

The Complete Guide on

HOW TO SELL PRESCRIPTION DRUG PLANS



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With so many people having different health care needs, it's important to make sure the products you have to offer can give your clients the coverage they're looking for. Is a stand-alone prescription drug plan (PDP) right for your client? Are they eligible? Can they add one to the coverage they already have?

If you're looking for the answers to these questions and more, this guide is a great place to start. We'll cover the basics of PDPs, the value of selling them, powerful sales practices and tools, and so much more. Let's get started!





UNDERSTANDING THE BASICS

Medicare beneficiaries who need insurance for prescription drugs can receive that coverage through Medicare Part D. These prescription drug plans (PDPs) are stand-alone policies that help to cover the costs of prescriptions for your clients. We'll cover the basics of PDPs, who can enroll in these plans, and how to get licensed and contracted to sell them.

What Medicare Drug Coverage Options Are Available?

Medicare Part D (prescription drug coverage) is available to clients in two different forms. For clients who have Original Medicare, prescription drug coverage is not automatically included; enrollees can purchase a stand-alone PDP. The second way Medicare clients can obtain prescription drug coverage is via a Medicare Advantage (MA) plan that includes drug coverage, also known as a Medicare Advantage Prescription Drug (MAPD) plan. The federal government does not offer Medicare Part D; individuals must purchase it from a private company or carrier.

Why Are Part D Prescription Drug Plans So Different?

According to the [Centers for Disease Control and Prevention \(CDC\)](#), approximately 85 percent of older adults have at least one chronic health condition, and 60 percent have at least two. Additionally, the CDC reports [five out of six people](#) age 65 and older take at least one prescription medication, and almost half of people age 65 or older take three or more prescription drugs.

Not only is that an awfully large amount of medicine to pay for, but some drugs are more expensive than others; seniors with prescriptions for chronic conditions like arthritis, hepatitis C, multiple sclerosis, and cancer can find themselves paying through the nose for their medication. Luckily, you can help them get affordable Medicare Part D coverage through PDPs!

PDPs are available through insurance companies and other private companies approved by Medicare, which gives consumers freedom of choice. Companies design their plans using different criteria, including in-network pharmacies, lists of covered prescription drugs called formularies, and coverage rules, resulting in a wide range of options. Many plans structure their formularies in tiers, which have different costs associated with them. For example, the lowest tier may have the lowest copayment.

EACH MEDICARE PART D PLAN INCLUDES THE FOLLOWING:



Monthly premium — the cost per month



Annual deductible — the amount members must spend before initial coverage begins



Initial coverage — the coverage that begins once the deductible is met



Coverage gap or Medicare donut hole — the stage entered once members reach \$4,130 in total drug cost for a year (2021)



Catastrophic coverage — the stage members reach once they spend \$6,550 out of pocket in a year (2021)

In addition to the varying costs for premiums, deductibles, copays, and coinsurance, plans vary in their formularies, drug-pricing tiers, and pharmacy networks. Carriers will typically offer members lower out-of-pocket costs when filling prescriptions at a preferred pharmacy.



85%

of older adults have at least one chronic health condition



5 of 6

older adults take at least one medication

Why do drug plans have so many variations? There are different plans for different people! Your clients will more than likely want to enroll in a plan that features their local pharmacy as a preferred pharmacy. Additionally, they'll want to enroll in a plan that has their prescription drugs in its formulary and places them in the lowest tiers. With a little bit of research on your part, that translates to a plan that is tailor-matched to meet your client's needs.

Who Is Eligible & When?

To be eligible for a PDP, beneficiaries must be enrolled in Medicare Part A and/or B and live in the service area of the plan. Your client can purchase a PDP if they are enrolled in:

- Original Medicare
- Medicare MSA plan
- Select Medicare-Only Private-Fee-for-Service (PFFS) plan
- Medicare Cost plan

Those who are eligible have several options for when they can enroll in a plan.

Initial Enrollment Period (IEP)

A person enters their IEP the first time they become eligible to enroll in the federal Medicare program, commonly referred to as Original Medicare or Medicare Parts A and B. This period lasts for seven months. It begins three months before the month they turn 65 and ends three months after their birth month. If clients miss their IEP, they can still get coverage, but they may have to wait for another enrollment period. As a result, they may experience coverage gaps for a limited time and/or even have to pay late enrollment penalties.



Why do drug plans have so many variations? There are different plans for different people!

1

FAMILIARIZE YOURSELF WITH PDPs

Remember what they cover, your target market, and who would benefit from these plans.



Annual Enrollment Period (AEP)

Unlike some Medicare enrollment periods that can have different dates depending on your client's age and needs, AEP (or the Annual Election Period) takes place during the same time every year — from October 15 to December 7. During this time, 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 a popular time of year for clients to enroll in a PDP.

Medicare Advantage Open Enrollment Period (MA OEP)

The [MA OEP](#) takes place from January 1 through March 31 annually. During this period, beneficiaries who enrolled in an MA plan as of January 1 of that year can switch to a different MA (or MAPD) 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 Medicare Supplement plan.

New-to-Medicare clients who enrolled in an MA plan during their Initial Coverage Election Period (ICEP) can also participate in the MA OEP. For these beneficiaries, the MA OEP runs the month of their entitlement to Part A and Part B through the last day of the third month of their entitlement.

Special Enrollment Periods (SEPs)

Various qualifying life events can make your clients eligible for an [SEP](#), which allows them to enroll in or disenroll from their MAPD or PDP. 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.

Medicare Advantage Trial Period SEP

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 Medicare Supplement 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.

Remember that multiple enrollment periods mean that there are plenty of times throughout the year, outside of AEP, that you can be increasing your sales and [helping your clients find a Medicare plan](#) that they can trust!



During AEP, beneficiaries can enroll in, switch, or disenroll from an MA plan or PDP.



2

LEARN THE INS AND OUTS OF YOUR MARKET

Study your clients' budgets, common prescriptions, popular networks, and nearby pharmacies.

Why PDPs Instead of MAPDs?

There are several reasons why a stand-alone PDP may be a better option for your client than an MAPD plan. These contributing factors could range from budget to location to prescription drug needs. MAPD plans are not offered in every county of every state, especially more rural areas. For some, an MAPD is not even an option. You should consider if your clients need brand name rather than generic, extended release formulations rather than immediate release, or maintenance drugs taken at home rather than drugs administered during inpatient hospital stays or doctor office visits. When considering the cost for someone who has a low monthly budget, the plan with the lowest monthly premium is not always going to be the best option for this case. If all their drugs are not on the formulary of this low premium option, they could end up paying more for their drugs and therefore more overall. It's up to you discuss this with your clients and look at their plan options.

If they choose to go the Original Medicare (and Medicare Supplement) route, they will need a separate PDP to get the drug coverage they need. When comparing PDPs with your client, consider the costs for their prescriptions (plan's formulary), how they order prescriptions (dosage, quantity, frequency), and their preferred pharmacies.

How to Get Licensed & Certified to Sell PDPs

First things first, you need to make sure you know all the requirements for selling PDPs before you dive right in. Each state has its own set of rules that you must follow during the licensing process. Each carrier also has their own PDP certification rules.

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Getting Licensed

You can find states' licensing rules by visiting the [National Insurance Producer Registry's \(NIPR\) website](#). It's imperative that you check with the department of insurance for the requirements for each state you want to sell in before taking exams or applying for your license.

