

Senior Care  
Plus 

***Renown***<sup>®</sup>  
***PREFERRED PLAN***   
Brought to you by Senior Care Plus

## *Agenda*

- *General Training*
- *Compliance Training*
- *2024 Senior Care Plus Benefits*
- *Sales Material Ordering*

# Broker Certification

**You must be onboarded and certified to sell Senior Care Plus Medicare Advantage products.**

**If you have created your account in EvolveNXT and emailed your current AHIP certification to [onboarding@hometownhealth.com](mailto:onboarding@hometownhealth.com) you are ready to complete the broker product training and test.**

**Pass the Senior Care Plus specific enrollment and plan knowledge test. This test is electronic and available at:**

**<https://brokers.hometownhealth.com/medicare/>**

# Administration and Oversight

**Senior Care Plus is the product name of the Medicare Advantage plan offered by Hometown Health**

- Governed by the Centers for Medicare and Medicaid Services
- Overseen by the Nevada Division of Insurance
- Must follow all Marketing and Communications Guidelines published annually by CMS
- <https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html>
- Senior Care Plus utilizes secret shoppers to ensure compliance with marketing by third parties



Health Plan  
Expires 09/01/2024

# Important Dates

- Plan information (including information in this presentation may not be shared with any member of the public before 10/01/2023
- Enrollment forms, online enrollments, or Enrollment Packets may not be completed or handed out prior to 10/15/2023
- The 2024 Plan year enrollment application will go live on [www.SeniorCarePlus.com](http://www.SeniorCarePlus.com) on 10/15/2023
- Enrollment forms received after 11:59 pm on December 7, 2023 will not be accepted (unless there is a valid SEP)



# Enrollment of Beneficiaries

### All CMS required guidelines must be followed

- Scope of Appointment cards must be filled out for all prospective members that attend one on one meetings. The cards will be kept by agent/broker in the event they are required by CMS. Sample Cards are available on the Hometown Health Website.
- Brokers and Agents should use the online enrollment portal and may assist members in filling out the electronic enrollment at <https://www.seniorcareplus.com/plans/enroll>
- All applications must be complete. Incomplete/illegible/improperly filled out applications will not be accepted.
- Electronic Enrollment are MANDATORY for all enrollments. In rare cases where paper enrollment forms are required, they must be scanned and emailed to [enrollment@hometownhealth.com](mailto:enrollment@hometownhealth.com)

# Requirements to Receive Commissions

**All Brokers and Agents that wish to receive compensation for selling Senior Care Plus must:**

- Be properly on-boarded
- Provide proof of Errors and omissions insurance
- Provide a W-9 with Tax Identification number
- Acknowledge the Senior Care Plus MAD Agreement
- **Enter their National Producer Number in the required space in the online application FOR 2023 EFFECTIVE DATES**
- Online applications received without NPN or with incorrect NPN will not be eligible for payment of commission
- Remain in good standing with the Nevada Division of Insurance and remain current with all certifications
- Complete AHIP 2023/2024 certification



## ***Senior Care Plus 2024 Service Area***

- **Northern Nevada:** Carson City, Storey, and Washoe counties.
- **Southern Nevada:** Clark and Nye counties



# Provider Networks

## *Northern Nevada*

*Hometown  
Health* 

**Renown**<sup>®</sup>  
HEALTH

## *Southern Nevada*

**P3** Health Partners  
Medical Group

*Built by **Doctors**. Loved by **Patients**.*

# Northern Nevada Plans

**Patriot – Essential - Select**

**Renown Preferred – Extensive Duals**

Washoe County – Carson City – Storey County



**Extensive Duals**

Washoe County – Carson City

Senior Care Plus is  
expanding into Storey  
County for Plan Year 2024.

All plans are available

**EXCEPT Extensive Duals**

# Plan Highlights

### ***Senior Care Plus Patriot Plan***

- Max out of pocket cost is \$2,500
- Part B premium rebate is \$75 per month
- Preventive and \$1,500 comprehensive dental benefit with zero member coinsurance.

