their clients to help them feel healthier and more fulfilled throughout their golden years. The Medicareful Living website contains links offering you the option to post directly to your favorite social media outlet. It also contains an email option to send the webpage to your clients.

Medicareful Living is not only an amazing website with an abundance of information for you and your clients, it also contains a link to direct the user to your Medicareful website to view plans and enroll. When providing your clients with the URL to Medicareful Living, be sure to include your personal slug from your Medicareful website to ensure all clients that click the **Find Your Plan** option are directed to your Medicareful website. (e.g., <https://living.medicareful.com?agent=craigritter>). Medicareful Living also includes an option for you and your clients to subscribe to receive a weekly Medicareful Living Newsletter.



## Working with Affinity Partners

Affinity relationships with trusted third-party referrals, such as pharmacies, hospitals, grocery stores, and more are the fastest-growing lead source for Medicare products. Anyone selling MA plans should definitely be taking advantage of this way to get quality leads.

## Which Organizations Make Good Affinity Partners?

A good affinity partner will help advertise your business to potential clients and generate referrals. Try teaming up with:

- Professional organizations
  - Property and casualty insurance agencies
  - Group insurance agencies
  - Tax preparers, retirement planners, law firms, etc.
- Community organizations
  - Senior organizations
  - Retirement communities
  - Libraries
  - Churches
  - Rotary clubs
  - Senior fairs or other events (e.g., health screenings)
- Medical organizations
  - Doctor offices
  - Pharmacies
- Other organizations
  - Grocery stores
  - Malls (rent a kiosk!)

## Best Practices for Building Affinity Partnerships

As you prepare to approach potential business partners, there are a few things you should keep in mind. Upon introducing your idea to your contact, you should explain why the group and their clients would benefit from partnering with you. Then, offer to do Medicare 101 trainings or educational events. (Feel free to show our [Medicare 101 video](#) at these sessions. You can eventually offer to do sales events, but they're a harder sell.)

If the organization is interested in working with you, try getting some events on their calendars. If they do a circular, inquire if you can help fund it in exchange for some advertising space. Also, ask your contact if you can leave business cards, flyers, table toppers, etc., in the building. And lastly, check if the group will host a landing page, web banner, or link that takes people to your website on their website.

**Looking for an easy way to promote your business?** Join [Ritter's Medicareful program](#) to gain access to your own lead-generating, CMS-approved site with eSOA and direct enroll capabilities and materials you and your affinity partners can use to spread the word about your services.

## Using Social Media

Effective marketing requires a social media plan. There's no shame in signing up for more sites than what you initially plan to use. It will ensure that your branding stays consistent, even if your marketing strategy shifts down the road. But, do your homework, and determine which platforms will help you target the demographics you want to target. If you're selling Medicare products, your target audience should be individuals nearing or already age 65.

Here are the most popular social media platforms and why you should use them.



**Facebook**

Enhance visibility and share content with 1.6 billion users worldwide



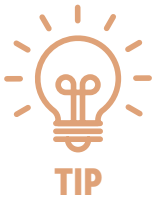
**LinkedIn**

Position yourself as a thought-leader among your professional peers



**Twitter**

Growing in popularity among seniors, Twitter is a real-time discussion on many topics



**TIP**

Consider different username options. Test for availability on all of the social networks you plan to use. Ideally, you want to be able to use the same name across every social media platform.



## A Note Regarding Compliance

Marketing Medicare products is a highly regulated business. CMS puts out strict and important guidelines on what you can and can't do when it comes to marketing Medicare products. Social media must abide by these rules as well. The best way to remain compliant when it comes to social platforms is to remember this: Social media is less about marketing and more about public relations. Rather than marketing products to your clients and trying to create appointments, focus on marketing your services as an insurance agent who sells Medicare. Stay away from anything related to specific products and carriers and instead focus on building relationships, establishing trust, and demonstrating your expertise that can later translate into leads.



**For more information on how to best use social media to promote your business (and how to stay compliant online), visit [RitterIM.com/social-media-ebook](https://RitterIM.com/social-media-ebook).**

5

### DEVELOP A MARKETING PLAN

Consider how you can set up or enhance your website, team up with local businesses in your community, and host events. Be cautious with social media, but don't be afraid to use it to promote your services!







## RECOGNIZING IDEAL CLIENTS

When you target your MA marketing toward people who are eligible for this kind of coverage and likely interested in it, you can see more success. What do ideal MA clients look like?

### Who Can Buy MA Plans?

According to CMS.gov, someone is generally eligible to join an MA plan if they:

- Have Medicare Parts A and B
- Live in the service area of a plan
- In plan year 2021, beneficiaries with ESRD can enroll in MA plans

For someone to be eligible for Medicare Parts A and B, they have to be 65 or older or be younger with a qualifying disability or ESRD.

## The Ideal Clients for MA Plans

Just because a prospect qualifies for an MA plan doesn't mean they should buy one. Consider the general qualities of ideal MA clients shown below.



**Age 65 or older**



**Retired, not covered by spouse's employer coverage**

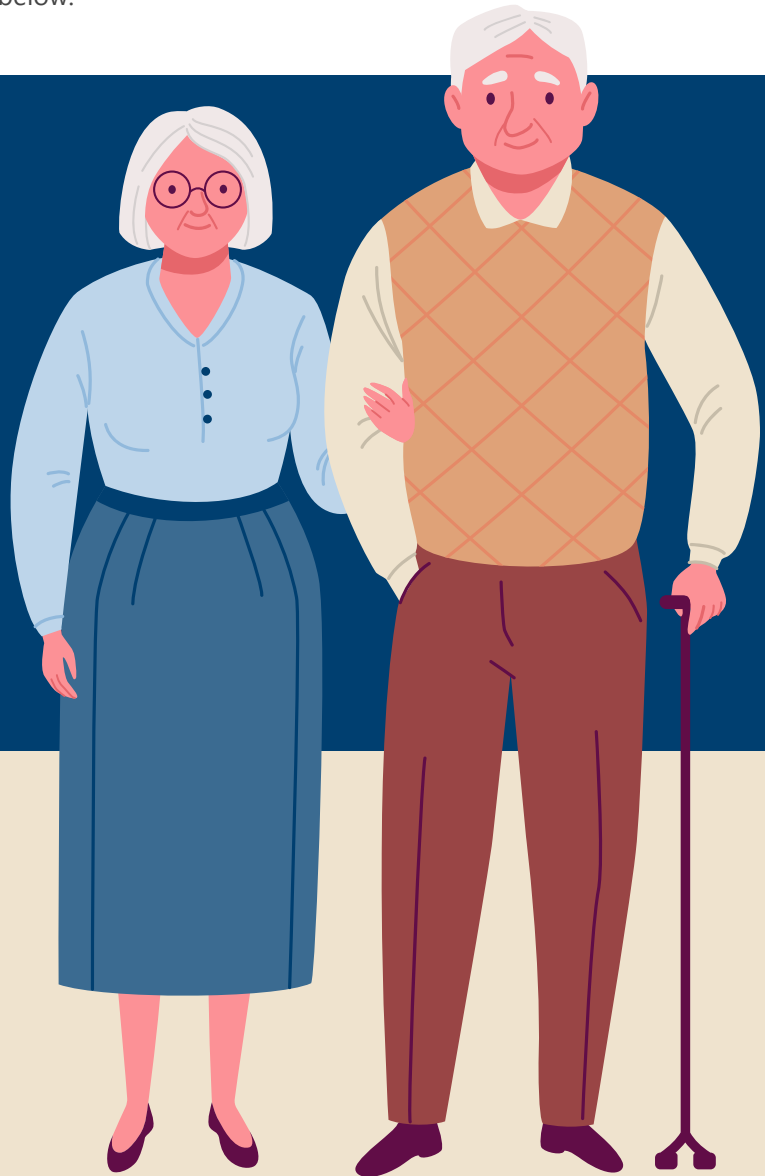


**Live in an urban area with plan choices**



**See providers who are in plans' networks**

- Want value-added benefits (e.g., DVH benefits, fitness membership)
- Like convenience of many benefits in one plan
- Want zero-dollar or low monthly premium
- Relatively healthy, minimal out-of-pocket costs expected
- Don't travel far from home often, not snowbirds or sunbirds



### D-SNP Prospects

In order to be eligible for this special kind of MA plan, someone must be considered a "dual-eligible" to enroll in a D-SNP. Dual-eligibles are individuals of any age who are eligible for both Medicare and Medicaid. Remember, to be eligible for Medicare, individuals must be 65 years old or older or have a qualifying disability. To be eligible for Medicaid, an individual's income and asset level must fall below certain thresholds determined by their state.

D-SNP prospects are all around you, especially if you work near an urban or generally low-income area. If you sell near a large rural area, it will be more difficult to find prospects because CMS won't allow D-SNPs in counties that don't have a certain number of doctors. It will also be difficult to

find clients if you do business near moderately to highly wealthy areas, since the type of prospects you're looking for wouldn't be able to afford living there. Since welfare programs and Social Security disburse payments near the beginning of the month, you should be able to find D-SNP prospects in places where dual-eligibles spend money during the first half of the month. During the second half of the month, you should be able to find them at places where dual-eligibles seek assistance.

## Where to Find D-SNP Prospects

### First Half of the Month:



- Dollar stores (e.g., Dollar Tree, Dollar General, and Family Dollar)
- Discount stores (e.g., Walmart, Kmart, PriceRite, etc.)
- Thrift shops and flea markets

### Second Half of the Month:



- Food pantries
- Food banks
- Soup kitchens

### Anytime Throughout the Month:



- Utility assistance locations
- Community events (e.g., senior expos and health fairs)
- Charity events
- Churches or other faith-based organizations
- Areas with low-income housing
- Senior centers
- Retirement communities





## C-SNP Prospects

Someone may qualify for a C-SNP if they have Medicare Parts A and B and the chronic condition(s) specified by the plan. The applicant must be able to prove they have the chronic condition(s). A doctor's note will usually suffice. They must also live in the service area of a C-SNP.

According to Medicare.gov, the chronic conditions that may qualify someone for a C-SNP include the ones listed below. CMS.gov lists [additional conditions that may qualify someone for a C-SNP](#), if you have a client who you think could be eligible for a plan.