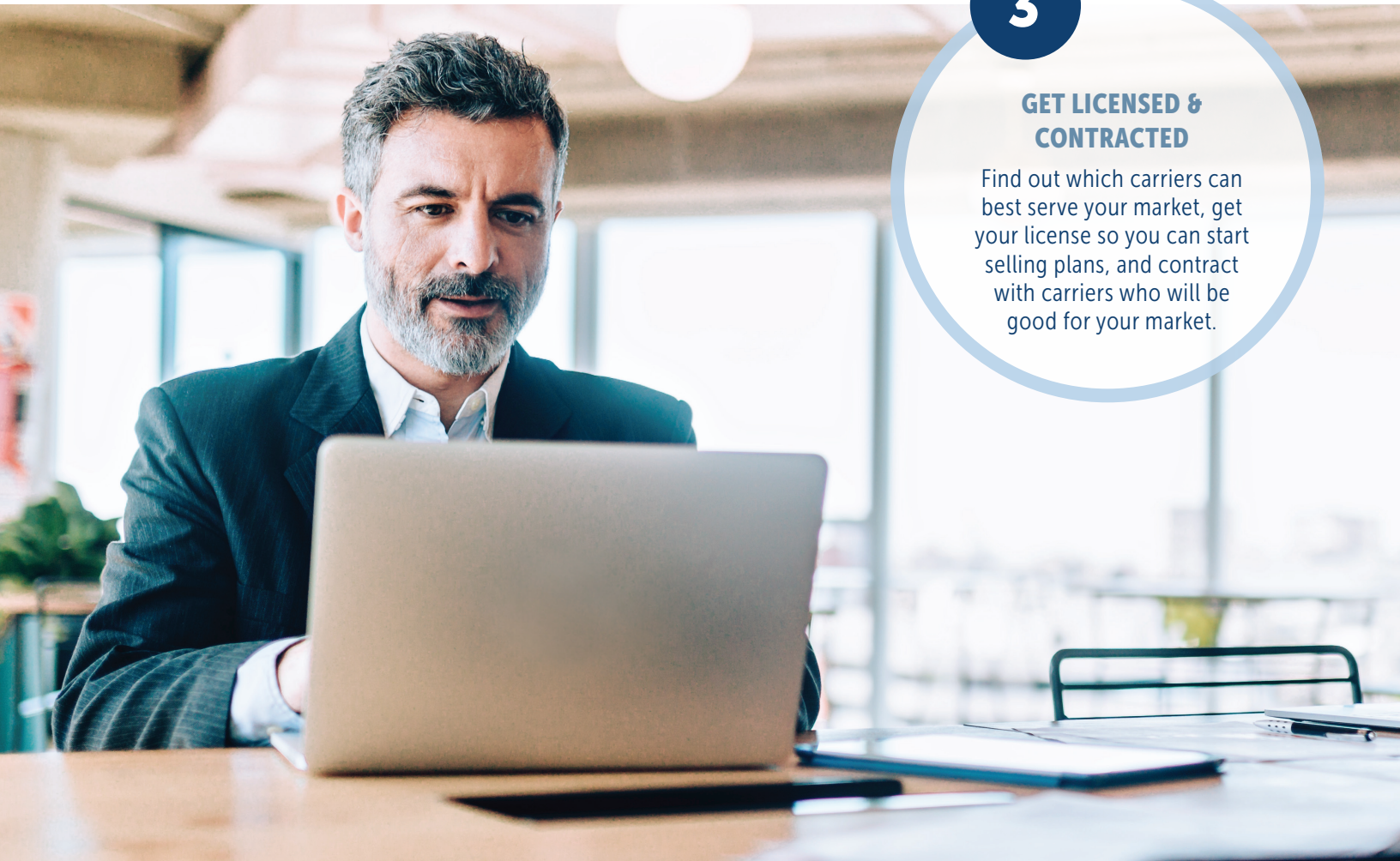
Before obtaining a license, you will most likely need to complete pre-licensing courses, though not all states require them. These courses are available online, but there are in-person options if that better fits your learning needs. It's important that you make the most of these classes and get as much out of them as you can. The course material will be extremely relevant when taking your licensing test. Many states require you to complete a certain number of education hours before you can take the test. Some states even require you to be sponsored by an employer to take the courses and the exam.

Once you've completed all of your pre-licensing requirements, it's time to take the test! In most states, you'll need to pay a one-time exam fee. Keep in mind, agent licenses must be renewed on a regular basis and maintained with continued education. After you've taken the exams (and passed!) the next step is to submit the needed documents for a background check. In most states, this requires getting fingerprinted. Check with NIPR for the necessary documentation. Then, you can finally apply for your license, which requires an initial fee and a renewal charge each time it expires.

3

GET LICENSED & CONTRACTED

Find out which carriers can best serve your market, get your license so you can start selling plans, and contract with carriers who will be good for your market.



At this point, your application will be reviewed by the state in which you took the test and your background check will be reviewed by the FBI. If no issues arise, an email will be sent to you confirming the approval, along with your license. You can print your license directly from the email. Most states also have a license lookup tool, so you can access your license at any time.

AHIP & Carrier Certifications

In order to sell Medicare Part D, you will need a few certifications. First, you must pass AHIP certification, or a similar accepted Medicare training as specified by your carriers. Then, you must certify with the carriers whose products you want to sell.

Most insurers require completion of AHIP's Medicare training courses. Carriers generally require AHIP to assure that agents selling their plans are compliant with the latest Centers for Medicare & Medicaid Services (CMS) guidelines and regulations. You may be wondering, *how do I get AHIP certified?* AHIP certification is available on the [AHIP website](#). The certification consists of two courses: Medicare and Fraud, Waste & Abuse (FWA).

The AHIP Medicare training covers:

- The basics of eligibility and benefits
- Different types of MA and Part D PDPs
- Compliance with the marketing guidelines and proper enrollment procedure
- Fraud, Waste & Abuse

FWA training covers industry efforts and tools to detect FWA in the Medicare program. Though often discussed in unison, Medicare fraud and Medicare abuse are different in important ways. Medicare fraud is often lying about or fabricating Medicare-approved services or medical necessity of said services. This differs from Medicare abuse, which includes overcharging Medicare, charging the program for unnecessary services, or misusing billing codes on a claim. The federal government takes FWA very seriously. This training educates you on the human and financial cost of FWA, as well as the proper reporting techniques.

Finally, most MA insurers require their own product certifications in addition to AHIP. These vary from carrier to carrier and focus on that insurer's specific plans. Agents can complete these certifications through carriers' broker portals. You can learn more about your carriers' product-specific trainings through [Ritter's Certification Center](#). You can also view helpful carrier information pages in Ritter Docs. (You must [register as a Ritter agent](#) to access Ritter Docs.)

RITTER'S CERTIFICATION CENTER

Discover carriers' training dates, requirements, and more.

REGISTER





WHY TO SELL PDPS AND HOW TO MARKET THEM

While prescription drug coverage isn't one-size-fits-all, there's great value (for both you and your clients) in selling PDPs. Let's discuss why!

How Do PDPs Meet Your Clients' Needs?

Think about your personal experiences at the pharmacy counter. Have you ever been shocked by the amount you owed for a prescription (even after applying your health insurance), or seen a fellow customer's jaw drop upon hearing their total cost for their medication? It's not surprising there are some large bills out there, considering the fact that Americans spent [\\$358.7 billion](#) on prescription drugs in 2020.

Prescription drugs are a vital component of U.S. health care. They help people live healthier, more comfortable lives, which is why the demand — and cost — for them will continue to increase. The irony of the situation is that many Americans can't afford the prescription drugs they need. Seniors with fixed incomes often have an especially hard time footing the bill for their medications, which is why most of them opt to purchase the prescription drug coverage available to them through Medicare Part D.

The Why Behind the Buy

For those with Original Medicare, a PDP offers coverage for prescription medications, making them more affordable. PDPs can also supplement Medicare Cost plans, Medical Savings Account (MSA) plans, and select Medicare Private-Fee-for-Service (PFFS) plans.

By selling PDPs, you can help your clients get the coverage they need — whether they take prescription drugs or not. Why's that? If your client goes without creditable drug coverage for any continuous period of 63 days or more after their initial enrollment period is over, they may be required to pay a penalty. So enrolling clients who don't *currently* take prescription drugs is still important.

In other words, PDPs lower the cost of current and future drugs your clients' doctors may prescribe and offer beneficiaries peace of mind.



**\$358.7
billion**

*was spent on
prescription
drugs in 2020*



4

EXAMINE YOUR PORTFOLIO

Make sure you know the
specifics of the plans
you're offering.

How Can Insurance Agents Benefit From Selling PDPs?

Selling PDPs not only provides you with more commission opportunities, it also adds more variety to your portfolio. The more products you can offer your clients, the more likely they'll be able to find a plan and be satisfied with you as their agent. Client retention is great for business, so by helping your clients find the right plan, you're also helping to boost your business during the process. It's a win-win!

The Golden-Ager Opportunity and Part D Commissions

Approximately 10,000 people turn 65 and become eligible for Medicare every day, and many beneficiaries have the need for Part D coverage. There's an immense number of Part D plans available, which insurance agents in the senior market can capitalize on and use as an effective door-opener. A broker's ability to cut through the Part D clutter and pinpoint the best drug plans is a desirable service that many clients decide to take advantage of, resulting in commissions.

