



Top 10 Reminders for AEP 2022

CareFree is here for you while preparing for AEP. Before marketing and selling Medicare 2022 products, be sure and review this Top 10 Reminders. 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 and complete AHIP 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 — this includes 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 CareFree's website.

3. Don't market 2022 products prior to 10/1

- Marketing, presentations, appointments for 2022 sales *can't* take place *prior* to 10/1. It's a CMS marketing violation. This includes in-person, over the phone, and virtual/online marketing/sales events and appointments. Even with signed Consent-to-Contact (C2C) or Scope of Appointment (SOA) forms for 2022 AEP — meetings discussing 2022 Medicare products *can't* start taking place until 10/1.
- All advertising for 2022 Medicare plans *can't* begin until 10/1. Examples include postcards, flyers, marketing materials for 2022 plans or sales for a book of business. *This includes advertising 2022 marketing/sales events scheduled in early October.*
- You *may continue* marketing and selling 2021 plans for age-ins or special enrollment situations for 9/1, 10/1, 11/1, 12/1 effective dates. Materials *must* clearly show 2021 plan year.

4. What you can do — 10/1 to 10/15

- Marketing, presentations, discussions for 2022 plans *can* begin 10/1.
- Applications *can't* be collected or turned in before the start of AEP (10/15). Collect applications on or after 10/15 from clients you've met with.

5. 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
 - 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.

6. Replace Star Rating sheets with new 2022 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 2021 Star Ratings from all sales kits and replace with new 2022 Star Ratings. Obtain new Star Ratings from carriers.

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 physician network; copays could be different, etc.
- 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**. Explain drug tiers, 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.
- Consider using carriers' electronic enrollment tools. They reduce 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 have 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, transportation, meals, dental, vision, hearing, etc.

10. Preparing for OEP

- Be available for your enrollees during the Medicare Open Enrollment Period (1/1–3/31).
- 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 2022 plan selections.
- If *your client is not pleased with their 2022 selection*, you *may* use OEP and make *one change* for them between 1/1 and 3/31, but only for the following:

Currently enrolled for 1/1/2022 in:	Can make this change from 1/1/2022 - 3/31/2022:
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