



Top 10 Checklist for AEP 2023

CareFree is here for you while preparing for AEP. Before marketing and selling Medicare 2023 products, be sure and review this Top 10 Checklist. It ensures compliant sales activities — while following CMS and CareFree guidelines.

1. Be fully contracted and certified per state law to support clients' Medicare needs

- Be sure by completing AHIP (or equivalent) and current carrier certifications. Check your status by logging into www.CareFreeAgency.com or contacting carriers directly. Remember, you *must* re-certify to continue receiving commissions.
- Review plans in your market. Add carriers with strong value proposals. You can request additional carriers on CareFree's website. Or call us 1-888-549-4800. Attend carrier product trainings so you fully understand their products.

2. Submit all events and event updates with carriers according to their policies — including all virtual (online) events

- Report all *formal and informal sales seminars* and *event cancellations* and *revisions* to all carriers you'll be representing at each event.
- You *must* also check with carriers for their processes for reporting and holding *educational events*.
- [General event guidance](#) can be found on our website.

3. Marketing 2023 plan products begins October 1

Accepting 2023 plan enrollment applications begins October 15

- Marketing, presentations, appointments for 2023 sales *can't* take place *prior* to October 1.** It's a CMS marketing violation. This includes in-person, over the phone, and online marketing/sales events and appointments. Even with signed Consent-to-Contact (C2C) or Scope of Appointment (SOA) forms for 2023 AEP — meetings discussing 2023 Medicare products *can't* start taking place until October 1.
- All advertising for 2023 Medicare plans *can't* begin until October 1.** Examples include postcards, flyers, marketing materials for 2023 plans or sales for a book of business. *This includes advertising 2023 marketing/sales events scheduled in early October.*
- You *may continue* marketing and selling 2022 plans for age-ins or special enrollment situations for 9/1, 10/1, 11/1, 12/1 effective dates. Materials *must* clearly show 2022 plan year.
- Medicare's Annual Enrollment Period ends December 7.** You may continue enrolling clients through December 31 who are eligible for a special enrollment period.

4. Unsolicited direct contact / Consent-to-Contact (C2C) / Scope of Appointment (SOA)

- Marketing through unsolicited direct contact is a CMS violation. It's often referred to as "*cold calling*." This includes going door-to-door.
- Obtain a signed [C2C](#) form *before* contacting beneficiaries by phone.
- Obtain a signed SOA *before* holding one-on-one appointments and discussing Medicare plans.
- Don't obtain an SOA when a one-on-one meeting is part of a reported formal or informal marketing/sales events.
- SOA documentation *can* be obtained one of three ways:

- [beneficiary-signed, hard copy](#)
 - telephonic recording for telephonic appointments
 - electronically signed
- ☐ Check with carriers for their SOA documentation process.
- ☐ All C2C and SOA forms *must* be maintained by either you or the carrier for at least 10 years.

5. Replace Star Rating sheets with new 2023 information

- ☐ CMS generally releases new Star Ratings in mid-October. New Star Rating sheet replacements *must* be completed *within 21 days* of being issued. Remember to remove all 2022 Star Ratings from all sales kits and replace with new 2023 Star Ratings. Obtain new Star Ratings from carriers.
- ☐ See our [CMS Star Rating guide](#) for more information on Star Ratings and how they impact agents.

6. New CMS requirements effective 10/1/2022 around Third Party Marketing Organizations (TPMOs), including but not limited to:

- ☐ **Recording all calls with Medicare beneficiaries** and storage of those calls for a 10-year minimum.
 - **No cost call recording solution coming to CareCompare October 1, 2022**
- ☐ **Adding new disclaimer language** to 1) current disclaimers in marketing materials, 2) consumer-facing websites, and 3) verbally stating during the start of marketing calls: *“We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE (TTY: 1-877-486-2048), 24 hours a day/ 7 days a week, to get information on all your options.”*
- ☐ **Reporting to carriers every month:**
 - Any subcontracted relationships used for marketing, lead generation, and enrollment
 - Any staff disciplinary actions associated with Medicare beneficiary interactions

7. Ways to avoid receiving member complaints

Prior to enrollment, be sure to:

- ☐ **Explain thoroughly the plan type being sold (i.e., HMO, PPO). And how care will be received**, e.g., if a client switches from having Original Medicare with a PDP to an MAPD, they’ll now use a provider network; copays could be different, etc.
- ☐ **Explain provider networks.** PPO members may use out-of-network facilities and physicians, but generally at a higher copay. HMO members must use in-network for all services, and usually needs a referral when seeing a specialist.
- ☐ Do a **comparison and benefit analysis** so your client knows the **differences between their old plan vs. the new plan**, i.e., benefits, physician network, copays, cost sharing.
- ☐ Always confirm **client’s physicians and specialists are in network** and their **medications are on the formulary before enrolling them in a new plan**. Explain deductible, coverage gap, catastrophic phase, drug tiers, drug costs, drug coverage rules (step therapy, quantity limits, prior auth, etc.) for client’s medications.
- ☐ Be clear when explaining any included **dental, hearing, or vision benefits**. Some plans require a specific provider network; some *may* offer a reimbursement benefit (member pays out-of-pocket for services, then requests reimbursement), etc.

View this [simple video](#) on avoiding allegations that’s posted on agent website.

8. Submitting applications in AEP

- As a rule, turn in completed applications on the day they're completed. Check with carriers on acceptable timelines and processes for submitting their applications.
- Follow each carrier's rules for application submissions found on carriers' broker portals.
- Paper applications can be [faxed](#) to carriers or CareFree. Check with carriers and see if a signed Scope of Appointment form must be attached with paper applications.
- Using carriers' electronic enrollment tools reduces errors that can delay or deny applications. Find instructions for electronic enrollment on carriers' broker portals.
- [CareCompare](#) is our powerful multi-carrier compare, quote, and enrollment tool. It enables CMS-compliant sales from anywhere with eSOA, eKit, and eSignature features. It also provides you with your own personalized, client-facing website.
- To access CareCompare, you *must* first complete our training course either [live](#) or [on-demand](#). Once training is complete, you'll access through your dashboard on our agent website.

9. Customer service

- Keep new clients by staying in touch.
- Be sure and call your members and check:
 - They received new plan information and ID Card
 - They scheduled an appointment with their PCP
 - They know how to use their plan's extra benefits — pharmacy mail-order, OTC Allowance, health related transportation, meals, dental, vision, hearing, etc.

10. Preparing for OEP

- Be available for your enrollees during the Medicare Open Enrollment Period (January 1– March 31).
- A beneficiary with any type of MA plan* can make *one change* combination during OEP. Examples include — selecting a different MAPD, MA, or Original Medicare with a PDP (see table below).
- Marketing is *prohibited* by CMS during the OEP Election Period.
- You *may* conduct customer service calls with your *own customers* to ensure they're satisfied with current 2023 plan selections.
- If *your client is not pleased with their 2023 selection*, you *may* use OEP and make *one change* for them between January 1 and March 31, but only for the following:

Currently enrolled in for January 1, 2023:	Can make this change from January 1, 2023 – March 31, 2023:
Original Medicare	CANNOT USE OEP
PDP Only	CANNOT USE OEP
Cost Plan	CANNOT USE OEP
MA Only*	<ul style="list-style-type: none"> - Another MA Only - MAPD - Original Medicare with or without a PDP
MAPD*	<ul style="list-style-type: none"> - Another MAPD plan - An MA-Only plan - Original Medicare with or without a PDP