Agents selling MA and Part D plans get a flat dollar amount of money per enrollment. This comes to them in the form of initial commissions and renewal commissions. Carriers pay out initial commissions when an agent makes a new sale or when the beneficiary enrolls in a new, "unlike" plan (different type). Each year and beyond, carriers pay out renewal commissions to the agent if the beneficiary remains enrolled in the plan or enrolls in a new, "like" plan (same type).

The 2021 PDP national maximum broker compensation is \$81 for initial sales and \$41 for renewals. On an individual basis, PDP commissions might not seem like much; however, they have the potential to accumulate quickly due to the constant, fundamental need for them. Keep in mind, if you're selling a Medicare MSA plan, you could have the benefit of getting commissions for both MA and PDP! (Medicare MSAs don't include prescription drug coverage, so you can sell a PDP with those MA plans.)

CMS sets the maximum broker commissions for Medicare Part D annually; however, insurance carriers aren't required to pay these amounts. What you earn for PDP sales could be less, depending on the carrier and your contract with them or your FMO.

Shopping around for PDPs can be frustrating for shoppers, and they could potentially enroll in a plan that does not meet all of their needs. The need for drug coverage differs among shoppers because it depends on the clients' prescription drugs. Additionally, coverage options vary by carrier and service area. Agents like you can help beneficiaries sift through their options and enjoy a new revenue stream while doing so!



Approximately 10,000 people turn 65 and become eligible for Medicare every day, and many beneficiaries have the need for Part D coverage.



**MAXIMUM BROKER
COMPENSATION (2021)**

\$81

for initial sales

\$41

for renewals

5

COME UP WITH A STRATEGY

Consider what you can do to be successful and meet your clients' needs.

Marketing to Your Audience and Finding New Opportunities

Do you struggle with promoting yourself or your business? All day long, there's a lot of noise pinging from various media channels. It's never been easier to shout your message from the proverbial rooftop.

But how do you make sure that you're not just adding to that noise? Know what to say and where to say it. Let's take a look at your current marketing and promotion strategy. No matter where your company is on the spectrum, these simple steps will modernize your marketing plan.

Stop Promoting & Start Branding

Think self-promotion and personal branding are the same thing? They're actually quite different.



{self-promotion} the action of promoting or publicizing oneself or one's activities, especially in a forceful way

{personal branding} the practice of marketing yourself and your career as a brand

Personal branding can be a much more effective and long-lasting benefit to your business. Building a brand requires brainstorming, research, and planning to develop a strong vision. That vision then becomes embedded in your marketing strategy, encompassing all of your communications and interactions.

Know Your Role

In order to effectively market your business, there are four basic truths you need to understand. Start off by answering the following questions.

FUNCTION

What goods or services do you plan to provide?

How do you plan to provide them?

APPEAL

How is what you're doing different?

What makes you unique?

IDENTITY

How will people associate with your brand?

Will you use your name or your business name?

What image (photograph or logo) will they associate with you?

AUDIENCE

How do you plan on connecting with people?

Which platform will you use?

Which materials will you need?

Once you've answered each question, you're ready to move forward. How long will the process take? We recommend a minimum of two days, but for some, this process may take weeks or months.

Establish an Online Presence

There's no arguing over this one anymore, not when nearly 3.5 billion people actively use the internet, according to the marketing strategists at We Are Social. You want your clients to be able to find you when they type your name into a search engine. That way they connect with you and not your competition.

On Your Website

Every website has a unique domain name and that's where your research will begin. Brainstorm a few different names for your website, but keep it simple. While unusual spellings might look clever on paper, they can fall flat when spoken out loud.

Next, you'll need to decide who will host your page. Many hosting companies charge \$10 per year to house your domain online, and you're responsible for everything else. Prices go up as you add features, such as additional storage, higher bandwidth, customization, etc.

Price points and features will vary between hosting companies. [AgentMethods](#) is a hosting company that specializes in the creation of insurance websites and offers three different plan options. Like any other product, it's important to shop around for the best deal.



Unusual domain spellings might look clever on paper but can fall flat elsewhere. Keep it simple.

Which additional features should you consider? Embedding a blog onto your site enables you to write about current events and offer insight. You can use it to build credibility and gain a solid online following. If you're thinking about hosting a blog, be sure to choose a platform that offers the option.

Now that you're stepping into PDP sales, you should know that Ritter offers a great way to round out your site! A branded **Medicareful page** can exist as one of many pages hosted on your site. Or, if you're looking for something simpler, your Medicareful page can function as a low-maintenance website with your contact information. The choice is yours!



On Social Media

Effective marketing requires a social media plan. While you're brainstorming, 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. 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.

Next, do your homework, and determine which demographics you want to target. If you're selling Medicare products, it makes your math pretty easy. Here are the most popular social media platforms and why you should use them.



It's OK to sign up for more sites than what you initially plan to use. It ensures consistency.



Facebook: Enhance visibility and share content with 2.8 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.



Instagram: This photo-sharing platform boasts the highest level of brand engagement.



Pinterest: This worldwide creative bulletin board is used by 42% of women online.

Check out our social media eBook, [*Social Media Marketing for Insurance Agents*](#), for more advice on how to use these platforms to your advantage!



Good Old-Fashioned Networking

Digital marketing goes a long way, but here at Ritter, we know the value of face-to-face interactions. That's why we recommend including traditional offline networking when formulating your marketing plan.



Learning experiences: Workshops, seminars, and trade shows are a great way to stay current on industry trends and meet like-minded individuals.



Networking events: Mixers and open houses enable you to meet individuals in other industries who could use your product and connect you to potential clients.



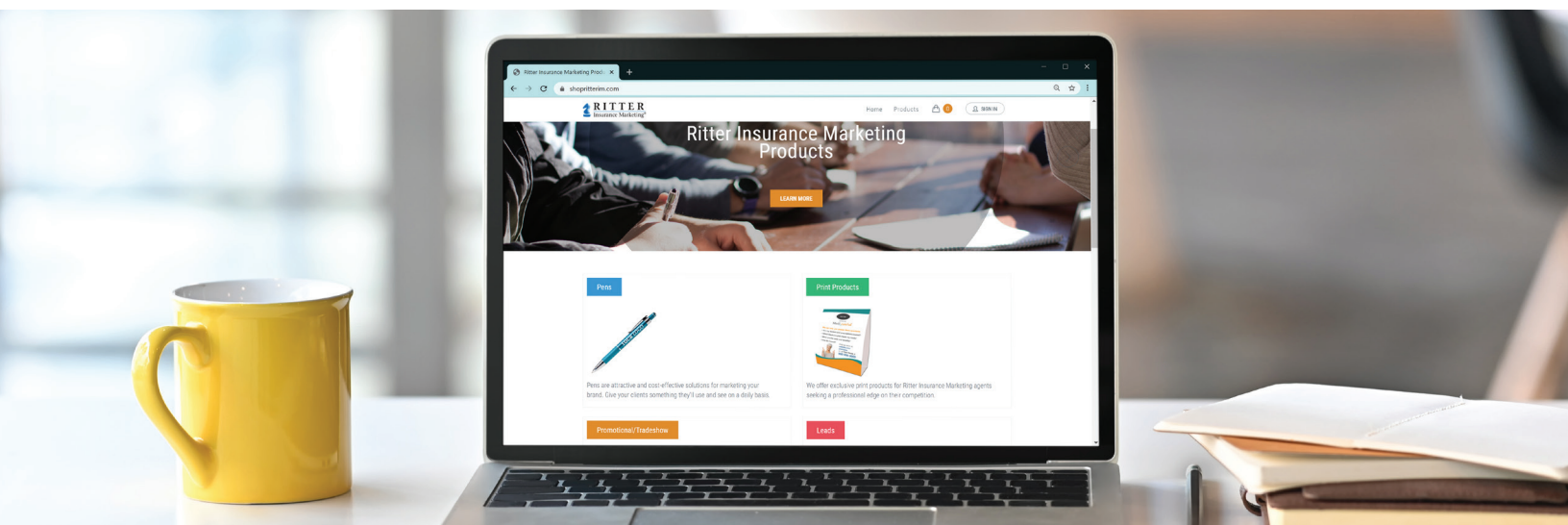
Partnerships: Look for business opportunities with others who also serve your demographic. Financial planners, other insurance agents, and local business owners are just a few examples.



