Medicare Advantage or Medicare private fee for service products and plans
Course Guideline
June 2008

The purpose of the Medicare education is to address specific Medicare information associated with the sale and service of Medicare Advantage plans. The Oklahoma Insurance Department encourages all providers to develop educational courses in accordance with the topics specified in this outline. Courses should incorporate examples and case studies to clarify applications as this is the best way for agents to understand the Medicare Advantage plans.

I. Medicare Overview
   A. Who Medicare is for
   B. Who administers Medicare
   C. When Medicare became effective
   D. Medicare’s intentions
   E. Medicare Gaps

II. Medicare Part A
    A. What Part A covers
    B. Hospital Deductible
    C. Hospital Coinsurance
    D. Skilled Nursing Facility Coinsurance
    E. Premium

III. Medicare Part B
     A. What Part B covers
     B. Deductible
     C. Coinsurance
     D. Premium
IV. Medicare Advantage Plans (Medicare Part C)

A. Medicare Advantage Background
   2. First implemented as Medicare + Choice

B. How Do Medicare Advantage Plans Work?
   1. Plans included in Medicare Advantage
      a. Preferred Provider Organization Plans (PPO)
         1. Prescription coverage
         2. Specialist
         3. Other plan specific information
      b. Health Maintenance Organization Plans (HMO)
         1. Prescription coverage
         2. Primary care doctor
         3. Specialist
         4. Other plan specific information
      c. Private Fee-for-Service Plans (PFFS)
         1. Prescription coverage
         2. Other plan specific information
      d. Medical Savings Account Plans (MSA)
         1. Prescription coverage
         2. Other plan specific information
      e. Special Needs Plans (SNP)
         1. Prescription coverage
         2. Primary care doctor
         3. Specialist
         4. Other plan specific information
   2. Who can participate?
      a. Have part A & B
      b. Live in a service area of the plan
      c. Do not have End-Stage Renal Disease (ESRD)
   3. Advantages of joining a Medicare Advantage Plan
   4. Disadvantages of joining a Medicare Advantage Plan
   5. When can a person join, switch, or drop a Medicare Advantage Plan
   6. Out-of-Pocket Costs

C. Medicare Advantage Open Enrollment Period:
   1. Annual Coordinated Election Period
      a. November 15 thru December 31 each year
   2. Change like to like
      a. January 1 thru March 31 each year
   3. Special Enrollment Periods
V. Medicare Part D including Extra Help from Social Security Administration
   A. How the Original Medicare Plan and Medicare Advantage works with a Medicare Prescription Drug Plan
      1. Monthly premium
      2. Co-payment or coinsurance and deductible
      3. Prescription card
      4. Network pharmacies
      5. List of Covered Drugs
   B. Help available to Pay Costs of Medicare’s New Prescription Drug Program
      1. Social Security office
         a. 1-800-772-1213
         b. www.socialsecurity.gov

OAC 365:25-3-18. Compensation and education for sale of Medicare Advantage or Medicare private fee for service products and plans

(a) The provisions of this section shall apply only to insurance companies and producers who solicit, negotiate or sell Medicare Advantage or Medicare private fee for service (PFFS) products and plans.

(b) An insurance company shall not pay or offer to pay compensation to producers based on the number of sales of Medicare Advantage or Medicare private fee for service products and plans. An insurance company may pay a commission for each sale, but compensation shall not be tiered or based on a sales threshold.

(c) A producer shall not accept compensation based on the number of sales of Medicare Advantage or Medicare private fee for service products and plans. A producer may receive a commission for each sale, but compensation shall not be tiered or based on a sales threshold.

(d) Producers who intend to solicit, negotiate or sell Medicare Advantage or Medicare private fee for service products and plans shall complete not less than eight (8) hours of pre-licensing education relating to Medicare Advantage or Medicare private fee for service plans or products in addition to the pre-licensing education requirements of the Insurance Code and Insurance Department rules.

(e) Producers who sell solicit, negotiate or sell Medicare Advantage or Medicare private fee for service products and plans shall biennially complete not less than eight (8) hours of continuing education relating to Medicare Advantage or Medicare private fee for service plans or products in addition to other continuing education required pursuant to the Oklahoma Insurance Code and Insurance Department rules.

VI. Marketing
   A. Marketing Rules for all Medicare Advantage plans.
      1. A representative, agent or broker can not ask for personal information (i.e. Social Security, bank account, or credit card numbers)
2. A representative, agent or broker can not go to a person’s home uninvited to sell or endorse any Medicare-related product.
3. A representative, agent or broker can not offer cash, prizes or trips to join their plan.
4. A representative, agent or broker can not enroll a person over the telephone unless the person calls them.
5. A representative, agent or broker can not ask you to send payment over the telephone or web.
6. A representative, agent or broker can not tell a person they are Medigap (Medicare Supplement Insurance) polices

B. Marketing Rules for Medicare Private Fee for Service Plans
   1. Who the rules apply to
   2. Specific rules for Medicare Private Fee for Service Plans
      a. Medicare Private Fee-for-Service Plans must give a person written information with complete description of how the plan works
      b. Medicare Private Fee-for-Service Plans must make clear that there is no guarantee that a provider such as a doctor or hospital will give treatment.
      c. Medicare Private Fee-for-Service Plans must call after enrollment to make sure that a person wanted to join and that they understand how the plan works.
      d. Medicare Private Fee-for-Service Plans must send a letter if they are unable to reach the enrolled party by telephone with instructions on how to disenroll if they decide not to join.
      e. Medicare Private Fee-for-Service Plans must have people available to answer questions from the enrollee and the provider's about the plan.

VII. Resources
   A. www.medicare.gov
   B. 1-800-Medicare (1-800-633-4227)

*All interested Medicare Advantage Education parties are required to provide the Oklahoma Insurance Department the presentation materials they have created for review. Presentation materials must include handouts, course manual, speaker notes (including specific examples that will be discussed) and may include, but are not limited to, PowerPoint presentations. The Guideline alone will not be accepted solely as presentation materials.*