# Plan Highlights

### ***Senior Care Plus Select Plan***

- Lower Copayments across the board
- Max Out of Pocket Reduced to \$1,550
- Preventive and \$1,500 comprehensive dental benefit with zero member coinsurance.
- OTC Allowance increased to \$160 per quarter

# Plan Highlights

### ***Senior Care Plus Extensive Duals Plan***

- Continued \$0 premium and \$0 cost share for full LIS eligible members with Medicaid
- Preventive and \$2,000 comprehensive dental benefit with zero member coinsurance.
- OTC Allowance increased to \$190 per quarter

# Southern Nevada Plans

**Complete Plan**  
Clark & Nye Counties



Senior Care  
Plus 

The logo for Senior Care Plus consists of the words 'Senior Care' and 'Plus' stacked vertically in a black serif font. To the right of the word 'Plus' is a red heart icon.

# Plan Highlights

### ***Senior Care Plus Complete Plan***

- Preventive and \$1,250 comprehensive dental coverage with zero member coinsurance.
- Max out of pocket \$1,500
- OTC amount is \$85 per quarter

# *Supplemental Benefits*

- **Nations Benefits** provides OTC, Hearing, and Rewards Card for members
- **EyeMed** has \$0 Eye Exams and provides \$250 towards glasses or contacts
- **Liberty Dental** is the Dental provider – for plans with Comprehensive Dental member co-insurance is \$0 until the plan maximum is reached. Preventive procedures do not count toward comprehensive maximum,



## ***Broker Sales Books***

Senior Care Plus has listened to our Broker Partners!  
Broker sales books will be available to order by calling  
**Robert Kidd** at 775-982-1159 after September 25<sup>th</sup>

# Senior Care Plus

## Plan Year 2024 Agent and Broker Medicare Test Study Questions

### Part I: Medicare Basics

- 1) A prospective beneficiary asks an agent if the Senior Care Plus Complete Plan has an urgent care benefit and if so, what the benefit includes. Where would the agent find this information for the Senior Care Plus Complete Plan?
  - A. Summary of Benefits
  - B. Provider Directory
  - C. Evidence of Coverage
  - D. None of the above
  
- 2) If a beneficiary enrolled in the Renown Preferred HMO plan tells you that she wants to see a specialist, you should tell her:
  - A. You will likely need a referral from your primary care physician (PCP) to see a specialist. If you see your specialist without this referral, the plan may not pay for your visit.
  - B. Call and make the appointment
  - C. You do not need to see a specialist
  - D. All of the above
  
- 3) True or False? Once a beneficiary is enrolled in an MA plan and has paid his plan-specific monthly premium, he no longer needs to pay his Part B premium.
  - A. True
  - B. False

## Part II: Enrollment and Disenrollment

- 4) Mrs. Smith will turn 65 at the end of March and signed up for the Senior Care Plus Essential plan in January during her Initial Coverage Election Period (ICEP). When will her coverage begin?
- A. On February 1
  - B. On March 1
  - C. On April 1
  - D. On May 1
- 5) Which of the following periods provide an opportunity for a beneficiary to move from Original Medicare to a Senior Care Plus plan?
- A. October 15 through December 7
  - B. January 1 through April 15
  - C. January 1 through March 31
  - D. The month when the beneficiary turns 65 years of age
  - E. All of the above
- 6) A Scope of Appointment card is required for all beneficiaries who attend a sales event.
- A. True
  - B. False
- 7) During a formal sales event held on October 5, an agent tells attendees, "You can enroll in Senior Care Plus' Patriot plan between October 15 and December 7, but the plan won't take effect until January 1. However, if you don't like the plan after you enroll, you have until March 31 to switch back to Original Medicare." Following the presentation, the agent assists a couple in filling out an enrollment form for Senior Care Plus' Patriot plan, and tells the couple that she will "hold on to it" until the October 15 enrollment date. Which of the following statements are true? (more than one may be true)
- A. The agent is not allowed to assist beneficiaries in completing their enrollment form
  - B. The presenter provided incorrect Annual Election Period (AEP) information
  - C. The agent is not allowed to accept an enrollment prior to October 15
  - D. Senior Care Plus does not offer a Patriot Plan