Local community: Never underestimate the power of service organizations, business associations, or your local Chamber of Commerce. These groups offer a way to connect with other professionals and keep your finger on the pulse of your community.

Marketing Materials

As an agent, you're always on. That means a constant supply of materials for potential clients and networking contacts. We created [ShopRitterIM.com](https://shopritterim.com), where agents can order customized marketing materials like business cards and brochures, pens, trade show products, mailers, and more! You can order customizable marketing pieces for your Medicareful site as well, including newspaper ads, table tents, slim jims, posters, web banners, and landing pages.



Depending on what you'd like, we can update these pieces to include to your name, contact info, unique Medicareful URL, and logo. For more information, about what's covered, [contact your sales specialist](#).

Advertising

Don't forget to budget for those times when your message needs more reach than you're capable of on your own. Are you moving to a new location or making another significant change? Advertising is a great way to convey information to a large but specific demographic of potential future clients. Formats include digital, print, television, and radio advertising.

Compliance

Lastly, and most importantly, everything you communicate must comply with [standards set forth by CMS](#), including social media posts. Remember not to broadcast carriers or specific plan information, as those would make your posts marketing materials and subject to CMS review.

Go Forth & Market

Ready to start working on your strategy? Planning, research, and honesty will go a long way in developing your successful marketing plan. Add in your own experience, knowledge, and personality for a truly authentic touch. You can rely on Ritter to keep you updated with the latest innovations in marketing as our industry grows and changes.



Remember not to broadcast carriers or specific plan information, as those would make your posts marketing materials and subject to CMS review.

6

MARKET YOURSELF

Figure out who your target audience is and focus on marketing your services to them multiple ways.





HOW TO FIND THE RIGHT PDP FOR YOUR CLIENT

Finding the right plan for your client is one of the most important parts of the job! Your clients are putting their trust in you to be knowledgeable about the different plans and which one will best meet their unique needs. That's why it's important to be prepared for your appointments by contracting with the right carriers and knowing how to quote plans to compare your clients' options.

Contracting With Carriers

In order to sell carriers' products, you must contract (or "get appointed to sell") with them. If you're already contracted with a carrier to sell another type of product, such as MA plans or Medicare Supplements, you may not have to complete more contracting to sell their PDP. However, some carriers do require you to complete a new contract for each of their product lines you sell.

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 field marketing organization (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, chances are you'll find the answers in your contract.

When deciding what carriers to contract with, it's important to consider the demographic of your clients. Will you be selling to clients in only one area? Will you be traveling between state lines? We recommend asking your FMO (like Ritter!) about which PDP carriers are the most popular and competitive in your area. You can also [input your zip code on Medicareful](#) to see which plans pop up as options for your target market. Also, if you [become a Ritter agent](#), you can take advantage of contracting online!



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!

Contract Faster Online

Our easy-to-use online application will have you contracted with competitive carriers in minutes!



CHOOSE A CARRIER

Select from among more than 80 competitive Medicare, life, LTC, and ancillary insurance carriers.



SELECT CONTRACTING

Contract in multiple states at your desired contract level all at once.



ANSWER QUESTIONS

Complete your contracts, send them to us, and we'll handle the rest!

REGISTER NOW



Quoting Plans

A low-cost plan premium with a preferred pharmacy right next door sounds sweet until you learn the most expensive medication your client takes isn't covered by the plan's formulary. How can you make sure you're enrolling clients in an affordable PDP? Follow the four simple steps below.

1. Collect & Review Your Client's Prescription Drug Info

Before or during your meeting with a client, you should collect a complete list of the prescription drugs they're currently taking. It's important to gather some specifics, including the name of the drug, the dosage, the frequency it needs taken, how often the client refills it, their preferred retail pharmacy, and if they'd like prescriptions delivered by mail.



If your client is taking one or more name-brand drugs, ask if they would consider taking a generic version to help lower costs.

Getting the specifics right is particularly essential since that's how a PDP's formulary will be organized. If your client doesn't know these figures off the top of their head, they can generally find them by checking their prescription labels.

2. Enter Your Client's Prescription Drugs Into a Medicareful Account

To help you keep track of your client's prescription list, we suggest securing your own CMS-approved [Medicareful](#) site and inviting your clients to create their own Medicareful accounts. You can check out our [Medicareful User Guide](#) on Ritter Docs, where useful agent information and videos are housed. These Medicareful accounts securely store clients' personal data, which includes prescription drug information. The records are updated in real-time and shared between you and your client, so both of you can make updates to the information as necessary.



Jump to the end of this eBook for a tear-out you can send to clients to teach them how to register on Medicareful and input their prescription drugs on their own!

The information entered into each client's Medicareful account is available within the [Clients tab in the Ritter Platform](#), which acts as a customer relationship management (CRM) system. From the **Clients** tab, you can also access [Ritter's Drug Cost Estimator](#); the client's info will be prepopulated into the quoting system. *You must be logged in to RitterIM.com to view the Ritter Platform and Ritter Docs.*

For helpful Medicareful articles and videos to share with your clients, check out [Medicareful Living](#) — our consumer-facing blog with information on health, diet, lifestyle, and Medicare.

MC[®]
LIVING



3. Use the Drug Cost Estimator to Compare the Available PDP Options With Your Client

PDPs vary in a few key areas, and we mean it when we say there's no such thing as "the best PDP" for any state or region. Every plan recommendation should depend on the specific needs of your client, so it's important for you to consider all the variables when comparing plans.

Ritter's [Drug Cost Estimator](#) is an essential tool for you to use when comparing PDP plans because a client's personal data is pulled and used to run the estimates. You're able to make a plan recommendation based on more specific factors that are unique to each client.

Overall, there are three major factors that determine the affordability of a PDP: its formulary; its premium and deductible costs; and its network of pharmacies.

Formularies

Carriers define what drugs they'll pay for by placing every drug into tiered formularies. Typically, they place the most expensive drugs in higher tiers where the member is responsible for most of the cost, and the lower-cost, generic drugs in the first tier. In our opinion, a plan's formulary is the single biggest factor in how affordable and sensible a drug plan really is for a client.

HERE'S A BREAKDOWN OF A COMMON FIVE-TIER FORMULARY PUBLISHED BY PLANPRESCRIBER.COM.

Tier 1: Preferred generic drugs, lowest cost-sharing

Tier 2: Non-preferred generic drugs

Tier 3: Preferred brand-name drugs

Tier 4: Non-preferred brand-name drugs

Tier 5: Specialty drugs, highest cost-sharing



Premiums & Deductibles

Monthly premiums for PDPs vary by state or region depending on the carrier offering the plan. Likewise, deductibles vary by carrier and by plan. Some plans have a \$0 deductible on all tiers, while others have a \$0 deductible only on select tiers. It's also worth mentioning that some plans have a maximum deductible allowed by CMS on all tiers, \$445 for 2021 for example, and sometimes, those plans can end up being lowest overall cost for a client.

It may be hard to break a client's "lowest-premium-wins" perspective, but it's important to consider if they can truly afford the plan with the cheapest premium. It may not be a good fit for clients who don't have the means to pay the deductible up front.

Networks

Similar to how health plans have hospital networks, PDPs have pharmacy networks that provide drugs at a reduced cost. If your clients have a local pharmacy they trust, you'll want to consider PDPs that include it as an in-network — or even better, a *preferred* — pharmacy. Here's why.



In-network — Members can use their plan benefits at these pharmacies in the broad network established by the plan.

Preferred — Members may receive even lower copay or coinsurance benefits for covered drugs at these pharmacies than at standard in-network pharmacies.

Out-of-network — Members don't have any benefit coverage at these pharmacies that aren't in a plan or carrier's network.

4. Recommend a Plan From Your Diverse Portfolio

After you've gathered your client's prescription drugs, run plan comparisons using the Drug Cost Estimator, and reviewed their available plan options, it's time to do what you do best — make a recommendation and complete the sale!

If you have four different clients who each need a PDP, it's completely possible that the proper recommendation could be a different plan for each. All it takes is a different location, fixed income, or prescription drug to drastically influence how a PDP fits a beneficiary. With that in mind, we suggest contracting to sell every available plan in your market or, at the very least, performing regular [portfolio reviews](#).

