

Contacting Beneficiaries

- ❑ Remember, unsolicited direct contact with potential enrollees can only be made by using conventional mail and other print media such as advertisements and direct mail, social media, and email, provided the email contains an opt-out function.
- ❑ Agents MUST NOT:
 - ✓ Approach potential enrollees in common areas (e.g., parking lots, hallways, lobbies, sidewalks, etc.).
 - ✓ Use telephonic solicitation, including text messages and electronic voicemail messages.
 - ✓ Use door-to-door solicitation, including leaving information such as a leaflet or flyer at a residence.
 - ✓ Contact a beneficiary at their residence without a prior appointment, even if the agent or broker has collected a business reply card (BRC) or a Scope of Appointment form.
 - NOTE: For “no-show” appointments at a potential enrollee’s residence when a **pre-scheduled appointment** has been set, information can be left.

Sales Leads

- ❑ Leads can be generated through mailings, emails, websites, advertising and public sales events.
- ❑ The only two approved contact methods for sending information to leads are conventional mail and email (with opt-out).
- ❑ Business Reply Cards (BRCs) expire twelve months from their submission date. After that timeframe, a new BRC must be obtained.

Call Recordings

- ❑ **All sales/marketing calls must be recorded and made available upon request. Calls must be retained for a minimum of 10 years.**
- ❑ Be sure to use the call recording disclaimer to inform your client that the call is being recorded.
- ❑ Document when a beneficiary declines to be recorded and inform them about ending the call.
- ❑ Only use CMS approved sales and enrollment scripts.

Plan Year 2024 Compliance Reminders with Medicare Requirements

Here are just a few key compliance reminders that can help you have a successful Medicare selling season

Sales Events - Informal

- ❑ Informal Events generally consist of an agent standing at a table, kiosk or RV to discuss plan and benefit information. At these events, agents:
 - ✓ May distribute business cards.
 - ✓ May offer the option to complete a Consent to Contact form (do not pressure to give information).
 - ✓ May schedule a future appointment, if requested and complete the Scope of Appointment process.
 - ✓ May not display Scope of Appointment forms on table / in booth.
 - ✓ May not conduct health screenings or other similar activities that could give the impression of “screening for coverage.”

Educational Events

- ❑ Educational Events are designed to help people understand the Medicare Program. At these events, agents:
 - ✓ May display a banner with the plan name/logo.
 - ✓ May provide a business card.
 - ✓ May not distribute or include any reference to BlueMedicare products, price or benefits.
 - ✓ May only respond to plan questions asked.
 - ✓ May not set up individual sales appointments or get permission for an outbound call to a beneficiary.
 - ✓ May not conduct enrollment or sales activities at member-only educational events.
 - ✓ May not distribute or display enrollment forms or sign-up sheets.
 - ✓ May provide promotional items with plan name, logo, toll-free customer service number and/or website URL.

Sales Events - Formal

- ❑ Formal Events have an audience and presenter. Requirements governing these events include:
 - ✓ May not immediately follow an education event in the same venue; 12 hour delay required.
 - ✓ BlueMedicare materials may be displayed and/or distributed.
 - ✓ Reference to Medicare products, benefits and pricing may be included.
 - ✓ Scripts and presentations must be submitted to CMS prior to use.
 - ✓ Sign in sheets must be clearly labeled as optional.
 - ✓ May offer option to complete a Consent to Contact form.
 - ✓ Attendees are not required to provide their contact information as a prerequisite for attending an event.
 - ✓ Contact information for raffles or drawing may only be used for that purpose.
 - ✓ Business cards can be distributed.
 - ✓ May complete a Scope of Appointment form immediately following the sales event and mark as a “walk-in”.
 - ✓ May collect enrollment applications if appropriate election period is available.
 - ✓ May not conduct health screenings or other activities that could give the impression of screening for coverage.
 - ✓ Refreshments and light snacks can be served.
 - ✓ Information about non-health care related products such as annuities and life insurance must not be displayed or discussed.



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Scope of Appointments (SOAs)

- ❑ Scope of Appointment forms are required for BlueMedicare HMO, PPO and Rx (PDP) plans.
 - ✓ SOAs must be signed by the beneficiary.
 - ✓ CMS requires 48 hours between initiation of the SOA form and the agent meeting with the beneficiary.
 - ✓ Agents may only discuss the plans documented on the SOA form.
 - ✓ A second SOA must be completed for additional product types if not on the original SOA and must be signed by the beneficiary before proceeding.
 - ✓ Florida Blue's telephonic SOA should be used when possible.
 - ✓ Paper SOAs are available but should only be used when obtaining a telephonic SOA is not feasible.
 - ✓ The most current version of the SOA form found on the Agent Portal should always be used.
 - ✓ The SOA waiting period is waived for an unscheduled in-person (walk-in) appointment.
 - ✓ The 48-hour waiting period is waived when an SOA is done during the last four days of a valid election period.
 - ✓ SOAs are valid for twelve months.

Enrollment Checklist

- ❑ Use the Enrollment Checklist during every sales appointment.
- ❑ Review and discuss all items on the checklist.
- ❑ Capture and verify the beneficiary's providers and prescriptions given during the sales appointment to reduce complaints and agent misrepresentations.