## Part III: Beneficiary Protections

- 8) Mrs. Doe has decided to file a grievance because she feels that she was treated with disrespect while communicating with a plan's customer services representative (CSR). What is the first step Mrs. Doe should take to file a grievance?
- A. File an appeal with the plan
  - B. File an appeal with an Administrative Law Judge
  - C. Contact the plan in writing or by telephone to file a grievance
  - D. Contact her lawyer

- 9) For **all** Senior Care Plus plans, an enrollee that chooses to join a PDP will be automatically disenrolled from his/her current plan.
- A. True
  - B. False
- 10) Senior Care Plus may end an enrollee's membership if:
- A. The enrollee is away from the service area for more than 6 months
  - B. The enrollee does not stay continuously enrolled in Medicare Part A or Part B
  - C. The enrollee is no longer eligible for the plan's SNP category
  - D. All of the above

#### **Part IV: Communication and Marketing Regulations and Materials for Sales Agents/Brokers**

- 11) True or False: The Nevada Division of Insurance would like to investigate a sales agent that they suspect is violating Medicare communication and marketing regulations. The plan does not need to allow the investigation because the agent is licensed and has followed the guidelines to date.
- A. True
  - B. False
- 12) Which of the following is NOT considered a Senior Care Plus sales agent?
- A. A marketing entity
  - B. An independent plan agent
  - C. A member of the plan who speaks highly of the plan
  - D. A plan broker
- 13) True or False: CMS requires Senior Care Plus to record the names of all attendees attending their plan-sponsored marketing/sales events.
- A. True
  - B. False
- 14) At a formal marketing event that occurred on December 1, an agent provided factual information on the MA/MA-PD plans available from Senior Care Plus, and noted that compared to all other plans in the area, Senior Care Plus has the largest network of doctors available. At the end of the presentation, the agent told the beneficiaries that if they do not sign up for coverage today, they will likely lose their opportunity to do so. Are these actions appropriate?
- A. Yes. The agent highlighted a key aspect of the plan as well as informed beneficiaries that they could miss their chance to enroll.
  - B. Partially. While the agent provided a factual comparison of other plans networks, the beneficiaries could have felt pressured into enrolling.
  - C. Partially. The agent did not qualify their statement regarding the provider network but rightfully informed that beneficiaries the AEP deadline was approaching.

- D. No. The agent made unsubstantiated absolute statements and also inappropriately pressured beneficiaries into enrolling.

### **Part V: Agent and Broker Compensation**

- 15) A beneficiary enrolled into Senior Care Plus in 2020 as an initial enrollment and has remained in the plan since. How much should Senior Care Plus pay in CY2024 to the agent that facilitated the enrollment?
- A. 50% of CY2020 fair market value
  - B. 60% of CY2020 fair market value
  - C. Up to 50% of CY2024 fair market value
  - D. Up to 60% of CY2024 fair market value
- 16) A beneficiary enrolls into Senior Care Plus in November 2023 as an initial enrollment. Assuming the beneficiary remains enrolled in the plan in 2024, in what month does their first renewal cycle begin?
- A. December, 2023
  - B. January 2024
  - C. November 2024
  - D. December 2024

### **Part VI: Medicare Marketing Activities**

- 17) Mr. Smith, an agent with Senior Care Plus, is giving a sales presentation and wants to provide some food for his guests. What can Mr. Smith provide?
- A. A sit down meal offered in a separate room, before or after the promotional portion of the event
  - B. A buffet dinner
  - C. Snacks such as cheese and crackers
  - D. None of the above
- 18) In which of the following settings is a Scope of Appointment form NOT required to be collected?
- A. A formal marketing event that a beneficiary did not pre-register to attend
  - B. A one-on-one appointment occurring in the beneficiary's home
  - C. An unscheduled meeting with a beneficiary who arrives at an agent's office without an appointment and requests information
  - D. All of the above scenarios require a Scope of Appointment form be collected.
- 19) All individual sales/marketing and enrollment calls (including TPMO calls) are required to be recorded?
- A. True
  - B. False

