

Use this checklist to ensure a compliant event.

Reporting and Logistics

EVENT REPORTING (Marketing/Sales Events Only)

- ☐ Marketing/Sales Events: Report event to UnitedHealthcare via a NEW Event Request Form seven or more calendar days prior to event. Note: Educational events are not reported to UnitedHealthcare
- ☐ Verify event details to ensure reporting accuracy
- ☐ Marketing/Sales Events: Report event changes to UnitedHealthcare via a CHANGE Event Request Form one or more business days prior to event

REFRESHMENTS and GIVEAWAYS

- ☐ Marketing/Sales Events: Only light snacks/beverage (if allowed by venue) are provided. Note: A meal may be served at educational event
- ☐ Giveaways do not include cash, gift card, gift certificate, coupon/voucher, charitable contribution, food items not meant for onsite consumption, or other unapproved item(s)
- ☐ Combined retail value of giveaways and food items must not exceed \$15 per person
- ☐ Clearly indicate or state that giveaways are available with no obligation to enroll

VENUE (In-Person or Online)

- ☐ Event is accessible to consumers with disabilities, including accommodations requested by consumers attending an online event
- ☐ Event is open to all consumers who want to attend
- ☐ Consumers are not required to pay a fee to attend event
- ☐ Event is not conducted in patient care areas
- ☐ Make sure consumer can find your event. Use directional signage (if allowed by venue) for in-person events, advise venue personnel of your event so they can direct consumers
- ☐ Ensure any provider participating in an event is aware of compliance guidelines
- ☐ Start your event on time
- ☐ For an informal event, be present for the entire reported time and post signage if you momentarily step away to indicate when you will return

Do not:

- Conduct a marketing/sales event within 12 hours of the conclusion of an educational event conducted at the same or adjacent location
- Conduct a marketing/sales event during meal serving time when a meal is served as part of the venue's daily activities (e.g., soup kitchen, senior center, assisted living facility)

Lead Generation and Materials

CONSUMER CONTACT INFORMATION

- ☐ Only use approved sign-in sheet and lead cards
- ☐ State to consumers that completing a sign-in sheet or lead card is completely optional
- ☐ Make sure any item containing consumer Protected Health Information/Personally Identifiable Information (PHI/PII) is secure

Do not:

- Use an RSVP roster as a sign-in sheet
- Require consumers to provide contact information to participate in a drawing or raffle
- Sign-in sheet and lead cards used at an educational event must not meet the CMS definition of marketing material
- Schedule future appointments or obtain Scope of Appointment forms at educational events

MATERIALS

- ☐ Use approved and compliant materials
- ☐ Educational Events: Only use materials that do not meet the CMS definition of marketing material
- ☐ Marketing/Sales Events: Use materials for the applicable plan year

Do not:

- Modify consumer materials in any way (e.g., add sticker or content, remove pages, write on)
- Display or distribute scope of appointment forms, enrollment applications, or marketing material at educational events
- Display or distribute materials for non-health related products at marketing/sales events

Marketing/Sales Event Plan Presentation (This section applies to marketing/sales events only)

- ☐ At the start of your event, state your name, the carrier you represent, and the plan(s) you are presenting
- ☐ Provide your contact information
- ☐ Use the Clarity Guide and Clarity Presentation, if possible, when providing general Medicare and Part D education

The following general Medicare education is covered in the Clarity Guide and Presentation:

- A Medicare Advantage plan is not a Medicare supplement insurance plan; describe the differences between them
- Any plan premium and that member must continue to pay their Part B premium
- Member ID cards must be used when obtaining plan-covered services
- How other coverage might be affected if the consumer enrolls in the plan
- For HMO plans, that in-network providers must be used to receive benefits except in emergencies
- For HMO-POS and PPO plans, that using in-network providers usually costs less than out-of-network providers
- Enrollment election periods
- Enrollment eligibility requirements

The following general Part D education is covered in the Clarity Guide and Presentation:

- Low Income Subsidy (i.e., Extra Help)
- Late enrollment penalty: Explain what it is and creditable coverage attestation process
- Cost sharing: Copayments, coinsurance, and drug pricing
- Formulary, drug tiers, quantity limits, step therapy, prior authorization, and where to find additional information
- Coverage stages including deductible, initial coverage, coverage gap, and catastrophic coverage
- Pharmacy network, preferred pharmacies, and cost sharing impacts

Do not:

- Use superlative statements without providing citation of recent report/study and/or disparage a plan, competitor, or federal or state program
- State you represent Medicare or any government agency
- State that plans are endorsed, sponsored, or recommended by Medicare, CMS, or the federal government
- Compare a UnitedHealthcare plan to a competitor plan unless you are credentialed with both carriers and/or are using pre-approved plan comparison materials
- Use high-pressure/scare tactics or intimidating behavior
- Describe the plan as “free” if it has a \$0 premium or use the term “free” in reference to a filed benefit unless the benefit is at zero cost share for all members
- State there are no claim forms, paperwork, or similar
- Present non-health related products, such as final expense or life insurance

At time of enrollment:

- ☐ Conduct thorough needs assessment, including looking up and providing details related to network status of all providers used and formulary status of all medications prescribed
- ☐ Provide and complete with consumer the Plan Pre-Enrollment Checklist
- ☐ Confirm plan eligibility and any additional eligibility requirements based on plan type
- ☐ Provide the Summary of Benefits, including ancillary benefits and associated cost sharing
- ☐ Explain provider network including limitations, referral requirements, in-network and out-of-network cost sharing, network benefits for routine care and emergency care
- ☐ Provide the plan's Star Rating, clearly identifying the applicable Star Ratings contract year and directing consumer to the plan's Enrollment Guide and/or Medicare.gov for additional Star Rating information
- ☐ Explain appeals and grievance rights (refer to Evidence of Coverage) and provide the Multi-Language Insert
- ☐ Explain steps to cancel application prior to plan effective date
- ☐ Sign, date, and submit completed enrollment applications within 24 hours of receipt

Resources

Resources: Refer to Jarvis for additional resources to conduct compliant events.

Questions: Contact your UnitedHealthcare Market Manager or submit questions to Compliance_Questions@uhc.com