Enrollment Periods

- ❑ Annual Enrollment Period
 - ✓ October 15 – December 7
 - ✓ Can join, switch or drop a Medicare Advantage Plan, Rx plan or switch to Original Medicare and add a Medicare Supplement plan and Rx plan.
- ❑ Special Election Periods
 - ✓ Enrollments allowed when a qualifying life event occurs.
 - ✓ Enrollments allowed when exceptional circumstances occur such as hurricanes or natural disasters that prevent the beneficiary from enrolling during another valid election period.
- ❑ Medicare Advantage Open Enrollment Period
 - ✓ Change to a different Medicare Advantage Plan only.
 - ✓ Switch to Original Medicare – Medicare Supplement and an Rx plan can be added.
 - ✓ Only one change allowed during this period.
 - ✓ Change becomes effective the first of the month after the plan gets the request.

Third Party Marketing Organization (TPMO) Requirements

- ❑ Record all sales, marketing, and enrollment calls, and the audio portion of calls via web-based technology, in their entirety when interacting with Medicare-eligible beneficiaries.
- ❑ Use the appropriate standardized TPMO disclaimer.
- ❑ Verbally state the disclaimer within the first minute of a sales call.
- ❑ Provide the TPMO disclaimer electronically when communicating via email, online chat, or other means of electronic communication.
- ❑ Prominently display the TPMO disclaimer on the website.
- ❑ Include the disclaimer in any marketing materials such as printed materials, TV ads or other materials developed, used or distributed by the TPMO.
- ❑ For lead generation, disclose that the beneficiary's information will be provided to a licensed agent for future contact.



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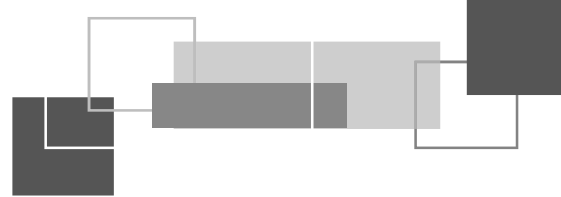


Compensation Reminders

- ❑ Agents must have a valid state license with an active, health-related line of authority.
- ❑ CMS Certification must be valid at the time of policy creation.
- ❑ Compensation is allowed once certification and validation are complete.

Rapid Disenrollment

- ❑ Rapid Disenrollment occurs when a beneficiary makes any plan change within the first three months of enrollment.
- ❑ MA organizations such as Florida Blue Medicare must retroactively recoup funds for rapid disenrollment and any other time period a beneficiary is not enrolled in a plan, but the plan paid compensation based on that time period.
- ❑ When rapid disenrollment compensation recovery applies, the entire compensation must be recovered.



Medicare Supplement

- ❑ Standardized plans that generally cover the 20% gap of Medicare costs.
- ❑ Cannot be sold if an individual is entitled to Medicaid.
- ❑ Must enroll during the appropriate time period.
- ❑ Beneficiaries enrolled in Medicare Advantage plans must not be sold Medicare Supplement plans unless they're switching back to Original Medicare. Otherwise, it's illegal.
- ❑ Beneficiaries should let their Medicare Supplement policy become effective before cancelling their Medicare Advantage coverage.

Guaranteed Issue

- ❑ Granted to eligible people seeking to enroll in a Medicare Supplement policy.
- ❑ Must be enrolling during the appropriate guaranteed issue time period.
- ❑ Must supply evidence of the date of termination or disenrollment from other health care coverage.

Guaranteed Renewability

- ❑ Renewability of coverage is guaranteed except when:
 - ✓ Premiums are unpaid.
 - ✓ Material misrepresentation is made.
 - ✓ Fraud has been committed.

Potentially Fraudulent Behavior

- ❑ Monitoring and oversight of potentially fraudulent behavior has increased due to a rise in improper sales activities.
- ❑ Examples of potentially fraudulent activity include:
 - ✓ Enrolling a beneficiary without their consent.
 - ✓ Misrepresenting the policy benefits.
 - ✓ Knowingly using an incorrect SEP (i.e., Hurricane SEP) for the enrollment.
 - ✓ Using a single address to enroll multiple people who do not reside there.
 - ✓ Enrolling a person at an address that is incorrect, not real or valid.
 - ✓ Enrolling duplicate names and SSNs multiple times.
 - ✓ Using a different county than a person lives in to get a better plan or rate.
 - ✓ Enrolling a person from a provider's patient list, a digital lead sheet or other marketing lists.

Privacy & Security

- ❑ Always use or disclose only the minimum necessary PII (*personally identifiable information*) that is reasonably needed to accomplish the task or purpose.
- ❑ Maintain administrative, technical and physical safeguards to protect PII and PHI.
- ❑ Report incidents and breaches as required.

Payment Card Industry (PCI) Compliance

- ❑ Never write down, save, or store a consumer's payment card information.
- ❑ Get to know PCI requirements to understand the importance of protecting payment card information.
- ❑ For more information visit: <https://www.pcisecuritystandards.org/>



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