- Autoimmune disorders
- Cancer (excluding pre-cancer conditions)
- Cardiovascular disorders
- Chronic alcohol and other dependence
- Chronic and disabling mental health conditions
- Chronic heart failure
- Chronic lung disorders
- Dementia
- Diabetes mellitus
- End-stage liver disease
- ESRD requiring dialysis (any mode of dialysis)
- HIV/AIDS
- Neurologic disorders
- Severe hematologic disorders
- Stroke

From our experience, the most common types of C-SNP plans offered are for diabetes, heart disorders, and chronic lung disorder (COPD). Kidney care/ESRD plans are starting to become more prevalent, especially in larger metropolitan areas. Starting with plan year 2021, beneficiaries with ESRD can enroll in an MA plan.

## Medicare MSA Prospects

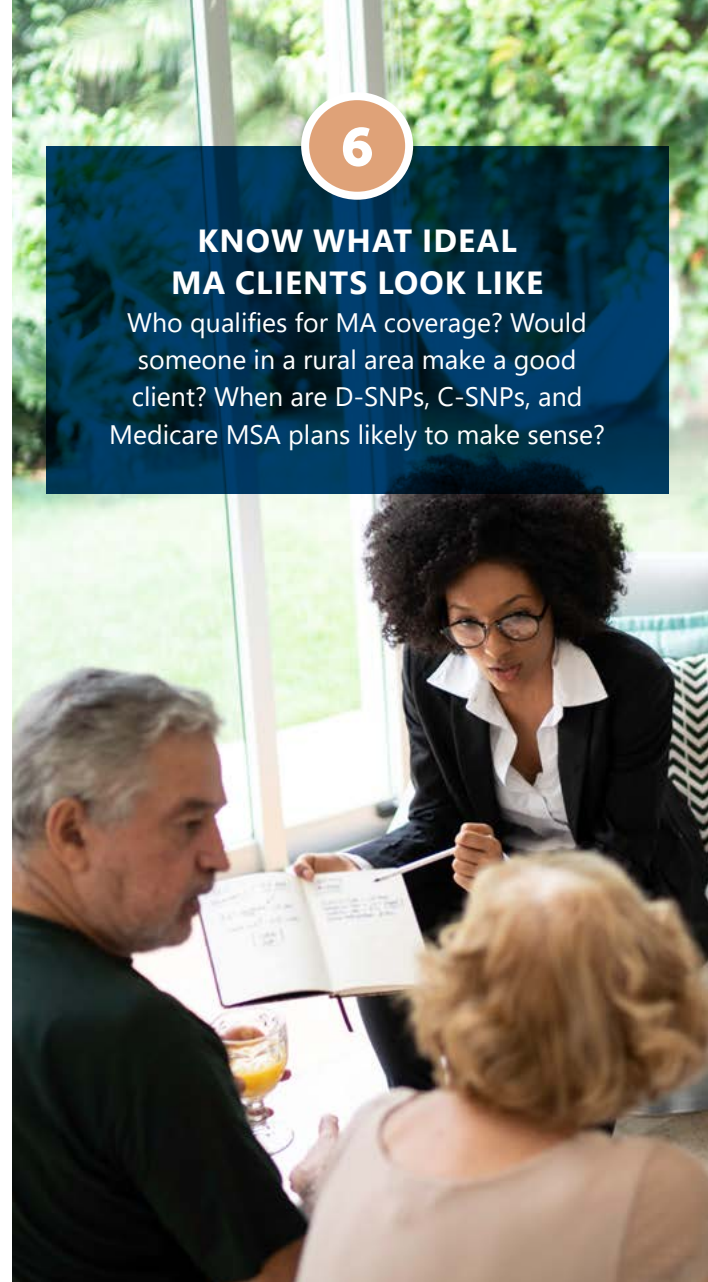
Medicare MSA plans are meant for active seniors who are looking to save for future costs and pay for only the recommended doctor's appointments and checkups in a given year. Conversely, seniors with various ongoing health concerns and costs are not ideal for this plan.

*Think:* Your neighbor who is constantly on the run, meeting with friends, taking walks around their neighborhood, remembering their daily vitamin, and constantly working in their yard could be a model Medicare MSA client. They may take a few medications, but overall their health should be exemplary. This low-risk client could benefit from minimal health costs through the year and the flexibility of rolling the remainder of their balance over to the next year.

6

### KNOW WHAT IDEAL MA CLIENTS LOOK LIKE

Who qualifies for MA coverage? Would someone in a rural area make a good client? When are D-SNPs, C-SNPs, and Medicare MSA plans likely to make sense?







## PITCHING MA PLANS

Bravo! Bravo! Encore! Sadly, you'll probably never hear a prospect say those words. Insurance just isn't that inspiring to most. You can avoid the glassy-eyed glare and other sales presentation pitfalls, though.

### Making a Great Sales Pitch

If you're looking for insurance sales pitch tips, we've got them. Close more sales by following our advice!

#### Focus on Educating, Not Selling

Many people don't understand insurance, including what their options are and how coverage works. In 2017, UnitedHealthcare found just nine percent of Americans know all four of the following terms: "health plan premium," "health plan deductible," "out-of-pocket maximum," and "co-insurance." Be the agent who bridges that knowledge gap and get more business in return. Instead of taking advantage of your prospects' lack of knowledge, use the opportunity to educate them and establish yourself as their go-to guru for insurance-related needs. Break things down into layman's terms. Provide them with charts and illustrations. And, give them recommendations but let them feel comfortable making their own choice.

If a client in any way feels like you've led them down the garden-path, they could make complaints to the carrier or CMS, rapidly disenroll from their plan, and/or search for assistance elsewhere. However, if they feel like you've helped them and provided them with great insights and recommendations, they could send more clients (and more new business) your way. Remember: Trust that is built is much more stable than trust that is blind.

## Avoid Making Bad Assumptions

We all make assumptions to get us through the day. For instance, we make plans and schedule appointments based on how long we assume they and other things on our calendar will take. However, sometimes, making assumptions can get us into trouble, such as when:

- We wait until the last reasonable minute to leave the house for meetings or appointments, because we assume traffic will be normal.
- We start sales appointments expecting they will go one way, and they end up going another.
- We quickly go over premium, deductible, out-of-pocket, and copay costs, because we assume people know what those basic insurance terms mean.



If you want to give a great presentation, try not to make bad assumptions during your sales pitch. Don't go into conversations thinking your customers understand or know all their options (because they probably don't). Once you start explaining products, don't assume your client actually understands what they are. And don't think that, just because your client looks healthy or has money, they want the cheapest or most expensive plan they can afford. Finding out what your clients know, educating them on what they don't, and uncovering their wants and needs can set the stage for another valuable relationship and more future business.

“ Finding out what your clients know, educating them on what they don't.

## Stop Presenting, Start Listening!

How can you find out what your clients understand, what they don't, and uncover the key details you need to make a fantastic recommendation? Ask them questions and listen to their responses! This way you can find out what people actually know, want, and need.

Open-ended questions are great for identifying problems and potential solutions; however, close-ended ones can also give you valuable insight. Consider the following examples:

- What don't you like about your current plan?
- What would you like your new plan to do for you?
- How much can you afford to pay for your plan each month?
- Where and/or who would you like to receive help from?
- Which quality is the most important to you: the plan's premium, the ability to see the providers you want, the insurer's name, or the plan's rating?
- Is there anything else I can help you with today?

Asking these and other questions can help you learn more about your client and exceed their expectations. But don't forget, you also have to listen — really listen — to clients' responses in order to truly glean anything and pitch the right product. When you practice active and empathetic listening, you don't just think about what to do or say for your next move; you consciously focus on what your client is saying, and then respond and adjust your plan accordingly.

## Prove You Practice What You Preach

Being nervous before a presentation is perfectly normal. However, coming off as nervous during a presentation can be unprofessional and off-putting. (And no, all the PowerPoint slides in the world can't fix that.) A big reason why a prospect or client might reach out to you, an agent, is because they aren't sure what they should do, and they think you can help them. If you can't sell them on your ability to do just that, you won't be able to sell them a product. And you might even get upstaged by local competition.

Before going to a sales appointment, practice your core sales script at least a few times. If you can, ask a family member, friend, or mentor (or pet!) to listen to your pitch and provide you with feedback. If you'd rather practice it alone, watch yourself in a mirror and record yourself (even if it's just your voice). Then, reflect on the items in the table below.

### What to Practice Before Presentations

<b>Tone</b>	Try to vary your tone so you sound like you're having a conversation with a friend. You don't want to sound monotone, but now isn't really the time and place to sound like the late Billy Mays, either.
<b>Pace</b>	Find a happy medium that makes you appear intelligent and calm. Too fast can leave the client wondering what you just said. Too slow can leave the client feeling ready to get you out the door.
<b>Eye contact</b>	Exude confidence and let your client know they have your undivided attention. You don't want to come across as creepy or weird.
<b>Body language</b>	Use positive body language and avoid committing faux pas. Remember to smile and sit up straight (but relaxed) with your arms open. Try not to lean back, cross your arms, check your watch, or look stiff and frustrated.

After you give it a go, make note of what you could do better, then do another take. Try to improve in all four areas. Keep practicing, and when it's time for you to be in the limelight, you should be one tough act to follow. Bonus: Do you own the product you're trying to sell? Letting the prospect know that you actually bought the product yourself can really prove to them you find it a beneficial purchase.

## What Seniors Value Most in MA Plans

It doesn't matter if you're selling kitchenware, travel packages, or health insurance. If you don't know what your market values the most in the products you're selling, you're missing out on sales. In the coming years, a big chunk of MA business will be up for grabs. Understanding what seniors value the most in these private plans will be the key to securing your share of it.

### Monthly Premiums vs. Provider Networks

When shopping for an MA plan, seniors often look for a low-cost plan that includes their preferred health care providers. But what if they can't find such a plan? How do they compromise? In 2014, The Henry J. Kaiser Family Foundation (KFF) held small focus groups of seniors in four cities to better understand how seniors choose and change their MA plans. They found that some seniors would enroll in a cheaper plan, even if it meant they couldn't see their usual doctors, while others would rather have a plan allowing them access to certain hospitals or treatment facilities.

Seniors' feelings about the matter appeared to vary based on their relationships with their doctors. People who have been going to the same providers for years most likely feel assured their providers will respect their privacy and successfully put them back on the road to recovery if needed. When push comes to shove, some seniors will readily pay more for a plan just so they can see their preferred providers and have the peace of mind that comes with knowing their life is in good hands.



7

#### WORK ON YOUR SALES PITCH

Start to work on what you'll say during appointments and how you'll say it. You can write a script, but don't rely on it too much!