20) In 2024, what is the member co-insurance for the comprehensive dental benefit on the Renown Preferred Plan, The Senior Care Plus Patriot Plan, The Senior Care Plus Select Plan, The Senior Care Plus Complete Plan and The Senior Care Plus Extensive Duals Plan?

- A. 0%
- B. 50% For Major work and 30% for minor work
- C. 75%
- D. 25%

21) In 2024, do preventive and diagnostic dental services (cleanings and exams) count toward the comprehensive dental benefit maximum for the plan?

- A. Yes
- B. No

22) For 2024, in which Nevada counties is Senior Care Plus is available?

- A. Washoe County & Carson City
- B. Clark County & Nye County
- C. Storey County
- D. All of the above

23) Who is the OTC, Hearing Benefit, and Rewards Card provider for Senior Care Plus in 2024?

- A. Nations Benefits
- B. Fieldtex
- C. TruHearing
- D. VISA/Mastercard

24) True or False- In 2024, All Senior Care Plus plans have a \$0 eye exam and offer \$250 towards any set of glasses. A member can also get a set of glasses every year.

- A. True
- B. False

**Agent and Broker Training & Testing**  
**Sample Test: Answer Key**

Question	Topic	Answer	Explanation
1	Medicare Basics - Selling Multiple Plans: Information Location	<b>C</b>	Because the beneficiary asked if plan XYZ has an urgent care benefit and what the benefit includes, the only correct answer is C. If the beneficiary only wanted to know if plan XYZ has an urgent care benefit, the answer would be A and C.
2	Medicare Basics	<b>A</b>	Because the beneficiary is enrolled in an HMO, she should many specialists will require the member to work with her PCP prior to seeing a specialist (except in an emergency). Senior Care Plus does not require an auth or referral.
3	Medicare Basics	<b>B</b>	The answer is false. Beneficiaries are required to continue paying their Part B premium (unless they receive Extra Help) in addition to any plan-specific premium.
4	Enrollment and Disenrollment	<b>B</b>	The ICEP coverage begins the first day of the month of entitlement to Medicare Part A and Part B, OR the first of the month following the month the enrollment request was made (if after entitlement has occurred).
5	Enrollment and Disenrollment	<b>A</b>	The Annual Election Period (AEP) for enrolling in an MA Plan is October 15 through December 7. Answer B is incorrect because there is no enrollment period during these dates. Answer C is the enrollment period for enrolling in an MADP, but this period only allows a beneficiary to change from an MA plan to Original Medicare (with/without a stand-alone PDP). Answer D is incorrect because the beneficiary is already enrolled in Original Medicare, so there is no Initial Coverage Election Period (ICEP) that is applicable.
6	Scope of Appointment	<b>B</b>	False – SOA are only required for a personal appointment – not for a sales meeting.
7	Enrollment and Disenrollment	<b>C</b>	Although agents may assist beneficiaries in completing their forms, an agent may not accept, collect, or take possession of completed enrollment forms before October 15 and may not encourage beneficiaries to mail the enrollment form to the plan prior to October 15.