With the tips in this guide and use of our tools like Medicareful and the Drug Cost Estimator, you'll be prepared to go out and close PDP sales. It's important to note that you only gain access to our tools and resources by registering with us. It's free and easy, with nothing to lose and so much to gain. [Complete your registration with Ritter](#) and succeed in the PDP market!



We suggest contracting to sell every available plan in your market or, at the very least, performing regular portfolio reviews.



Selling PDPs: Powerful Practices

Everyone on Medicare needs credible prescription drug coverage. If you're offering MA-only (PFFS or Medicare MSA) plans or Medigap plans, you can easily earn more selling prescription drug insurance. Below, we outline a few best practices for selling PDPs. Do these seven things to quickly and efficiently set clients up with the right plan for their budget and needs, earn a little more commission, and build loyalty!

1. Ask Your Clients for a List of Their Prescriptions Right Away

After having your clients sign a Scope of Appointment (SOA), one of the first things you should do is ask them for a list of their prescription drugs. Knowing what prescriptions they take will be key to you finding them the best plan. After all, you're looking for a plan to help pay for their current or future prescriptions, and different plans help cover certain drugs differently. It's your job to help them find the plan that makes their prescriptions the most affordable.

To make it easy, inform your clients they can get a list of their medications from the pharmacy where they refill their prescriptions. For most large pharmacies, your clients can obtain and email this list to you themselves by registering for an online account. Alternatively, if you have a [free Medicareful site](#), you can also ask your clients to create a free secure profile on your site and enter their prescription drugs (including dosage and quantity). That information is automatically shared with you. You can then use this information to estimate their drug costs with different plans with the simple click of a button!

2. Use a Medicare Plan Finder to Compare Plans

Once you've determined if your clients qualify for additional help, you can get to the core of your work: finding the right PDP for them. Performing a simple search using a Medicare plan finder like Medicareful or Medicare.gov's plan finder is a great way to compare options. Both will let you compare plans, but the [Medicareful plan finder](#), in tandem with the Ritter Platform, allows you to estimate drug costs for PDPs based on your clients' stored drug lists, send prefilled applications, and receive credit for any enrollment made via the site. With [Medicare.gov's plan finder](#), your clients can also enroll in a plan via the site, but it leads to a direct sale with the insurance company, and you will not be the Agent of Record. There are pros for both tools so do your research and use the one that will work best for you and your clients!

Medicareful

Register for your free Medicareful website, where you can store your clients' prescription information, quote and compare plans, and allow clients to directly enroll online!

Licensed Sales Agent
Medicareful
1-844-SOCAREFUL (TTY 711)
Contact Licensed Sales Agent

17110 Dauphin EDIT

ADJUST YOUR QUOTE

Product

☐ Medicare Advantage Rx
☒ Medicare Part D
☐ Medicare Advantage only
☐ Medicare Supplement

Plan Type

☐ Basic ☐ Enhanced

Filter by

Premium \$165
Rx Deductible \$445

Carriers
type to filter...

GET YOUR SITE

3. Narrow Down & Recommend a PDP

As you're searching, your top priority should be finding PDPs that work with your clients' medicinal needs. Examine plans' copays, premiums, deductibles, and network restrictions next. If a client is unwilling to try less expensive drugs first, make sure you're looking at plans that don't require step therapy. Additionally, check if plans work with programs that can offer your clients help with paying for prescriptions. Refer to page 29 for more information on getting your clients extra help.

When it's time for you to help your clients make their final decision, provide the best recommendations you can. If they take high-cost prescription drugs, recommend plans that offer coverage for them in the gap stage. Do they take several generic drugs? Suggest plans with low copayments. Don't have many prescription drugs? Advise they go with a low-premium plan. You're the expert. Show your clients you know your stuff.

4. Make Sure Your Clients Understand Their New PDP

Insurance is one thing almost everybody has, yet only a select group of people understand it. Teaching your clients what basic health insurance terms mean is a great way to set yourself apart from your competition and add value to your services. Making certain your clients know how much they will pay for their prescriptions now, after they hit the coverage gap, and after they reach their out-of-pocket limit is also a good move. Doing so can build your credibility and your clients' trust in you.

5. Let Them Know Other Ways They Can Save

Another way to [lock in your role as your clients' advisor](#) is to inform them of other ways they can reduce their out-of-pocket expenses. Oftentimes, your clients can spend less on their prescriptions by switching to generic or brand-preferred drugs. Ask them if they're aware of that. Additionally, check to see if your clients can save money by utilizing their plan's in-network, preferred pharmacies or mail-order pharmacies, and let them know if they can. Even the pharmaceutical companies that produce your clients' drugs may offer assistance programs to help pay for them. See if your clients qualify for one or more of these programs at [Medicare.gov/pharmaceutical-assistance-program](https://www.Medicare.gov/pharmaceutical-assistance-program).

Additionally, don't forget to confirm your clients know that they have a right to ask their plan to cover a prescription drug. Their provider can ask their plan for an exemption if a drug in a lower tier doesn't exist or won't work for them. Providing all this information to your clients will show them you truly have their best interests in mind.

6. Encourage Your Clients to Reevaluate Their Plan Every Year

Though beneficiaries can change their PDP every year, research shows few review and consider switching plans during the AEP. The Kaiser Family Foundation found that an average of [90 percent of PDP enrollees did not voluntarily switch plans](#) for



RECOMMENDATION EXAMPLES

CLIENT TYPE



PLAN TYPE

High-Cost Rx



Gap Coverage

Several Generics



Low Copay

Less Prescriptions



Low Premium

the following year during any of the AEPs between 2007 and 2016. According to the organization's analysis of the Medicare Current Beneficiary Survey, in 2017, more than one-third of beneficiaries said it was very or somewhat difficult to compare options.

So lastly, at your final appointments with clients, stress to them the importance of reevaluating their PDPs during AEP. What was their best option one year, may not be the next. Plans can change their premiums, copays, deductibles, formularies, network, and preferred pharmacies. Additionally, your clients could become newly eligible for additional help. Express to your clients that you're more than happy to help them shop around and ensure they know how to get in touch with you in the future. By tackling this topic, you're not only giving them sound advice, but you're also securing their future business.

PDPs are a natural cross-sell with Medicare Supplements and MA-only plans like MSAs. Those who employ these best practices when selling them will not only maximize their time, but also their production and profits.



At your final appointments with clients, stress to them the importance of reevaluating their PDPs during AEP.

7

FOCUS ON NEW & RETURNING CLIENTS

Think about who might be newly eligible for PDPs, but don't forget about your current clients so you can boost that client retention!





GOING THE EXTRA MILE

Going the “extra mile” for your clients could be that special something that takes you from being a good agent to a great agent. Honing in on your clients’ specific needs and doing what’s needed to make sure those needs are met will take you to that next level!

How to Save Your Clients Money on Prescription Drugs

There’s one thing Medicare clients ask their agents more than anything else: How can I save money on prescription drugs? Let us help you answer that question!

Whether your client is enrolling in a stand-alone PDP or an MAPD plan, considering a plan’s formulary is only part of the decision. In order to save your clients money, it’s just as imperative to examine the preferred pharmacies for each plan.

A preferred pharmacy is one that's part of a Medicare drug plan's network, in which the member may pay lower out-of-pocket costs for some prescription drugs. Conversely, a standard pharmacy refers to the pharmacies that still participate in your plan's network but charge a higher copayment or coinsurance than a preferred pharmacy.

When analyzing a plan, the directory will outline which pharmacies are considered in network and out of network. Your clients will want to go to pharmacies that are within their plans' network to avoid high out-of-pocket costs. Once you distinguish which pharmacies are in network, you should determine which of those pharmacies are preferred and standard. Knowing the differences between these two and explaining them to your clients could lead to significant financial benefits.

Put It Into Practice

Let's use an example of Tier 1 generic drugs from one of our carriers. For a 90-day supply at a preferred pharmacy, a member could pay \$3. For the same 90-day supply at a standard pharmacy, the member could pay \$18. That's six times more for the exact same product!



In order to save your clients money, it's imperative to examine the preferred pharmacies for each plan.

90-DAY SUPPLY | TIER 1



PREFERRED PHARMACY



STANDARD PHARMACY



Unfortunately, many members are unaware of these lower costs and just choose the same pharmacy they've been going to for years. But if they knew there were options that could benefit them financially, they may be more inclined to choose them. Perhaps instead of your clients switching pharmacies entirely, the best course of action may be to find a PDP that includes their local pharmacy as preferred. This way, they can keep their day-to-day life the same while saving more money.