“ Seniors' feelings about the matter appeared to vary based on their relationships with their doctors.

### Star Ratings vs. Brand Names

CMS implemented the Star Rating system in 2008 to help beneficiaries assess the quality of Medicare plans and make plan selection easier. However, it seems that star ratings may not influence seniors' decisions as much as one would think. KFF's focus groups found that participating seniors didn't understand the system and that star ratings didn't majorly impact their decision to purchase a plan. Instead, those studied seemed to care more about the plan having a “recognizable name.”



Surprised? Consider this: According to a 2013 study conducted by Nielsen, 60 percent of shoppers around the world with internet access favor purchasing new products from a familiar brand instead of a new brand.

Just as they trust their providers, people trust brand names. They may also give more weight to their own experiences than others' experiences, especially others whom they don't know. So, if seniors had a good experience with a certain carrier before turning 65, there's a good chance they'll be interested in sticking with that insurer after they've turned 65, even if the government doesn't rate its Medicare plan 5 out of 5 stars.

## **Convenience vs. Practicality**

You likely recommend MA plans that meet your clients' budget, medical needs, travel habits, and preferences. Your clients, on the other hand, may believe certain plans are the best for them based on other reasons. For instance, some seniors in KFF's focus groups stated they enrolled in a plan to have the same coverage as their spouse.

Would you believe that several seniors involved in the study also reported that they don't review or switch plans during the AEP? It's true. Many would rather get by in their current plan, even if it means switching to different prescription medications. Convenience plays a large role in Americans' lives, especially today where one can communicate with others instantaneously, take pictures, and control home appliances with a mere cell phone. Above all else, people value their time. If there's an easier way to do something, they'll frequently take it. The same runs true for determining their health insurance plan.

“ Convenience plays a large role in Americans' lives, especially today.

## **What This Means for You**

Everybody has different preferences and needs. Some clients you meet will want access to their usual providers, a free gym membership, and DVH benefits; others will only want a \$0-premium plan without the bells and whistles. By asking your prospects what matters most to them when it comes to their health plan up-front, you can streamline sales.



## Narrowing Down a Plan

When you help clients enroll in the plan that best meets their needs, you can increase your chances of retaining their business, receiving renewal commissions, and getting referrals. Not to mention, you are doing what's in your clients' best interests. Here's how you can ensure the plans you recommend are great options for your clients.

### Factors to Consider with Each Sale

There's a lot more to a plan than its premium, but how can an agent determine which plans are valuable to a client? You must get to know your client and their needs, such as their budget, desired providers, and health. Their needs affect the type of plans they'll be comfortable with in regard to the out-of-pocket expenses, network, medical and prescription coverage, and other value-added benefits.



#### BUDGET

- Premiums
- Deductible
- Cost-sharing



#### HEALTH

- Eligibility for plans (D-SNP, C-SNP, MSA)
- Covered tests
- Prescription drug coverage



#### PROVIDERS

- Doctors in network
- Hospitals in network
- Local, regional, or national network



#### OTHER NEEDS

- DVH-related
- Fitness membership
- Transportation benefit
- Nurse phone line

Don't forget: Some plans may offer specific values to your client that make a higher premium completely worth it. Rather than shell out a copay each month, it might be cheaper for your clients to pay the premium of a plan that covers a particular cost. Additionally, keep in mind that a low-premium plan will yield a high maximum out-of-pocket limit, but clients could spend a part of those savings on an affordable hospital indemnity plan that helps them cover pricey copays on hospital stays.

8

### KNOW HOW TO NARROW DOWN A PLAN

Keep in mind what features set different MA plans apart and what clients often value in a plan. Get comfortable with a few quoting tools.

## How to Use Ritter's Medicare Quote Engine in the Ritter Platform

You can easily compare MA carriers and their plans through Ritter's state-of-the-art Medicare Quote Engine (MQE), available within the Ritter Platform! The Quote tool will display all the available plans and monthly premiums, drug deductibles, maximum out-of-pocket limits, copays/responsibilities, and more! It also tells you the number of members in the plan and whether or not the plan is growing in membership.

To use Ritter's MQE, you must log in to RitterIM.com. If you don't have a Ritter account, you can [register for free](#) here. Once you're logged in, click on the **Quote** button. Once you are in the MQE, select **MAPD** or **MA only** from the product drop-down menu, then input your client's age and zip code, and select their county and gender. Then, click **Quote Now**. Please know you can filter down to specific plan types or carriers by clicking the salmon-colored, circular filter button (has three white, vertical lines in it). As you're quoting, remember that it's your responsibility to verify the rates provided to a client are correct. Rate sheets are available through carrier portals.

Plan	Rating	Type	Monthly	Drug	MOOP	Copay/Responsibilities
Aetna Medicare Aetna Medicare Advantra Cares (HMO D-SNP)	★★★★★	SNP	\$0.00	\$0.00	\$6,700.00	\$0 PCP, \$0 Specialist
Aetna Medicare Aetna Medicare Advantra Credit Value (PPO)	★★★★★	PPO	\$0.00	\$250.00	\$6,700.00	\$35 PCP, \$50 Specialist
Aetna Medicare Aetna Medicare Advantra Silver (PPO)	★★★★★	PPO	\$0.00	\$0.00	\$6,700.00	\$5 PCP, \$35 Specialist
Aetna Medicare Aetna Medicare PinnacleHealth Prime (HMO)	★★★★	HMO	\$0.00	\$0.00	\$6,700.00	\$0 PCP, \$35 Specialist
Aetna Medicare Aetna Medicare Value (PPO)	★★★★★	PPO	\$0.00	\$0.00	\$6,700.00	\$10 PCP, \$45 Specialist
Allwell Allwell Dual Medicare (HMO D-SNP)	⚙️	SNP	\$0.00	\$0.00	\$3,400.00	\$0 PCP, \$0 Specialist
Allwell Allwell Medicare (HMO)	⚙️	HMO	\$0.00	\$0.00	\$6,700.00	\$0 PCP, \$40 Specialist
Gateway Health Medicare Assured Gateway Health Medicare Assured Diamond (HMO D-SNP)	★★★★	SNP	\$0.00	\$0.00	\$3,400.00	\$0 PCP, \$0 Specialist

**Filter** Close x  
Carrier  
Type to filter  

- ☐ Aetna Medicare
- ☐ Allwell
- ☐ Capital Advantage Insurance Company
- ☐ Gateway Health Medicare Assured
- ☐ Geisinger Gold
- ☐ Health Partners Medicare
- ☐ Highmark Inc.
- ☐ Humana
- ☐ Keystone Health Plan Central, Inc.
- ☐ UnitedHealthcare
- ☐ UPMC for Life
- ☐ UPMC for Life Dual
- ☐ Vibra Health Plan
- ☐ VISTA Health Plan Inc.

**Note:** Example MAPD quote results shown for a 65-year-old male in zip code 17110, Dauphin County. Plan availability and rates may vary by zip code and are subject to change over time.

## How to Use Medicareful

A free Medicareful site is available to any agent with a qualifying carrier contract through Ritter. Once you have your site set up, you can easily quote, and even enroll, clients in many major MA plans online!

To use Medicareful for quoting, simply enter your client's zip code, then click on **FIND PLANS**. Then, select MAPD or MA only and the plan type you're looking for. Feel free to filter the plan options by premium, the maximum out-of-pocket limit, and carriers, as well. You can view plan details by clicking that link and a plan's panel. If you'd like to compare two or three plans at a time, you can check the **Compare Plans** circle in the plans' panes, then, click on **COMPARE 2 ITEMS** or **COMPARE 3 ITEMS** button on the left, under the zip code and county. Finally, if you activate direct enroll buttons for

any carriers with that functionality available on platform, you can enroll your clients into plans via Medicareful! Please note that Medicareful will only show the MA-only and MAPD products that you're contracted to sell through Ritter.

The screenshot shows the Medicareful website interface. On the left sidebar, the zip code is 17110 Dauphin. The main content area displays six Medicare plans arranged in a 3x2 grid. Each plan card includes the carrier logo, plan name, star rating, and a table of costs. The plans shown are:

- Aetna Medicare Advantra Cares (HMO D-SNP)**: 4.5 out of 5 stars. Monthly Premium: \$0.00, MOOP: \$6,700.00, Type: SNP, Copay: \$0 PCP, \$0 Rx Ded, \$0 Specialist.
- Aetna Medicare Advantra Credit Value (PPO)**: 4.5 out of 5 stars. Monthly Premium: \$0.00, MOOP: \$6,700.00, Type: PPO, Copay: \$35 PCP, \$250 Rx Ded, \$50 Specialist.
- Aetna Medicare Advantra Silver (PPO)**: 4.5 out of 5 stars. Monthly Premium: \$0.00, MOOP: \$6,700.00, Type: PPO, Copay: \$5 PCP, \$0 Rx Ded, \$35 Specialist.
- Aetna Medicare PinnacleHealth Prime (HMO)**: 3.5 out of 5 stars. Monthly Premium: \$0.00, MOOP: \$6,700.00, Type: HMO, Copay: \$0 PCP, \$0 Rx Ded, \$35 Specialist.
- Aetna Medicare Value (PPO)**: 4.5 out of 5 stars. Monthly Premium: \$0.00, MOOP: \$6,700.00, Type: PPO, Copay: \$5 PCP, \$0 Rx Ded, \$35 Specialist.
- Allwell Dual Medicare (HMO D-SNP)**: Rating not available. Monthly Premium: \$0.00, MOOP: \$3,400.00, Type: SNP, Copay: \$0 PCP.

**Note:** Example MAPD quote results shown for zip code 17110, Dauphin County. Plan availability and rates may vary by zip code and are subject to change over time.



**Get your FREE Medicareful site!** Visit [RitterIM.com/agent-tools/medicareful](https://RitterIM.com/agent-tools/medicareful) to sign up for a page or view video walk-throughs, testimonials, FAQs, and more.

## Making a Recommendation

As a senior market health insurance agent, it's vital to look out for your clients' best interests and take a holistic approach in narrowing down their plan options. You may encounter clients focused on a brand name carrier or wanting to enroll in a plan because a family member is in it, but you should do your research and weigh all the factors for them. It's also important you make sure your clients understand the Star Rating system and explain to them why certain plans work better for them than others.

After you've done all the math and comparisons, it's time to make your suggestion to the client. Make sure you explain how you arrived at that plan as the recommended one. You want your client to know that you've taken into account their specific medical needs, budgets, primary care physicians, and preferences.