Question	Topic	Answer	Explanation
8	Beneficiary Protections	<b>C</b>	The first step in the process for filing a grievance is to contact the health plan by telephone or in writing. An appeal is intended to handle different circumstances involving coverage decisions or organizational determinations.
9	Beneficiary Protections	<b>A</b>	A person enrolled in any MA coordinated care plan (HMO, PPO) who is joining a PDP will be automatically disenrolled from their current plan upon enrolling in a PDP.
10	Beneficiary Protections	<b>D</b>	A plan may end an enrollee's membership for any of the reasons listed (involuntary disenrollment), so long as the enrollee is part of a plan for which the rule applies.
11	Marketing and Communication Regulations and Materials for Sales Agents and Brokers	<b>B</b>	The statement is false. Plans must comply with requests from state insurance departments or other state agencies investigating sales agents licensed by that agency.
12	Marketing and Communication Regulations and Materials for Sales Agents and Brokers	<b>C</b>	Plan sales agents include those employed by the plan itself and those who are contracted with the plan through direct or downstream contracts. They do not necessarily have to be an employee of the plan but they must be contracted with the plan.
13	Marketing and Communication Regulations and Materials for Sales Agents and Brokers	<b>B</b>	The statement is false. There is no such requirement. On the contrary, any sign-in or attendance sheet distributed during an event must clearly indicate that providing personal information is optional. Similarly, agents are prohibited from insisting that attendees provide additional information (or implying that they are required to provide information) as a requirement for attending an event. Agents are also prohibited from requiring attendees to pre-register.
14	Marketing and Communication Regulations and Materials for Sales Agents and Brokers	<b>B</b>	Plans may make direct plan comparisons provided the information is factual and they have supporting data. However, plans are prohibited from using "scare tactics" or pressuring beneficiaries into enrolling.
15	Agent and Broker Compensation	<b>C</b>	Renewal compensation should be paid up to 50% of the current fair market value (FMV), regardless of whether the member is new to the organization or not. The initial rate when the member first entered the plan will no longer be utilized to determine the renewal rate.



Question	Topic	Answer	Explanation
16	Agent and Broker Compensation	<b>B</b>	The compensation year is January through December. "Rolling years" are not permitted. In this example, the beneficiaries first initial year ends December 31, 2023, and their first renewal year would be January 1, 2024 through December 31, 2024.
17	Medicare Marketing Activities	<b>C</b>	Meals (either provided or subsidized) are prohibited at marketing events where plan-specific benefits are discussed and plan materials are distributed.  Refreshments and light snacks are permitted, however agents and brokers should use their best judgment on the appropriateness of food products provided and should ensure that items provided could not be reasonably considered a meal and/or that multiple items are not being "bundled" and provided as if a meal.
18	Medicare Marketing Activities	<b>A</b>	Regardless of whether an agent or broker requests that beneficiaries pre-register for a public marketing event, collection of a Scope of Appointment would not be appropriate in this setting.  Collection of a Scope of Appointment form is required in all personal or individual face-to-face marketing appointments where MA, MA-PD, PDP and Cost Plan products are to be discussed with Medicare beneficiaries. This includes walk-ins and for unexpected beneficiaries who wish to attend a pre-scheduled, one-on-one meeting with another beneficiary.
19	Medicare Marketing Activities	<b>A</b>	This statement is true. Enrollment and sales calls are required to be recorded in accordance with new regulation 42 CFR §422.2274. This includes TPMO sales and enrollment calls.
20	Senior Care Plus Plan Specifics	<b>A</b>	The new Comprehensive Dental offerings from Senior Care Plus offer comprehensive benefits at no member cost up to the plan limit.
21	Senior Care Plus Plan Specifics	<b>B</b>	No! The Comprehensive Dental benefit is completely separate from the preventive benefits. Senior Care Plus offers true first dollar coverage for dental.
22	Senior Care Plus Plan Specifics	<b>D</b>	All of the above. Senior Care Plus is available in Washoe County, Carson City, Clark County, Nye County and Storey County in 2024.
23	Senior Care Plus Plan Specifics	<b>A</b>	Senior Care Plus is proud to join forces with Nations Benefits in 2023 to provide OTC products, Hearing aid coverage, Rewards Mastercard for all of our plans and PERS and Meal Benefits for our Extensive Duals Plan.

Question	Topic	Answer	Explanation
24	Senior Care Plus Plan Specifics	<b>A</b>	This is True. In 2023, Senior Care Plus upped the allowance for all plans to \$250, lowered the exam copay to \$0 and reinstated glasses every year!