Most carriers have a pharmacy lookup tool that helps people find pharmacies that are not only within their plans' network, but also which ones are preferred. Many of them will even show the exact address of the pharmacies and allow you to search by zip code. With this information so readily at your fingertips, a little research can end up saving your clients a lot of money.

At your next sales appointment, be sure to start the preferred pharmacies conversation with your clients. [Ritter's Regional Team or Carrier Representatives](#) (depending on your request) can help you find plan directories and teach you how to use pharmacy lookup tools. They can also help you determine whether or not your client's pharmacy is preferred. Saving your clients money in any way possible is a surefire way to satisfy your customers and build lasting relationships.

Getting Medicare Extra Help for Your Clients

Is your client eligible for the Medicare Extra Help program? You could play a huge role in getting them financial assistance with prescription drug coverage and medications.

If you'll be discussing prescription drug coverage during an appointment, it's important that you verify whether your client qualifies for the Extra Help with Medicare. This federal program could mean the difference between your client having affordable access to important medications in their doctor's treatment plan or not!



Note: If a client does not meet the Medicare Extra Help income limits, that does not automatically disqualify them from state assistance programs! The eligibility guidelines for these programs can differ, so be sure to check on a client's eligibility for both types of assistance.

What Is the Medicare Extra Help Program?

The Extra Help program is a joint effort by CMS and the Social Security Administration (SSA) to provide financial assistance to those who need it to pay for their Medicare prescription drug coverage and prescription drugs. This program is also called the "Medicare Low-Income Subsidy (LIS) program."

How Does the LIS/Extra Help Program Work?

Enrollees in this program usually DO NOT have to pay:

- Premiums for their prescription drug coverage
- Deductibles for their prescription drug coverage (unless they only receive a partial subsidy instead of the full one)
- The Part D late enrollment penalty
- Full copays or coinsurance
- More than \$9.20 for the prescription drugs their plan covers (in 2021)

Program members also get a quarterly SEP to join or switch Medicare Part D plans. Over the course of a year, someone on Medicare who is receiving Extra Help could potentially save about \$5,000!



Who Automatically Qualifies for Part D Extra Help?

Some people automatically qualify for the LIS, meaning they don't need to complete the Extra Help application. Here are the individuals who should automatically receive Extra Help:

- Individuals who are eligible for both Medicare and Medicaid ([dual-eligibles](#))
- People who receive [Supplemental Security Income \(SSI\)](#)
- Those who qualify for a [Medicare Savings Program](#)

Looking Up or Verifying Medicare Extra Help Status

It's unlikely your clients will know, or recognize, if they qualify for or receive the LIS/Extra Help, unless they've applied for it, and even then, their status may have since changed. During appointments, agents should confirm whether their client qualifies for the LIS/Extra Help before enrolling them in a PDP. By doing this, you'll be acting in your clients' best interests, helping them afford the medications they need and even save money on their prescriptions. What better way to show your clients that you're the right agent to get the job done?

Extra Help/LIS Income Limits & Eligibility Requirements

To qualify for the LIS or Extra Help, an individual must:

- Have Medicare Part A and/or Part B
- Live in one of the 50 United States or the District of Columbia
- Have less than \$29,160 (married) or \$14,610 (single) total in savings, investments, and real estate net worth (exceptions may apply, limits may change from year to year)

One's income will affect how much of the LIS they receive — the full subsidy or only part of it.

Extra Help/LIS Look-Up Tools & Methods

You're likely more technology savvy than your clients. It will likely be easier for you to just look up their LIS status for them, or with them, rather than trying to explain to your clients how to do it themselves and waiting for an answer. If you're ready to verify a client's LIS status, you can do this with CMS or the carrier, online or over the phone.

FOUR WAYS TO VERIFY A CLIENT'S MEDICARE EXTRA HELP STATUS:

1. Use an LIS look-up tool in a carrier's portal (if the carrier has one).
2. Call the carrier and ask to confirm your client's LIS eligibility.
3. Call 1-800-Medicare (1-800-633-4227) and ask to confirm your client's LIS eligibility.
4. Have your client create and/or log in to their MyMedicare.gov account and check if they qualify for the LIS.

Note: These tools are available pre-enrollment for agents to check eligibility prior to enrollment.

Will My Client Be Notified if Their Extra Help Status Changes?

If your client's Extra Help status changes, they should receive a notification from CMS or the SSA via mail. The color of the notice will vary, depending on the purpose the notice serves.

MEDICARE EXTRA HELP STATUS CHEAT SHEET				
NOTICE	COLOR OF NOTICE	WHO SENDS IT?	RECIPIENT	NEED TO APPLY OR REAPPLY?
Automatically Qualify for Extra Help	Purple	CMS	Has both Medicare and Medicaid, is in a Medicare Savings Program or gets SSI	No
Automatically Qualify for Extra Help Because You'll Be Auto-Enrolled in a PDP	Green or Yellow	CMS	Qualifies for Medicare and Medicaid and currently gets benefits through Original Medicare	No
Social Security LIS & MSP Outreach Notice	N/A	Social Security	May qualify for Extra Help	Yes
Copay Amount Changing	Orange	CMS	Automatically qualifies for Extra Help but has a copayment changing	No
No Longer Automatically Qualify for Extra Help	Grey	CMS	Used to get Extra Help automatically but no longer automatically qualifies	Yes

Helping Your Client Apply for Extra Help With Medicare

Anyone who does not automatically get the LIS should complete the Medicare Extra Help application if there's a chance they are eligible for it. If you think your client may qualify for this program, you can help them apply for it via the [SSA's website](#), your clients can call or visit their local Social Security office to apply. Individuals who need further assistance can contact their [State Health Insurance Assistance Program \(SHIP\)](#).

Did you know that a 2010 study found that more than [2.3 million Medicare beneficiaries](#) who weren't enrolled in the government's Medicare Extra Help program may have qualified for it? Don't let your clients be a part of this statistic. Help them take advantage of the financial assistance they're entitled to, but may not know about, starting today!

Special Enrollment Periods & State Pharmaceutical Assistance Programs

There are quite a few ways to unlock more sales during Medicare's nearly 10-month off-season, and working with beneficiaries in state pharmaceutical assistance programs (SPAPs) and their SEPs is one of them. For the roughly 83 percent of seniors who suffer from at least one chronic condition, the ability to receive prescription medications can mean the difference between life and death. But with limited incomes, paying for prescription drugs or Part D coverage can be tough.

The good news is those over 65 years old who meet certain income and resource parameters may be eligible for Extra Help in the form of a LIS from Medicare or an SPAP that can help them pay for their prescriptions. Working with seniors in SPAPs is an excellent way to solve the dilemma of how to make sales during lock-in. But before we delve into why they're valuable right now, let's define what they are.

What Is an SPAP?

An SPAP is a state-operated program that offers prescription drug assistance to residents with low incomes. Funded by the individual states, these programs may pay for qualifying residents' Part D coverage completely or simply lower the cost of their prescription drugs. Depending on the state, these programs may also cover qualifying residents' Medicare Part D monthly premiums and copays.

SPAPs vary by name, eligibility, and details. Furthermore, some states provide programs which help people with specific illnesses. For instance, there are states that offer End-Stage Renal Disease (ESRD) drug assistance programs and/or HIV/AIDS drug assistance programs (ADAPs).



\$2.3 million

*beneficiaries
qualified but
weren't enrolled
for Medicare
Extra Help*



Working with seniors in SPAPs is an excellent way to solve the dilemma of how to make sales during lock-in.



Why Are SPAPs Important?

Here's the real treasure. Medicare beneficiaries who qualify for Extra Help or an SPAP are automatically eligible for an SEP. They're given a window of opportunity outside of open enrollment during which they can make changes to their health insurance.

Since so many Americans may qualify for Extra Help or SPAPs, it's important that you are aware of your clients' special enrollment options. Those who qualify for Extra Help can join, switch, or drop Medicare Part D coverage at any time with their SEP. Those who qualify for SPAPs can join or switch an MA or Part D plan once per calendar year.

How Can SPAPs & SEPs Benefit Your Clients?