A photograph of three people, two women and one man, sitting together and smiling while looking at some papers. The image has a blue tint. The woman on the left is looking towards the other two. The woman in the middle is wearing glasses and has curly hair. The man on the right is older and has a beard.

## ENROLLING CLIENTS INTO PLANS

If you have clients who are ready to enroll in MA plans, how can you best help them? It's vital you understand MA enrollment periods and how effective dates work for them. It's also important you know how you can submit MA enrollments and ways to prevent rapid disenrollments.

### When Can You Enroll Clients into MA Plans?

There are various times when a beneficiary can enroll in an MA plan. If you sell health insurance, it's important you know all the MA enrollment periods and how to help your clients navigate them.

#### **Initial Coverage Election Period (ICEP)**

The Initial Coverage Election Period (ICEP) is the first time your client can enroll in an MA plan. It's important to note that, in order for your client to initiate their ICEP, they must have Original Medicare (Medicare Parts A and B). For a client who enrolls in Original Medicare during their initial enrollment period, their ICEP can run alongside it. Like an initial enrollment period, an ICEP also lasts for seven months.

Your client's ICEP start date will be delayed if they wait to enroll in Medicare Part B. Since joining an MA plan requires enrollment in Original Medicare, your client's ICEP will not begin until they are enrolled in Part B. If your client enrolls in Part B at a later date, their ICEP will start three months before the month of their Medicare Part B effective date and end three months after the month their Part B coverage starts.

## Annual Enrollment Period (AEP)

Unlike some Medicare enrollment periods that can have different dates depending on your client's age and needs, the Annual Enrollment Period (AEP) takes place during the same time every year — from October 15 to December 7. This enrollment period is also known as the Annual Election Period, or just simply AEP.

During the AEP, beneficiaries can enroll in, switch, or disenroll from an MA plan or PDP. Coverage selected at this time will become effective beginning the following year. AEP is the most common and popular time of year for clients to enroll in a plan. As a Medicare agent, it's likely that most of your enrollments will happen during this time, but that doesn't mean you can't sell MA plans all year long!

## MA Open Enrollment Period (OEP)

In 2019, CMS eliminated the MA Disenrollment Period and introduced a brand-new MA Open Enrollment Period (OEP), which takes place from January 1 through March 31 annually. During this period, beneficiaries with an MA plan (including those newly eligible for MA) can switch to a different MA plan or disenroll from their MA plan and return to Original Medicare. They can also pick up a stand-alone Part D plan (if needed) and a Med Supp plan. Please note your clients cannot use the MA OEP to disenroll from a Medicare MSA plan.

“ Those enrolled in MA plans as of January 1 can participate in MA OEP from January 1 to March 31.

Those enrolled in MA plans as of January 1 can participate in MA OEP from January 1 to March 31. New-to-Medicare clients who enrolled in an MA plan during their ICEP can participate in this OEP from the month of their entitlement to Part A and Part B through the last day of the third month of their entitlement. Note: Agents should not use the MA OEP as a marketing opportunity, but they can assist clients who are unhappy with their plan selection.

## Special Enrollment Periods (SEPs)

Various qualifying life events can make your clients eligible for a Special Enrollment Period (SEP) during which they can enroll or disenroll in MA plans. Possible qualifying events could include losing their current health coverage, moving, losing income, or becoming institutionalized.

If your client qualifies for an SEP, they must make changes to their coverage within that SEP's specified time period. Rules about when your client can make changes to their coverage, and the types of changes they can make, are different for each SEP, as SEPs depend on clients' specific circumstances.

When you're selling, it's important to tell your clients about the MA "Trial Period" SEP. Individuals who enroll in an MA plan when they're first eligible for Medicare Part A at age 65 are entitled to a "trial period" that lasts for 12 months. During this year, beneficiaries have the option to disenroll from their first MA plan and switch to Original Medicare if they so choose. They also have a guaranteed issue

right to enroll in a Med Supp plan that lasts 63 days after they disenroll from MA. Beneficiaries who return to Original Medicare during this trial period also get a Part D SEP to enroll in a stand-alone Part D plan if they had an MAPD plan.

## Medicare MSA Enrollments

Technically, there isn't an established enrollment period in which clients can enroll in a Medicare MSA plan, but we thought it's still worth discussing your clients' options. Beneficiaries can join a Medicare MSA plan during their ICEP or the AEP. They cannot enroll in a Medicare MSA during any SEP, except if they'd like to join an employer- or union-sponsored MSA during the Employer Group Health Plan SEP.

**Note:** Beneficiaries can only disenroll from Medicare MSA plans between November 15 and December 31 or during an SEP if they move, become eligible for Medicaid, or experience a special circumstance.

## D-SNP Enrollments

Even though D-SNPs are MA plans, they don't have any set enrollment period. Why? Because when someone becomes eligible for a D-SNP, they qualify for an SEP to join one. As long as the individual maintains their eligibility for Medicare and Medicaid, they have an SEP to join or switch D-SNPs once during each of the first three calendar quarters of the year.

## C-SNP Enrollments

Like with other MA plans, you can sell C-SNPs during AEP. You can also sell them to people who are in their initial enrollment period, are turning 65, or newly qualify for a C-SNP. Individuals who newly qualify for a C-SNP get a unique SEP to join this type of plan, which means agents can sell these plans year-round!



9

### FAMILIARIZE YOURSELF WITH MA ENROLLMENT PERIODS

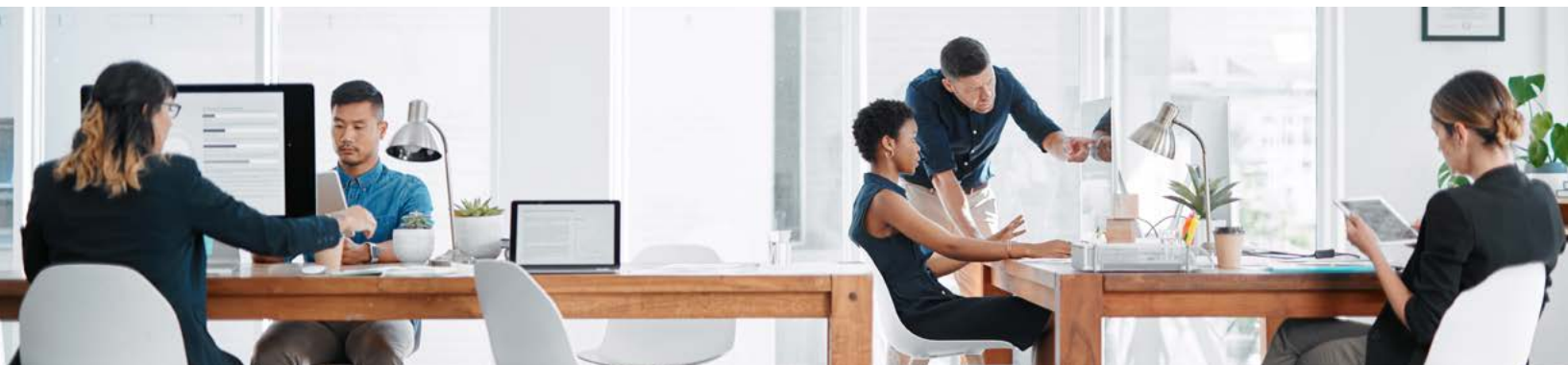
When can people enroll in MA plans?  
What's different about Medicare MSA,  
D-SNP, and C-SNP enrollment periods?

## How Effective Dates Work

The effective date of your client's MA coverage will vary, depending on when they signed up for a plan. If your client applies for an MA plan upon turning 65 or during an SEP, your client's MA policy should start (or "have an effective date") on the first of the month following the one during which they applied. However, if your client applied for a plan a few months before they turned 65 or during AEP, their effective date will be calculated differently. Please refer to the table below to figure out when a client's effective date of coverage would be for MA enrollment.

If Your Client Applies for an MA Plan...	Their Policy's Effective Date Should Be...
A Few Months Before Their 65 <sup>th</sup> Birthday	The First Day of their Birthday Month
During the Month They Turn 65	The First Day of the Following Month
During AEP (October 15 to December 7)	January 1 of the Following Year
During the MA OEP (January 1 to March 31)	The First Day of the Month After Your Old Plan Gets Your Request
During an SEP	Depends on the SEP, But Generally the First Day of the Following Month

Medicare Advantage plans must be made effective for the first of the month. Some election periods require the plan to be effective the following month and only a few allow for selecting a future effective date (Loss of Employee Group Health Plan, for example). They may want to do this to line up the start of their MA coverage with the end of their current form of coverage. If an MA company won't provide a client with the effective date for the month they want, you or they should call their State Department of Insurance. Effective dates can't be sooner than the first of the month following the one during which your client is applying for a plan and cannot precede your client having both Medicare Parts A and B.





## Enrollment Methods

If you'd like to help your client enroll in an MA plan, you've got options on how you can do that! Frequently, carriers offer a combination of enrollment methods, but here's a general overview of how you can submit MA applications. We recommend checking with your FMO or asking your carriers directly about the best way to submit applications.



**MAIL**



**FAX**



**SCAN & SECURE  
UPLOAD**



**ELECTRONIC  
APPS**

## Medicareful

If you have a [free Medicareful site](#), available to any agent with a qualifying carrier contract through Ritter, you can enroll clients in many major MA plans online! You simply need to have the carrier contracts through Ritter for them to appear on your Medicareful site, and activate the direct enroll buttons for those carriers, if one is available. When you meet a client interested in enrolling in a plan with direct enrollment capability on Medicareful, just click the enroll button and follow the steps to submit the enrollment!

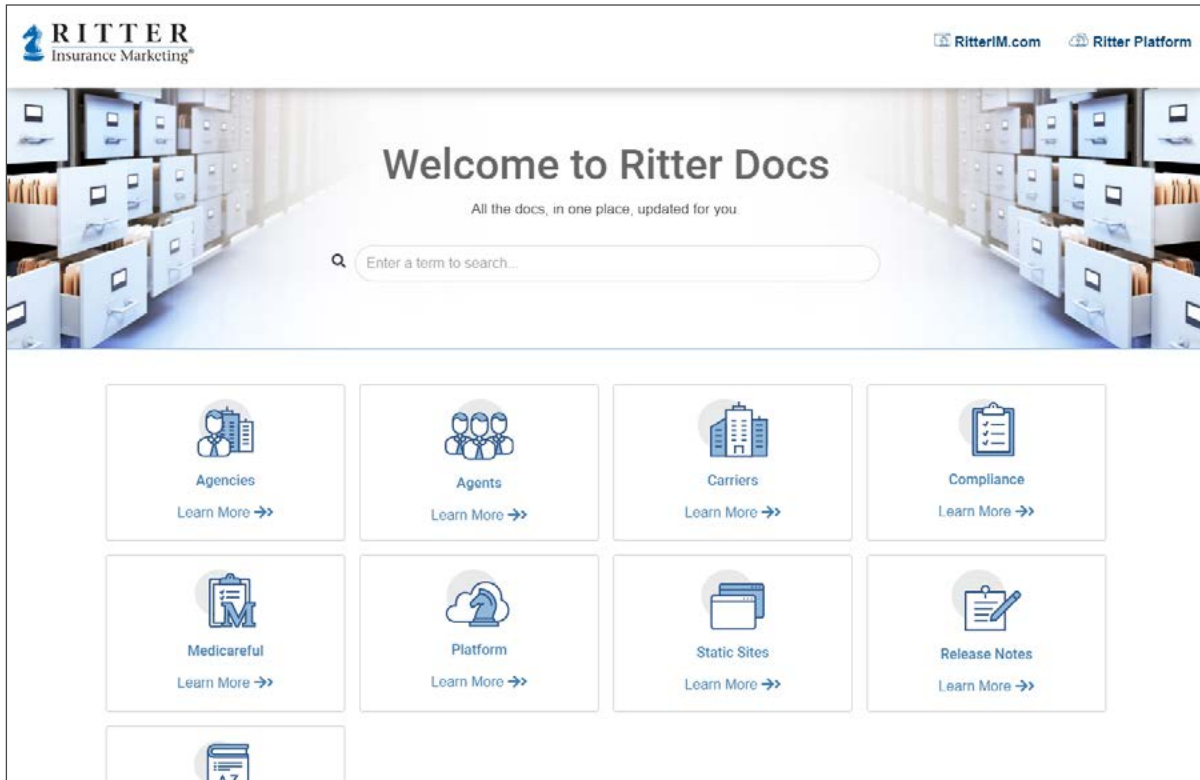
**10**

### HELP CLIENTS APPLY FOR COVERAGE

After a client fills out an application, help them submit it. Don't forget to let your client know when their policy will be effective!

## The Ritter Platform

For certain carriers, you may also be able to scan and upload applications to the Submissions tab in the Ritter Platform. You can view instructions on using the Platform to upload applications under Agencies or Agents on [Docs.RitterIM.com](https://docs.ritterim.com).



**In need of carrier-specific mail and email addresses, fax and phone numbers, and web links?** You can easily find them when you log in to RitterIM.com and [view our carrier pages](#).

## Preventing Rapid Disenrollments

No Medicare agent wants to hear they've had a rapid disenrollment. Not only can these feel like a slap in the face after all the hard work you put in, but they can have negative consequences, especially if your book of business shows quite a few of them. Luckily there are ways you can prevent them.

### What Are Rapid Disenrollments?

In Medicare lingo, a rapid disenrollment is generally when one of your clients, who you recently helped enroll into a new plan, decides to disenroll from their new plan within three months of their enrollment, or before their enrollment is final. There are some exceptions that apply, like if your client moves out of their plan's service area or becomes dual eligible. You can read more about them in CMS' [MCMG](#).

## How Do They Affect You & Your Commission?

When a client is considered a rapid disenrollment from a plan, the carrier must recover all of the commission they paid you for the sale. Rapid disenrollments not only affect your bottom line, but also your reputation in the eyes of the carrier and even CMS. If you have a high rapid disenrollment rate, you may run into compliance issues. This is because the carrier and CMS may think you're trying to enroll clients in a plan for the wrong reasons (e.g., the commission) versus the right ones (e.g., what's in their best interests).

“ When a client is considered a rapid disenrollment from a plan, the carrier must recover all of the commission they paid you for the sale.

### Strategies for Preventing Rapid Disenrollments

It's unlikely you'll have that many rapid disenrollments if you're following Medicare sales best practices and CMS' compliance rules and regulations. However, if you want to play it safe or find the number of your clients disenrolling from the new plans you just put them in increasing, it's important to know how you can prevent Medicare rapid disenrollments. We've listed some strategies below, but remember, these are actions you should take during or after each and every appointment anyway!

#### 1. Make Sure Your Clients' Providers Are In Network

Many people want to continue seeing the same doctor they've been going to for years. If they find out their beloved primary care physician isn't in network, it could cause them to rapidly disenroll from their new plan. So, at appointments, check if your client has any preferences regarding their physicians or hospitals. If they do, confirm those providers are in network via the plans' online directory. Paper directories can change over time, so using online directories is best.

#### 2. Check That Their Prescriptions Are (Well-Placed) in the Formulary

Medications can cost Medicare beneficiaries hundreds to thousands of dollars, depending on the prescription drug and plan. While meeting with a client, you'll want to gather a list of all their prescription meds and make sure they're in their plan options' formularies. Also consider where their medications are placed in those formularies, as the higher the tier a drug is categorized in a formulary, the more money the drug will likely cost the policyholder. Don't forget to check which pharmacy they'd like to go to and if it's considered a preferred one by their plan!

#### 3. Ensure They're Comfortable with the Costs & Benefits of Their Plan

Speaking of costs, it's extremely important to make sure that your clients are comfortable with what they'll have to pay for medical items and services on their plan. This includes their monthly premiums,

deductible, copays, coinsurance, prescription drug costs, etc. Nobody wants to feel like they were sold something they didn't understand the true price of.

Additionally, it may seem obvious, but double-check that your client understands all the benefits they're entitled to, and the ones they're not. If they wanted a plan with certain DVH benefits or SilverSneakers® and their new plan doesn't include those items, they could feel that you misguided them. You may have also missed an opportunity to cross-sell an affordable ancillary plan to cover those items not available with the plans in their area.

#### **4. Go Over All Their Options, Even the Less Expensive Ones You May Not Offer**

If the plan you recommended isn't the least expensive one available to your client, you likely have reasons why it's still what you think is the best fit for them. However, many Medicare beneficiaries live on a fixed income. And, if they hear from a friend, a family member, or another agent that there's a more cost-effective option out there, they may decide to switch to that if they can. Before enrolling a client in a plan, it could be wise to let them know that there are other, less costly plans out there and then explain to them why you think the plan you'd recommend better suits their specific situation.

#### **5. Review the Outbound Education and Verification Process with Them**

Some rapid disenrollments occur because of carriers' outbound education and verification (OEV) calls. The client may decide to disenroll from their new plan at this time because they're confused about their benefits or what they're being asked to do during the call. Before you leave your appointment, let your client know about this upcoming call and what to expect during it.

#### **6. Follow Up & Let Them Know You're Available to Address Any Questions or Concerns**

Your client will probably feel more comfortable with their plan choice if they fully understand it. If they develop questions or concerns, it can shake that comfort. It's better for you to address any hesitations they may have because you (should) understand your client's wants, needs, and budget. If they talk to the carrier or another agent, their faith in you and their plan could be shaken or even destroyed, possibly for the wrong reasons. Stay out in front of potentially bad situations by checking in with your clients to see how they like their new plan and asking if they have any questions or concerns. Make sure they know when and how to best reach you!

#### **7. Be an Agent Who Cares, Not One Who Just Wants to Earn Commissions**

When you sell Medicare plans, it's important that you help clients into the plans that are in their best interests, not yours. Even if you think you've done that, people's feelings, and their needs, wants, and budgets, change. And yes, they can change fast. If your client isn't happy with their new plan, do the right thing and help them switch plans if they need to. You may not have found their perfect plan on the first try, but they may end up trusting you even more for working with them after the fact.





## STAYING COMPLIANT

CMS and carriers take compliance very seriously. We do too. Medicare eligibles and Medicare beneficiaries depend on health insurance agents like you to help them with what can be a confusing and complicated endeavor. They're vulnerable, and regulations exist to ensure nobody leads them astray. It's important you know and follow these regulations.

### What Are the Medicare Communications and Marketing Guidelines?

The Medicare Communications and Marketing Guidelines (MCMG) is an extremely useful resource with all the regulations for selling MA and Part D plans. Each year, the MCMG is reviewed and updated by CMS.

If you are aligned with an FMO, like Ritter, these yearly MCMG updates are reviewed by knowledgeable experts in the industry and distributed to keep agents abreast of the new compliance changes.

**Check out CMS' latest MCMG here**



# A Brief Overview of Medicare Compliance Regulations

Compliance should be a year-long goal for every agent. Here's a summary how to stay compliant through all of your client interactions — from the point of first contact all the way through the enrollment process.

## Permission to Contact (PTC)

Every interaction with a potential client has a starting point. CMS used to state that agents could not make unsolicited direct contact with potential beneficiaries. However, due to a change reflected in recent MCMG, agents are permitted to make unsolicited direct contact with potential enrollees via email as long as the email has an opt-out option. Additionally, the content of any unsolicited email cannot intend to steer a recipient into choosing or retaining a plan. A compliant email would promote your services rather than any specific plans. Agents are still not allowed to approach potential enrollees in common areas or make unsolicited phone calls.

To begin the conversation with potential enrollees, you'll have to obtain Permission to Contact (PTC). You can use lead providers to send out business reply cards (BRCs) or flyers including an optional form to collect this permission. Agents can use the same PTC across different elections periods. For instance, PTC obtained during lock-in can also be used during the AEP.

We've talked before about the importance of an online presence, but be forewarned, likes or shares on social media do not constitute PTC for sales purposes. Additionally, PTCs are not the same as a Scope of Appointment, or SOA. The PTC comes first, hopefully followed by an appointment. At that time, you'll need to fill out the appropriate SOA form.

11

### FAMILIARIZE YOURSELF WITH CMS' RULES AND REGULATIONS

Read the CMS' MCMG in full and know the do's and don'ts of Medicare Compliance.



## Scopes of Appointment

Scope of Appointment means just what it says. It's a form outlining exactly what you'll be presenting to a client during a meeting. The SOA ensures that potential enrollees will not be pitched plans other than those they originally requested. In 2018, CMS removed the requirement for SOAs to be recorded 48 hours in advance which means "same-day scopes" are compliant in any and all cases.

Every face-to-face meeting requires a Scope of Appointment. Additionally, SOAs must be filled out for one-on-one phone conversations. Per CMS, agents must keep SOA forms on file for at least 10 years, even if the appointment didn't end in a sale.