Besides the fact that SPAPs can help your clients afford prescription drug coverage, their SEP can also help them save even more on an MA or PDP. This is crucial considering that the average Social Security monthly benefit for retired seniors was only \$1,543 in 2021 and in 2020, the National Institute for Retirement Security (NIRS) reported that approximately 40.2 percent of retirees receive all of their income from Social Security. With Extra Help or SPAP eligibility, your clients have at least one opportunity throughout the year to swap their current plan for a more affordable one.

How Can SPAPs & SEPs Benefit You?

If you're working in the Medicare market, you already know AEP is the busy season. However, AEP occurs only 54 days out of the 365-day calendar year. Working with beneficiaries in SPAPs and those with SEPs can help you bring in new business during the long off-season.

Additionally, since so many Americans may qualify for Extra Help or SPAPs, it's extremely important that you are aware of your clients' special enrollment options. As you know, your clients' needs can change without notice. By being a resource for their different enrollment options, you can show your clients your expert knowledge, prove you have their best interest in mind, and build client loyalty!

“

Working with beneficiaries in SPAPs and those with SEPs can help you bring in new business during the long off-season.



OUR FINAL PIECES OF ADVICE

If you've made it this far, congratulations! You should now be an expert when it comes to selling PDPs! We just have a few more pieces of advice to leave you with before you go out and start your selling journey.

Stay Compliant

Staying compliant is imperative for agents. Not doing so can result in serious consequences, such as losing the trust of your clients and even losing your insurance license. Yikes! We'll teach you 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. Due to a change reflected in the 2019 [Medicare Communications and Marketing Guidelines](#) (MCMG) and now updated in CFR 42, agents are permitted to make unsolicited direct contact with potential enrollees via email. However, the email must have an opt-out option in order to remain compliant. 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.



Note: 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 want to obtain PTC. You can use lead providers to send out business reply cards (BRCs) or flyers including an optional form to collect this permission.

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 (SOA). The PTC comes first, hopefully followed by an appointment. At that time, you'll need to fill out the appropriate SOA form.

Scope 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. As you may already know, 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 an SOA. 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.

What happens if your client requests Medicare information outside of the Scope during your meeting? You must fill out a second Scope 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.

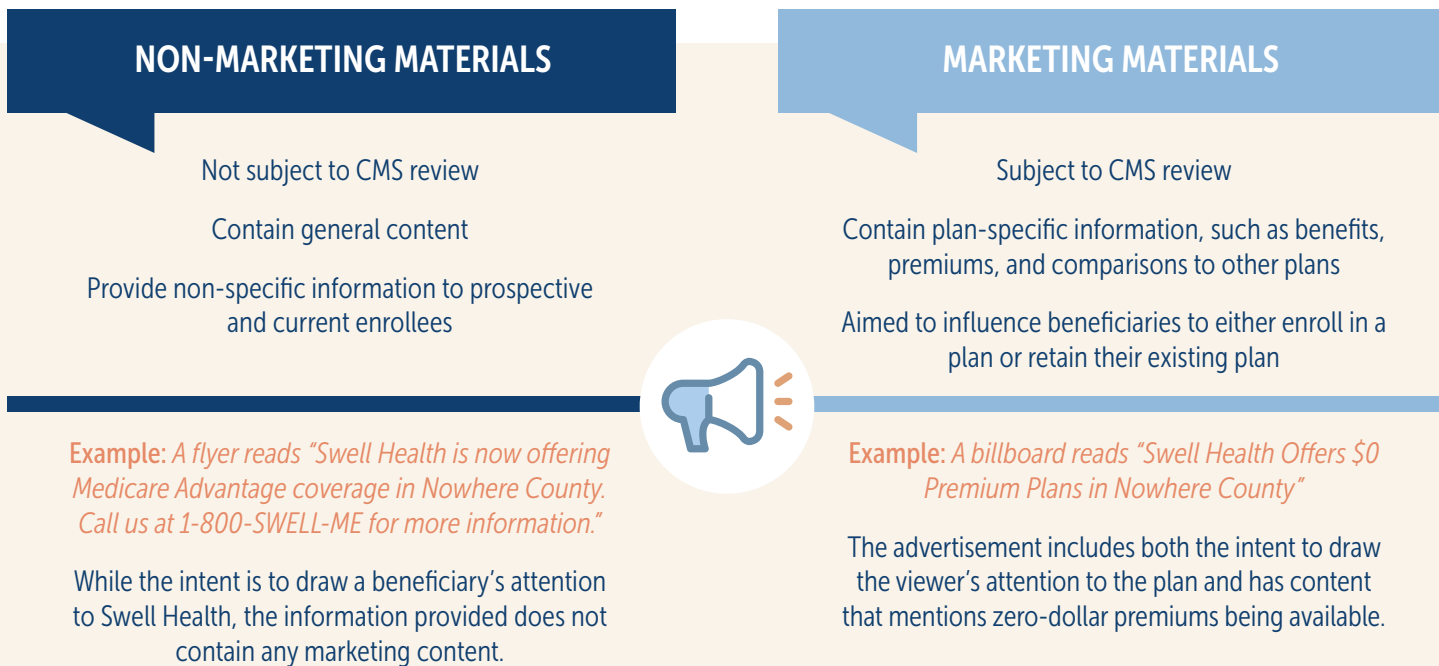


“
Permission to Contact is not the same as Scope of Appointment. Mostly, PTC comes first, then SOA next.

Marketing Rules

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

In the CMS Communication Requirements, CMS differentiates between materials that are considered "non-marketing" and "marketing." The difference between the two is based on the content and the intent of the piece.



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.

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 a Low Performing Icon (LPI) 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."

“
Avoid using
absolutes and
superlatives to
describe Medicare
plans and benefits.

Events & Appointments

The types of presentations you host throughout the year typically fall under one of three categories: educational events, sales events, and individual appointments.

Educational events are meant to inform Medicare beneficiaries about the parts of Medicare in general. Follow these guidelines below when holding an educational event.

Educational Event Do's and Don'ts

MAY:



MAY NOT:

- Distribute educational materials free of plan-specific information
 - Distribute educational health care materials
 - Give out your business card and contact info for beneficiaries to use to initiate contact
 - Collect SOAs
 - Hold the event in a public venue (optional, but under no circumstance should events be held in-home or in one-on-one settings)
 - Schedule future marketing appointments
- Distribute plan-specific materials or enrollment packets
 - Discuss any carrier-specific plans or benefits or distribute marketing plan materials
 - Require attendees to sign in (sign-in sheets **MUST** be optional)



Sales events, on the other hand, are designed to steer, or attempt to steer, potential enrollees towards a limited set of plans. See our tips below for how to host a compliant sales event.

Sales Event Do's and Don'ts

DO:

- Follow the specific carrier's filing and reporting procedures prior to the event
- Follow the specific carrier's cancellation procedures
- Make sure to use only carrier-approved materials
- Collect applications
- Call attendees from a sales event if they gave permission for a follow-up call (you must have documented PTC)



DON'T:

- Offer meals
- Make absolute statements
- Use pressure to sign someone up
- Cross-sell or promote non-health-related products
- Require attendees to sign in (sign-in sheets **MUST** be optional)

Agents are now permitted to schedule and hold a sales event immediately following an educational event. The attendees must be made aware of a change from educational event to marketing event and given the opportunity to leave prior to the event beginning. Additionally, agents are allowed to improvise their delivery of the presentation and content they'd like to cover before accepting an application at a sales appointment. Now only "talking points" need to be submitted to CMS by the carriers, allowing agents the freedom to conduct a more interactive sales presentation.

Individual appointments fall under the same category as sales events and the same CMS regulations apply. Don't forget, whether you're meeting face-to-face, or discussing plans one-on-one over the phone, you must have an SOA.

Secret Shoppers

Staying compliant should be a year-long objective for every agent. Annual Enrollment is the culmination of revised CMS MCMG, new plans, and all kinds of potential enrollees, some of which could be 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.



Meeting face-to-face or discussing plans one-on-one over the phone requires a Scope of Appointment.



8

STAY COMPLAINT

Be sure to always follow the MCMG.

Websites

Consumer-facing websites that promote a specific carrier or a group of carriers' Medicare Advantage or Part D products must be submitted to CMS for approval. This is typically accomplished through the carriers. You may refer to the specific carrier's policy regarding website review. CMS has increasingly cracked down on websites in recent years, so it's important to be sure your website is properly evaluated.