“ Every face-to-face meeting requires a Scope of Appointment.

What happens if your client requests Medicare information outside of the SOA during your meeting? You must fill out a second SOA covering the new information before continuing the meeting. If they're interested in non-health related products, you must schedule a future appointment to discuss them.

## Marketing Rules

CMS also regulates marketing and plan presentations including when you're allowed to market, and how you market. Agents must wait until October 1 to begin marketing next year's plans to potential beneficiaries and cannot enroll members until October 15.

CMS states that only agents who are licensed, certified, or registered under state law are permitted to market an insurance company's MA plans or PDPs. Agents are also required to complete the insurance companies' annual mandatory certification processes for the carriers they wish to represent. Only after an agent is trained and certified to understand the rules, regulations, and specific Medicare product details can a carrier confirm an agent's ready-to-sell status.

### What Can or Can't Agents Say?

During presentations, you should never attempt to mislead your clients, willingly or unwillingly. Stay away from using absolutes and superlatives to describe plans and benefits. Your job is to present information, not show favoritism between carriers or plans. Similarly, if a potential enrollee expresses interest in just one plan, you must inform them that other plans are also available to them.

CMS puts a large focus on agent transparency. Similar to their rules on absolutes and superlatives, agents should not use the word "free" to describe \$0 premiums. CMS also states that the term free should not be used "in conjunction with any reduction in premiums, deductibles or cost share, including Part B premium buy-down, low-income subsidy or dual eligibility." While one component of your client's health care may come at low or no cost, costs could be incurred in other areas. For example, \$0-premium plans typically have higher copays, while plans with higher premiums offer lower out-of-pocket cost. By calling a plan "free" you're generalizing just one part of the plan's full package.



“ Agents should not use the word 'free' to describe \$0 premiums.

When mentioning star ratings, you must include that the rating is out of five stars. Agents must also let potential enrollees know when a plan has been assigned an LPI or Low Performing Icon by CMS. You may not showcase the overall star rating and fail to disclose that the plan has previously suffered from performance issues. Star ratings may not be published until CMS releases them on the Medicare Plan Finder. Agents must also now clearly identify which contract year they reference. You may not “reference the star rating that was achieved based on prior contract year data, when the marketing materials are for the upcoming year.”

### Marketing Materials FAQs

When getting creative with marketing materials, agents still have to be mindful of how they're representing themselves as it pertains to the MCMG, as well as other requirements.

***Q: What's the difference between marketing and communications materials?***

A: In the 2019 MCMG, CMS differentiated between materials that are considered “communications” and “marketing.” The difference between the two is based on the content and the intent of the piece. Communication pieces tend to be more general, providing non-specific information to prospective and current enrollees. Marketing pieces, however, are aimed to influence beneficiaries in either enrolling into a plan or retaining their existing plan. Marketing materials contain some plan-specific information, such as benefits, premiums, and comparisons to other plans. Marketing materials are subject to CMS review, whereas communication materials are not.

***Q: Can I reference MA or PDP info on direct mail marketing material?***

A: No. Any time a plan-specific reference is made on marketing materials, it's considered that company's materials. CMS does allow brand promotion, but not specific product references, and prior approval of using the carrier's logo or name is required. It is possible, though, to use a specific company's pre-approved marketing materials. Note that generic direct mail marketing material without any plan or company-specific information does not require prior approval, provided all other marketing guidelines are met.

***Q: Can I say “Medicare” on my marketing materials?***

A: According to Section 1140 of the Social Security Act, it's forbidden to use the words or symbols including “Medicare,” “Centers for Medicare & Medicaid Services,” “Department of Health and Human Services,” or “Health & Human Services” in a way that would indicate the approval, endorsement, or authorization of Medicare or any other government agency. Additionally, agents shouldn't use the word “Medicare” on their business card in any fashion that suggests they represent Medicare, like putting the words “expert,” or “specialist” behind it. In general, it is not acceptable to use the term in a misleading manner, however it is acceptable to use the term “Medicare” to describe the product types you offer.



## Websites

CMS requires any agent marketing MAPD or PDP plans to consumers to submit all website content to HPMS for approval. This is typically accomplished through the carriers. You may refer to the specific carrier's policy regarding website review. In general, it's acceptable to maintain a website, as long as the content doesn't promote a specific group of Medicare plans or specific carrier(s).

Agents cannot reference a specific MA plan's or PDP's marketing materials or use an insurance company's trademark on their site. When a plan-specific or company-specific reference is used regarding a Medicare plan, it's considered that company's marketing material. If it wasn't approved or provided by the company, it's not OK to use it. Additionally, if an agent wants to reference any MA plan information or the insurance company logo on their website, the agent must work with the specific insurance company to obtain their prior approval.

## Educational Events

Remember, during educational events, your primary focus is to educate attendees. It is not to lead or attempt to lead attendees toward a specific plan or set of plans. Follow the guidelines below to help ensure your compliance.

### Educational Event Do's and Don'ts

Do's	Don'ts
Hand out objective educational materials on MA, Part D, and other Medicare programs	Display a sign-in sheet or collect contact info (e.g., names, addresses, phone numbers) of attendees — this doesn't constitute as PTC
Give away promotional items (that aren't considered marketing materials) that include plan name, logo, toll-free number, and/or carrier website <sup>1</sup>	Hand out applications or marketing materials which contain specific plan info (e.g., premiums, copayments, etc.)
Answer questions posed by attendees	Answer questions beyond what attendees ask
Provide meals, refreshments, or light snacks <sup>2</sup>	Give away cash or other monetary rebates
Provide generic business reply cards to attendees	Provide or collect enrollment forms
Give out your business card and contact info for beneficiaries to use to initiate contact (includes completing and collecting a Scope of Appointment)	Discuss any carrier-specific plan or benefits or distribute marketing plan materials
Schedule marketing appointments	Give an educational presentation in a one-on-one situation

<sup>1,2</sup>Items must comply with CMS' nominal gifts ordinances.

**NEW for 2020:** According to the changes set forth by CMS in the 2020 MCMG memo, we believe that agents may now conduct a sales event or marketing appointment immediately after an educational event, even in the same location if they'd like. We also interpret this to mean that agents can collect SOAs and take applications after an educational event has concluded.

## Sales Events

Sales events allow agents to try to direct potential enrollees or current members toward a plan or set of plans. Many marketing and lead-generating activities are allowed, but there are rules regarding the information you can collect. See what you can and cannot do at sales events below.

### Sales Event Do's and Don'ts

Do's	Don'ts
Let beneficiaries approach you first at informal events	Offer health screenings or similar activities that could seem like, or be used for, "cherry picking"
Use sign-in sheets that clearly indicate providing contact information is optional	Require attendees to use a sign-in sheet
Name all products and plan types you'll cover before starting	Compare one carrier's plan to other carriers' plans by name without getting written consent from all carriers involved in the comparison or without having studies or statistical data to back up comparisons (Comparisons must be factually based and can't be misleading)
Use only carrier- and CMS-approved presentations and talking points	Discuss or cross-sell non-health care related products (e.g., annuities, life insurance)
Distribute giveaways with your contact information on it <sup>1</sup>	Use absolute or qualified superlatives
Give away promotional items that include plan name, logo, toll-free number, and/or carrier website <sup>2</sup>	Use contact information provided by attendees for raffles or drawings for any other purpose
Provide refreshments or light snacks (e.g., coffee, soda, fruit, crackers) <sup>3</sup>	Give away cash or other monetary rebates
Hand out objective educational materials on MA Part D, and other Medicare programs	Offer or subsidize meals or a combination of foods and beverages that could make it seem like you're offering meals

Distribute Star Ratings information, Summary of Benefits, Pre-Enrollment Checklist, and the Multi-Language Insert with any enrollment form	Require attendees to fill out a Scope of Appointment form or enrollment forms
Collect lead cards and business reply cards	Collect enrollment applications unless the enrollee has a valid election
Collect enrollment applications	
Freely give out your business card to any attendee	
Arrange follow-up appointments	
Call attendees who attended a sales event if they gave permission at the event for a follow-up call (you must have documented PTC)	

<sup>1,2,3</sup>Items must comply with CMS' nominal gifts ordinances.

## Secret Shoppers

CMS secret shoppers measure quality of service and compliance with Medicare regulations as a way to gather specific information about products and services. These secret shoppers will be looking to make sure you're compliant, from what you say to how you present it.

## Violations

If you violate CMS' MCMG, you could be subject to: Administrative hearings or penalties, cease and desist orders, and license suspension or revocation.

## How to Follow up with Clients Compliantly

By not following up with Medicare clients, you could be losing potential business. More importantly, checking in with clients can show them that you care if they're happy with their plans. However, you need to be sure to stay compliant while reaching back out to clients.

## When Should You Check In?

You might be wondering when you should follow up with your clients. When is it too soon — or worse, too late — to reach out? A great way to accommodate clients and make sure you don't forget about them after they've enrolled in a plan is to schedule a follow-up appointment with them at the initial appointment. That way, you'll both have it marked in your calendars. However, if your client would rather wait to schedule another appointment, you can still make a note in your calendar to check in with them in a few weeks.

“ A great way to accommodate clients and make sure you don't forget about them after they've enrolled in a plan is to schedule a follow-up appointment with them at the initial appointment.

### **Best Practices for Following Up**

Remember, every client is different, as is their Medicare plan, which means you can't follow the same exact script for every follow-up call or email. During follow-ups, it's important to let your client lead the conversation and make sure all their questions get answered. Do your best to communicate effectively with your clients and try not to sound robotic! In the same light, it's also crucial for you to be prompt and genuine. It's OK to leave a voicemail or two, but don't harp on your clients to call you back. If they need you, they'll let you know.

Being afraid of CMS regulations isn't a good excuse to not follow up with your clients. When it comes to follow-ups, the best way to stay legal is to let your client be the one to express dissatisfaction and suggest meeting to change plans. At this point, you may discuss all the election periods in which your client can change plans, such as the OEP or an SEP, if your client qualifies. Examples of clients outwardly expressing dissatisfaction can include but are not limited to:

- "I don't really like this HMO plan I chose. Am I allowed to pick a different plan?"
- "Do I have to keep this plan until the next AEP?"
- "Can you please tell me about the other plans in my area?"
- "My doctors are no longer in the provider network."





If, during your phone calls with your clients, they indicate they're happy and satisfied with their coverage, great! You did a good job finding them plans that fit their needs and you can give yourself a pat on the back. However, just because they're happy on day 30 doesn't necessarily mean they'll still be satisfied come day 60. If your client lets you know that they're unsatisfied with their coverage, help them change their plan to one that's a better fit for them.

## Definitive Guidelines for the MA OEP

Changing health plans can feel uncertain for those over 65 as they transition from the known to the unknown on a fixed income. What happens if they make the move to try out an MA plan for the first time, or switch health plans, and then feel like their new coverage is not the right fit? Luckily for them, they're not stuck with their new coverage. Almost immediately after AEP, seniors in MA plans have an option to reconsider their plan selection. Here's what you need to know about the MA OEP.

### Open Enrollment Qualifications

According to the CMS' [MA Enrollment and Disenrollment Guidance](#), the OEP that most accurately applies to your clients hoping to switch plans after AEP is the MA OEP, as long as they qualify. The MA OEP is specifically for:

- Clients new to Medicare who enrolled in an MA plan during their ICEP. These beneficiaries have a three-month OEP that starts with the month they are entitled to Part A and B.
- Those who enrolled in MA plans as of January 1. For these clients, OEP is from January 1 to March 31.



## Marketing During MA OEP

A big difference in the new MCMG is the definition and prohibition of marketing during the MA OEP. Agents cannot knowingly target or send unsolicited marketing materials to MA or Part D enrollees during OEP (January 1 – March 31). It's important to note that "'knowingly' takes into account the intended recipient as well as the content of the message."

Do's	Don'ts
Host marketing events focusing on plans other than MA or Part D, such as: <ul style="list-style-type: none"><li>• Appealing to age-ins who have not enrolled in a plan yet</li><li>• Marketing based on the continuous SEP beneficiaries have to enroll in a 5-star plan</li><li>• Reaching out to dual-eligible and low-income subsidiary beneficiaries, since they can generally change plans once each quarter during the first nine months of the calendar year</li></ul>	Send beneficiaries unsolicited communications about the ability to make any additional changes or reference OEP
Send marketing materials to a beneficiary who makes a proactive request	Target, by way of purchased mailing list or any other means, any beneficiary who's in OEP because they made a decision during AEP
Hold one-on-one meetings with beneficiaries who request them	Participate in or advertise any agent/broker activities that address OEP as a means of making more sales
Give out OEP information if a beneficiary asks for it	Contact former enrollees who chose a new plan during AEP

**Note:** If a beneficiary who has already made an enrollment decision unintentionally receives marketing information, it's not considered "knowingly targeted."

## Something to Think About

As an agent, your goal is to enroll a beneficiary in a plan that is most suitable to their needs. Therefore, at the time of their original enrollment, you may not use OEP as an enticement or selling point to encourage enrollment. **You can certainly advise your client to notify you should their situation change following the enrollment.** You can and should also check in with your clients after enrollment to ensure they're satisfied. **However, in relation to follow-ups and the OEP, you cannot send beneficiaries unsolicited communications about the OEP or their ability to make any additional changes to their coverage.** Instead, you can start with a simple follow-up email or call to see how they're doing (without mentioning changing plans).



## **CROSS-SELLING** IDEAS

When a client enrolls in an MA plan, they may not be thinking about other coverages they may need — but you can. Every insurance product has their coverage limits. By offering your clients other great products to fill in their MA plan's coverage gaps, you'll not only gain their trust, but also more commissions too!

### **Good Products to Cross-Sell with MA Plans**

If you're selling MA plans, we also recommend having hospital indemnity insurance plans and DVH insurance plans in your portfolio to cross-sell. Remember to stay compliant. You must ensure the proper boxes are checked on the Scope of Appointment form before discussing non-MA products at an MA appointment. If the boxes aren't checked on the Scope of Appointment, you'll have to wait to attempt cross-selling until a later follow-up conversation or appointment.

#### **Hospital Indemnity Insurance**

Many Medicare eligibles are attracted to MA plans because of their extra benefits and low, or zero-dollar, premiums. While appealing for those reasons, \$0-premium MA plans have high copays, high deductibles, and annual out-of-pocket limits as high as \$7,550. And if a client has a Medicare MSA



plan and is unexpectedly hospitalized before reaching its high deductible, they'll have to pay to reach the deductible first. Hospital indemnity plans are a natural cross-sell for agents with clients interested in, or already enrolled in, an MA plan.

For someone 65 to 84 years old, the mean length of a hospital stay is 5.2 days and the mean cost of a stay is \$14,500. Even with health insurance, it can be tough for clients to afford their payments, especially if they're living on a fixed income or miss work due to their illness or injury. Hospital indemnity plans provide a fixed amount of money directly to the beneficiary upon a qualifying event. Since the benefit is provided directly to the individual, there aren't any network restrictions associated with hospital indemnity plans!

#### A hospital indemnity plan can help pay for:

- Deductibles
- ER visits
- Observation stays
- Surgeries
- Medications
- Transportation
- Lodging
- Health screenings
- More!

Additionally, individuals can add riders to these policies to help pay for cancer, ambulance, or skilled nursing related costs!



12

#### **MAKE SURE YOU HAVE PRODUCTS TO CROSS-SELL TO MA CLIENTS IN YOUR PORTFOLIO**

Contract to sell a few different hospital indemnity, dental, vision, and hearing products.



## DVH Insurance

Receiving preventative, routine, and immediate DVH health care is critical to one's overall well-being, regardless of their age. Many young and middle-aged adults don't have a problem obtaining DVH insurance since employers usually offer some form of it. However, older adults, the ones who arguably need it most, have a harder time finding DVH coverage. While MA plans do offer some DVH coverage, it isn't extremely comprehensive. Offering DVH products allows you to give seniors an affordable way to help fill in the gaps and get the coverage they need.

### Perks of selling DVH insurance:

- Year-round enrollments
- No underwriting required
- Benefits simple to review
- Opens you to more referrals

## How Medicareful Helps You Sell Ancillary Products

Ancillary products pair really well with Medicare products, so it's pretty natural to try to convert the extra business that you generate through your Medicareful page to ancillary sales. The more Medicare business you get through Medicareful, the more ancillary business you should be writing as well! You can use Medicareful to increase your ancillary sales through two means: using the Medicareful Living blog and via the online Scope of Appointment.

Try getting the Medicareful Living blog posts in front of the clients prior to AEP or before you meet with them, to get them educated before you sit down and have that Medicare talk. Medicareful Living has some great educational articles about [the importance of ancillary products](#), like [dental](#), vision, and [hearing](#) and hospital indemnity, which you can share with your clients. If you copy a post's link and then add ?agent= and your unique agent slug to the end of it, your name and phone number will show up on the blog post and the **FIND YOUR PLAN** buttons will link to your Medicareful page (ex. [living.medicareful.com?agent=craigritter](http://living.medicareful.com?agent=craigritter)).

“ Try getting the Medicareful Living blog posts in front of the clients prior to AEP or before you meet with them.

Also, take advantage of the online Scope of Appointment. On your Medicareful page, the online Scope of Appointment form has boxes for DVH and hospital indemnity. If your clients are looking for information about these products, they can check off those boxes on the form, and you can go right into talking about them with the client.



## **PARTNERING** WITH AN FMO

Are you an independent insurance agent? Did you know you can enjoy the same commission and independent lifestyle while partnering with an FMO for exclusive training, sales support, and industry-leading tools and technology?

### **What Is an FMO & Why Should You Work with One?**

FMOs are typically top-level organizations that are licensed to sell health insurance products in most, if not all, states. While FMOs focus on health insurance products, they may also offer contracting for life insurance products or other types of ancillary insurance coverage. These organizations work with hundreds to thousands of agents and multiple big-name and small-name carriers all across the U.S. Almost all of an FMO's contracts are direct with carriers, and FMOs are usually able to offer agents contracts that provide higher than street-level commissions.

In general, FMOs offer agents a lot of other perks they can't get elsewhere. For example, Ritter Insurance Marketing, the company behind this eBook, is a national senior market FMO. Organizations like Ritter offer independent agents training and support (e.g., webinars, eBooks, the Agent Survival

Guide and Agent Survival Guide Podcast, help with tough cases, etc.) to help them more easily get started in the industry and grow their businesses beyond their expectations.



## TRAINING

- Educational content
- Live and recorded webinars
- Training videos
- In-person events
- Notification of important updates



## SALES TOOLS

- Quote engine(s)
- Lead-generating website(s)
- Customizable marketing materials
- Fact Finder to uncover coverage gaps



## SALES SUPPORT

- Expert staff who can answer questions and provide advice
- Accessible via phone, email, in person
- Help with processing paperwork
- Lead programs and lists



## OTHER PERKS

- Competitive commissions
- Sales incentives (e.g., production based bonuses and trips)
- Exclusive contracts
- Co-op marketing dollars
- Opportunities to give back to the community

## How to Pick a Great MA FMO

To make the process of picking an FMO easier for you, we've developed this checklist of things you should look for in a great MA FMO. If you can check off all of these boxes, you've found a keeper!

13

### TEAM UP WITH A GREAT FMO

FMOs like Ritter can offer you free training, sales resources, and support. Do your research and pick the one that meets all your criteria!



## Checklist for Picking a Great MA FMO

- ☐ Competitive and fast contracting
- ☐ Good release policy if you want to leave
- ☐ FMO is "Top of Hierarchy"
- ☐ Offers national and local marketing co-ops
- ☐ Stays in compliance with CMS regulations
- ☐ Provides top-notch sales support and training
- ☐ State-of-the-art sales tools (e.g., personal lead-generating website)
- ☐ Helps connect you with affinity partners who can give you referrals
- ☐ Policyholder data is encrypted and secure
- ☐ Pays fair and competitive commissions
- ☐ Offers strong lead programs

## Why Team up with Ritter Insurance Marketing?

Ritter has everything that an MA agent could want or need from an FMO. If you use the checklist above to scope out Ritter Insurance Marketing ("Ritter"), you'll find that you can check off every single box!

“ At Ritter, we pride ourselves on being a leading national, CMS-compliant, Top-of-Hierarchy FMO.

At Ritter, we pride ourselves on being a leading national, CMS-compliant, Top-of-Hierarchy FMO that's dedicated to giving our agents whatever they need to succeed. We offer contracts with more than 80 competitive carriers (MA, Med Supp, Part D, ancillary, and life), an open release policy with very few stipulations, and national and local marketing co-ops. Our team of IT professionals specialize in security, encryption, and backup to keep your clients' data safe. And our dedicated, full-time licensing, new business, administrative, administrative support, broker operations, software development, marketing, and sales staff also help to give you fast and exceptional back-office support.