If you're looking for a simple way to market a website with your own contact information, [Medicareful.com](https://www.Medicareful.com) is a good place to start. It's a free CMS-accepted website, exclusively developed by Ritter, with a quote engine, direct-enroll buttons, and electronic SOA. And the best part of it all is Medicareful is filed and accepted for use by CMS. We did the hard work, so you don't have to! [Learn about getting your own Medicareful site.](#)

As a certified agent, you're responsible for following CMS guidelines. Compliance doesn't have to be difficult, but it does require research and due diligence on your part. When in doubt, refer to Ritter for guidance!



9

PARTNER WITH AN FMO

Register with Ritter Insurance Marketing to stand out among the competition!

Choose a Top FMO

Partnering with an FMO can give you the tools and support you need to take your business to the next level. That's why we recommend registering with a top FMO like Ritter Insurance Marketing to help you along your insurance journey.

Our expert team members are always here to help with your insurance needs. We hope this guide comes in handy and gives you the confidence to take on selling PDPs to your clients! We suggest printing or bookmarking this guide so you can refer back to it any time you want.

Commissions With an FMO vs. Without an FMO

Carriers pay agents for the business they write, even if those commissions go through an FMO first (scroll down for a note about assigned commissions). It's important for agents to know that carriers pay agents and FMOs separately. Your relationship with an FMO is comparable to your clients' relationship with you. You don't pay anything to the FMO, just like your clients don't pay anything to you. You earn your commissions from the carrier, just like the FMO earns their override from the carrier.



Partnering with an FMO can give you the tools and support you need to take your business to the next level.

So, what you earn working with an FMO is no less than what you'd earn working without one. In fact, we think that you have the **potential to earn more commissions with an FMO!** There's a lot of value in the training and back-office support that an FMO can provide agents with licensing, contracting, leads, marketing co-op, sales tools, submitting business, supplies, [commission tracking software](#), etc. That additional support could lead you to make more sales. Additionally, many FMOs are usually able to offer agencies higher-than-street-level commissions!

Take a moment to complete that next step and register to become a Ritter agent today!

With our innovative **Platform** you'll have **access to . . .**



Proprietary technology like our Medicare Quote Engine



Partnership opportunities with more than 80 insurance carriers



Unparalleled support from more than 200 employees

JOIN RITTER

10

START SELLING!

Take your business to the next level and add PDPs to your portfolio today!

ACTION STEPS

1. Familiarize Yourself With PDPs

Remember what they cover, your target market, and who would benefit from these plans.

2. Learn the Ins and Outs of Your Market

Study your clients' budgets, common prescriptions, popular networks, and nearby pharmacies.

3. Get Licensed & Contracted

Find out which carriers can best serve your market, get your license so you can start selling plans, and contract with carriers who will be good for your market.

4. Examine Your Portfolio

Make sure you know the specifics of the plans you're offering.

5. Come Up With a Strategy

Consider what you can do to be successful and meet your clients' needs.

6. Market Yourself

Figure out who your target audience is and focus on marketing your services to them multiple ways.

7. Focus on New & Returning Clients

Think about who might be newly eligible for PDPs, but don't forget about your current clients so you can boost that client retention!

8. Stay Compliant

Be sure to always follow the MCMG.

9. Partner With an FMO

Register with Ritter Insurance Marketing to stand out among the competition!

10. Start Selling!

Take your business to the next level and add PDPs to your portfolio today!

Prescription Drug Plan Search

Please use an additional sheet of paper if necessary.

Client Name: _____ Current Drug Coverage: _____

Client Address: _____ Client State: _____ Client Zip Code: _____

Client County: _____ Client Phone Number: _____

Requested Effective Date for Rx Plan: ____/01/____ Medicare Effective Date: Part A ____/01/____ Part B ____/01/____

What is the client's reason for requested enrollment?

☐ New to Medicare ☐ Retirement ☐ Annual Enrollment Period ☐ New to State ☐ Other _____

Preferred Pharmacy(s) First: _____ Second: _____

Does your client prefer mail-order prescriptions? ☐ Yes ☐ No Client Email Address: _____

How often does the client prefer to fill their prescription(s)? ☐ 30 days ☐ 90 days ☐ Other _____

Drug Name	Can the generic be taken? (if applicable)	Drug Format Type (tab, cap, cream, patch, vial, pen, etc)	Dosage	Quantity	Frequency Drug Needs Taken
	☐ Yes ☐ No				
	☐ Yes ☐ No				
	☐ Yes ☐ No				
	☐ Yes ☐ No				
	☐ Yes ☐ No				
	☐ Yes ☐ No				
	☐ Yes ☐ No				
	☐ Yes ☐ No				
	☐ Yes ☐ No				
	☐ Yes ☐ No				
	☐ Yes ☐ No				
	☐ Yes ☐ No				
	☐ Yes ☐ No				
	☐ Yes ☐ No				
	☐ Yes ☐ No				
	☐ Yes ☐ No				
	☐ Yes ☐ No				
	☐ Yes ☐ No				

FOR AGENT USE ONLY

Drug List Source: _____ Drug List ID/Quote #: _____ Drug Quote Date: _____
(Medicare.gov or other drug-pricing tool) (Medicare.gov uses as password)

How to Register on Medicareful & Upload Prescription Drugs

1. Register for a Medicareful Account

- If you receive an email invite from your agent, click on the registration button (or link) in the email. Or, click on the **Register** button on your agent's Medicareful website.
- On the registration page, fill out the required fields and click **Register with Medicareful**.
- The system will send you a confirmation email. Confirm your email address, then create a password, and click **Finish My Registration** to finalize your account.

2. Log in to Your Account

- Click the **Login** button in the upper-right corner of your agent's Medicareful page.
- Once logged in, you'll see a pill bottle and the category **My Drugs**.

3. Add Your Prescription Drugs

- Click on the **Add+** button next to **My Drugs**. When the pop-up appears, type the name of the drug, and click **Search**. Indicate if you prefer generic.
- Click **Add+** next to the correct drug, and then specify the packaging, quantity, and frequency of the drug.
- Find the correct medication and click **Add Drug**. It should now appear under the **My Drugs** section.
- Repeat these steps for all of your other prescription drugs.

4. Organize Your Health Information

- Click on **My Account** to include personal details like your contact information, address, and phone number or manage text and email notifications.
- Click on **My Pharmacies** and **My Providers** to input your pharmacies, primary care providers, and hospitals that you use regularly or prefer. You can also list your personal health conditions under **My Conditions**, like allergies or ongoing diseases.

Keeping your prescriptions up to date in your Medicareful account allows your agent to suggest local pharmacies or providers that may work better with your plan or suggest a plan that better aligns with your prescriptions, pharmacy, and provider preferences!

You can find video tutorials covering this and more at Living.Medicareful.com/videos-help.

My Plans

Submissions Plans

Year	Plan Name	Submitted Updated	Confirmation #	Status
2020	Aetna Medicare Advantra Credit Value (PPC)	9/28/2020 9/28/2020	RQLCEHD7WO	Initial

Complete Submission now

My Saved Quotes

Refresh

There are no saved quotes for you.

My Drugs

Refresh Add+

Name / Dosage	Refill / Frequency	Generic	
Ibuprofen TAB 800MG	30 / Every 180 days	✓	
Abacavir Sulfate SOLN 20MG/ML	1 / Every 30 days	✓	
Bacim SOLN 50000UNIT	1 / Every 30 days	✓	

My Pharmacies

Refresh Add+

Name	Location	
CVS PHARMACY #03165	95 FREEPORT ST NEW KENSINGTON, PA 15068	Set Preferred
★ WALGREENS #9344	2455 LEECHBURG RD NEW KENSINGTON, PA 15068	

My Providers

Doctors Hospitals Refresh Add+

Name	Location	
AMANDA HABOVICK B.A.	3 KENSINGTON SQ SUITE B NEW KENSINGTON, PA 15068	

My Conditions

Refresh Add+

Condition	
☒ Asthma	

My Account Information

☐ Send me emails about useful information like product alerts and newsletters.

☐ Send me emails about my application and account status.

☐ Send me texts about my application and account status.

First Name

Olenna

Last Name

Tyrell

Email

otyrell@sharklasers.com

Confirm email

Phone Number

7179891112

Mobile Number

7177871234

Address

123 Test Drive

Apt/Suite

City

New Kensington

Zip Code

15068

State

PA

County

Allegheny

SAVE UPDATES