**Here are just a few of the other reasons why you should consider partnering with Ritter:**

- [State-of-the-art Medicare Quote Engine](#)
- [Exceptional Platform to help you track your business](#)
- [Free lead-generating Medicareful website](#)
- [Lead programs, customizable marketing materials, sales incentives](#)
- [Training videos, webinars, and in-person events](#)
- [Educational Agent Survival Guide blog](#)
- [Agent Survival Guide podcast, and other resources](#)
- [Full-time, expert sales and administrative staff](#)





## OUR FINAL **PIECES OF ADVICE**

You've reached the end of our guide to selling MA. It's time to put your knowledge and skills to good use and start selling!

Remember, you can save or print this guide for future reference when you need it. Be sure to check out the tools and additional resources mentioned throughout this guide to maximize your MA sales success. We hope the AEP Checklist, AHIP FAQs and Tips, and Medicareful FAQs provided on the remaining pages come in handy. And if you ever want to talk more sales strategies or need help with a tough case, [our team is always here to help!](#)

[Take a few minutes to take the next step on your journey to MA success and register with RitterIM.com for free!](#)



### Agent Registration

---

First Name

Last Name

Primary Email Address

Primary Phone Number

How did you hear about us?

NPN (lookup ☒)

©2020 Ritter Insurance Marketing LLC  
1-800-769-1847

**We wish you all the best with selling MA.  
You've done the research — now go for it!**

# ACTION STEPS

## 1. FAMILIARIZE YOURSELF WITH MA PLANS

Get to know the different types of MA plans on the market and their value to clients and agents!

## 2. GET LICENSED TO SELL MA

Check with your state(s) to find out their licensing requirements, complete necessary education, take the test, and get your E&O insurance.

## 3. CHECK OUT ADDITIONAL TRAINING RESOURCES

Reading this guide is a great start to your MA training, but we recommend continuing your education beyond it. Remember, plans and regulations can change each year!

## 4. ADD MA PLANS TO YOUR PORTFOLIO

Contract with a few highly-rated, competitive, and brand-name carriers. Be sure to offer a variety of options with different premiums, networks, formularies, and features!

## 5. DEVELOP A MARKETING PLAN

Consider how you can set up or enhance your website, team up with local businesses in your community, and host events. Be cautious with social media, but don't be afraid to use it to promote your services!

## 6. KNOW WHAT IDEAL MA CLIENTS LOOK LIKE

Who qualifies for MA coverage? Would someone in a rural area make a good client? When are D-SNPs, C-SNPs, and Medicare MSA plans likely to make sense?

## 7. WORK ON YOUR SALES PITCH

Start to work on what you'll say during appointments and how you'll say it. You can write a script, but don't rely on it too much!

## 8. KNOW HOW TO NARROW DOWN A PLAN

Keep in mind what features set different MA plans apart and what clients often value in a plan. Get comfortable with a few quoting tools.

## 9. FAMILIARIZE YOURSELF WITH MA ENROLLMENT PERIODS

When can people enroll in MA plans? What's different about Medicare MSA, D-SNP, and C-SNP enrollment periods?

## 10. HELP CLIENTS APPLY FOR COVERAGE

After a client fills out an application, help them submit it. Don't forget to let your client know when their policy will be effective!

## 11. FAMILIARIZE YOURSELF WITH CMS' RULES AND REGULATIONS

Read the CMS' MCMG in full and know the do's and don'ts of Medicare Compliance.

## 12. MAKE SURE YOU HAVE PRODUCTS TO CROSS-SELL TO MA CLIENTS IN YOUR PORTFOLIO

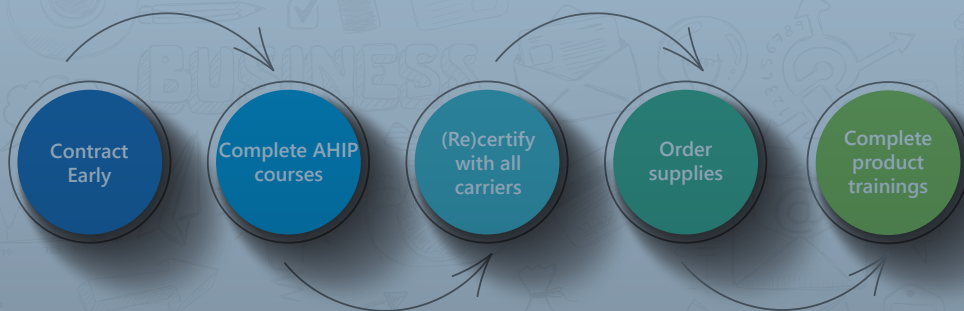
Contract to sell a few different hospital indemnity, dental, vision, and hearing products.

## 13. TEAM UP WITH A GREAT FMO

FMOs like Ritter can offer you free training, sales resources, and support. Do your research and pick the one that meets all your criteria!

# AEP/READY-TO-SELL CHECKLIST

## AEP/Ready-to-Sell Checklist



Laying a solid foundation is essential to getting the most out of the Annual Enrollment Period.

Follow this guide and you'll be well on your way to a successful AEP!

**OPEN** THE FULL INFOGRAPHIC



### WHY

The turnaround time for processing contracts increases as AEP approaches. Before the late-summer rush, we can typically process contracts in **5-7 days**.

### HOW

We provide agents with **24/7 online access** to appoint with top carriers. Here's how to submit a new contract:

1. Select your desired carrier on the **contracting page**, then choose your state(s) and product.
2. Follow the simple prompts to complete the form.
3. When you get to the last page, sign twice at the bottom, then hit the green "Continue" button.

# AHIP FAQs & ANSWERS

Below are some frequently asked questions about AHIP certification and their answers.

## Do I need to pass AHIP if I already passed last year?

**Yes.** Since plans and regulations change year to year, you must pass the test annually in order to sell. Many carriers require agents to continue certifying with them to receive renewal commissions. AHIP is also oftentimes part of carriers' annual certification requirements.

## How many attempts at the AHIP test do I get?

**Three.** If you fail three times, you can re-enroll and purchase another set of three attempts; however, many carriers will not accept three failures in a given year and prohibit you from selling their product during that plan year.

## How long must I take between failed attempts?

**There's no set time you need to wait.** If you fall just below the passing threshold and feel confident in your knowledge, you can give it another go immediately. If you miss the mark by more than a few points, we'd recommend taking more time to study before your second or third attempt.

## Do I have to take AHIP directly through their website?

**No.** If a carrier offers AHIP certification through their broker portal, you'll be directed to a customized AHIP page for that carrier. In many cases, certifying through a carrier's broker portal will give you a discount off your AHIP training that you wouldn't receive by going directly through [AHIPMedicareTraining.com](https://www.AHIPMedicareTraining.com).



## How much does AHIP cost?

**It usually costs \$175 to take the AHIP certification test**, but this price is subject to change from year to year.

## Can I get a discounted price for the test?

**Yes.** Many carriers offer \$50 off the price if you take the test through their broker portal. Additionally, some carriers offer full AHIP reimbursement as a production incentive. Talk to your [Ritter representative](#) for more information.

## Is there a deadline to pass AHIP?

**Technically, yes.** Passing AHIP is the initial step to completing most carrier certifications, so you won't be "ready-to-sell" any MA plans until you do so.

## Is AHIP an open-book test?

**Yes.** You can print the training modules and use your notes while taking the test.

## Is AHIP a timed test?

**Yes.** The final exam is 50 questions, and agents have two hours to complete it.

## What score do I need to pass?

**90 percent.**

## How much should I prepare?

**It depends.** If you've passed the AHIP exam before, you should be well-prepared to take it again. If you're a first timer, don't hesitate to set aside a week to prepare using the training modules.

# MEDICAREFUL FAQs & ANSWERS

Below are some frequently asked questions about Medicareful pages and their answers.

## How do I get a free Medicareful site?

**Fill out the form** at [RitterIM.com/agent-tools/medicareful](https://RitterIM.com/agent-tools/medicareful). You just need a qualifying contract through Ritter, and a free site is all yours! For more information on qualifying contracts or additional assistance, contact your [Ritter Representative](#).

## Can an agent have their Medicareful site associated in any way with their current website?

**Yes**, but since the domain name is filed with CMS, it cannot be inside of your website. It would have to be a link or redirect. If you have an established relationship with an affinity partner, you can also link or redirect through that partner's website. If you decide to link your current site and Medicareful page, please provide us with the URL of your current site so we can spot check it for compliance purposes.

## Can I add my own logo, text, or site shortcuts?

**Yes**. You can make your site a little more personal by adding an agency/business logo to the page that also links to your business website. Email [support@medicareful.com](mailto:support@medicareful.com) to add your logo and link.

## Can I set up multiple Medicareful pages?

**No**. Each agent can only have ONE code assigned to them, so an agent can only have one active page at a time.

## How can I market my Medicareful site to consumers?

**There are several ways**. You can add your unique Medicareful link to your current website via a clickable hyperlink (we require your website URL so we can spot check it), add it to business cards, add it to your email signature, and email blast it to your current consumers (subject to CMS' marketing guidelines). Additionally, you can network with a brand that could become an affinity partner. We can help design marketing pieces the affinity partners can hand out to help advertise your Medicareful site.

## **Do I have to send a paper Scope of Appointment to my client?**

**No.** We now have an electronic SOA on all Medicareful websites! Your client simply needs to fill out the **Contact Us** form, and you will receive an email notification that you have a client who is wanting to be contacted.

## **Can clients enroll through my Medicareful website?**

**Yes!** Clients will be able to click an enrollment button for several MA carriers. The application is only one page, and you don't have to worry about paper apps, faxing, emailing, or face-to-face appointments.

## **How do I activate direct enroll buttons on my site?**

**Simply visit the [activation page](#).** You can activate direct enroll for the carriers you're contracted through Ritter with by selecting the appropriate carriers there.

## **Where do I find my leads and enrollments from Medicareful?**

**Log in to the Ritter Platform.** Leads can be found under the Clients tab. To see your enrollments, select **Enrollments** on the [Submissions tab](#).

## **Anything else I should keep in mind?**

**Yes.** CMS is cracking down on sites that are not CMS-accepted, and insurance companies often ask to review webpages. If nothing else, Medicareful assures your compliance with CMS regulations.