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WHAT COMES NEXT:

Set the Stage for 2026

Agenda

- MA OEP – Why it matters
- Putting a “Bow on AEP”
- MA OEP Overview
- Maximizing MA OEP Opportunities
 - *Keep AEP (Annual Enrollment Period) momentum going*
 - Dual Eligible (D-SNP) Opportunities
 - Chronic Conditions (C-SNP)
 - T65 / Delayed IEPs
 - 5 Star Plans
 - Service Area Reductions (SARs)
- Wrap-Up & Strategic Focus



MA OEP Matters

The Client

- It may be **ONLY** time of the year they can make a change
 - A chance to re-evaluate your plan's details
 - A chance to ensure your plan still offers the best value and coverage for your unique situation

The Pharmacy

- Improve reimbursement rates by reviewing/moving client's that are:
 - On a plan that doesn't meet the client's needs
 - On an ok plan for client but poor performing for the pharmacy

The Broker

- Financial / Commissions
 - Assume 3-5 MA clients per month that have serious enough issues to assist them into a different plan; ~11 applications
 - Jan → Feb start x 4 x \$318.08 = \$1,272.33;
 - Feb → March start x 3 x \$289.17 = \$867.51;
 - March → April start x 4 x \$260.25 = \$1,041;
 - **Q1: \$3,180.84**
 - Supplement AEP sales – keep wheels moving

AEP Follow-Up. It Matters.

After December 31, your job isn't done.

Check-in. Talk to your Client

- If you haven't, **DO IT!** Text, email, or phone call

Why?

- Ensure success with the plan
 - Manage client expectations
 - Cover your a**
 - Ensure the service YOU provided was good
- Client satisfaction & retention

Why?

- Earn good **REFERRALS**

Know who you're asking for a referral

Strengthen your book of business & reduce future issues.

MA OEP — The Basics

- January 1 – March 31st each year
 - MA/MAPD Beneficiaries can make *one change during the quarter*
 - Switch MA plans
 - Drop MA and return to Original Medicare (Part A and Part B)
 - Drop MA and return to Original Medicare (Part A and Part B) + Part D
- **30-60-90 Day Communication / Client Follow-up**

This window is no longer “afterthought” —

it's client retention + problem resolution + new opportunities.

Remember:

You cannot market the MA OEP itself. You can promote Medicare Advantage plan reviews

Maximizing **Impact**

Set the stage for sustained success

- AEP = 10 Weeks of the Year (19%)
- MA OEP = 13 Weeks of the Year (25%)
 - Should be solidifying your book of business, your foundation
 - Solve client's issues that are exposed at the pharmacy counter
 - Solve client challenges before they happen (T65s)
 - Additional benefits or Care Coordination via D-SNP/C-SNP opportunities
- Leverage your "clients" for more referrals/leads.
 - *Ask for a lead that's appropriate to that client*
- Establish goals
 - Specific, Measurable, Achievable, Relevant, & Time-bound

Key Point:

OEP is *not* an "open sale period," but it's a **critical correction and retention window.**



MA OEP Sets the Stage

- Clients with issues are ripe for engagement
 - Enrolled in MA vs MAPD; No drug coverage included
 - Errors — Providers not covered, formulary issues, benefit selection
 - Coverage gaps — Ancillary benefits not addressed
 - Improve benefits, care coordination, and outcomes
- **More meaningful conversations = higher close rates**

AEP builds pipeline; **MA OEP retains and refines it**

What If...there's an Issue

Train Your Staff & Frontline Partners

- Technicians, Pharmacy counter staff, and Office personnel

to listen for complaints such as:

- High copays
- Providers not in-network
- Medications no longer covered
- Dissatisfaction with benefits

Develop & Implement an Action Plan

- When valid prompts are heard/identified; offer a plan review. These are the steps we take...

Execution is key.



Focus On... Poor Reimbursing Plans

Identify patients enrolled in plans with low reimbursement or poor performance

- Offer a plan review to help them consider alternatives
- Ensure compliant conversations (“plan review”)

D-SNP Pharmacy Scenario – Addressing a Loss Script

The Issue

One script losing **\$100/month; -\$1,200 annually** on a single patient

Focus On... Poor Reimbursing Plans

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D-SNP Pharmacy Scenario – Addressing a Loss Script

Opportunities to Watch For

- Patients with:
 - State issued PDP plan
 - LIS/Extra Help
 - Medicaid cards
 - Frequent copay complaints
 - Chronic conditions + multiple meds
- Any script consistently filled at a loss

Focus On... Poor Reimbursing Plans

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D-SNP Pharmacy Scenario – Addressing a Loss Script

The Medicare Review

- Confirm Medicare + Medicaid eligibility
- Identify DSNP options available in your market
- Position it as a benefit check, not a “sale”

Focus On... Poor Reimbursing Plans

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D-SNP Pharmacy Scenario – Addressing a Loss Script

The Win-Win-Win Outcome

Client Wins

- Lower or \$0 copays
- Extra ancillary benefits (OTC, dental, vision, hearing, transportation, food cards)
- Care coordination and fewer surprises at the counter
- Potentially improved health outcomes

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D-SNP Pharmacy Scenario – Addressing a Loss Script

The Win-Win-Win Outcome

Pharmacy Wins

- Improved reimbursement rate
- Reduced loss on high-cost scripts
- Increased patient loyalty

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D-SNP Pharmacy Scenario – Addressing a Loss Script

The Win-Win-Win Outcome

Broker Wins

- Earned commission
- Solves a real problem; potentially improve client health outcomes
- Strengthens pharmacy relationship

Focus On... Poor Reimbursing Plans

Identify patients enrolled in plans with low reimbursement or poor performance

- Offer a plan review to help them consider alternatives
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D-SNP Pharmacy Scenario – Addressing a Loss Script

The Bottom Line

- Stop absorbing losses
- Make **positive, compliant changes**
- DSNP turns a **–\$1,200 problem** into a **long-term solution**

D-SNPs in 2026

Many regions offer multiple D-SNP options

- Able to switch a client from **MA/MAPD → D-SNP or D-SNP → D-SNP** during MA OEP without Medicaid MCO alignment
- **Non-MCO aligned states have ONE real enrollment window beyond IEP**

States included: AL, AK, AR, CO, CT, DE, GA, IL, LA, ME, MD, MS, MO, MT, NV, NH, NC, ND, OH, OK, RI, SC, SD, UT, VT, WV, WY

MA OEP Enrollments=

- ✓ Better patient health outcomes
- ✓ Better pharmacy reimbursement rates
- ✓ Stronger Broker – Client relationship

C-SNPs — Full Year SEP

Chronic Special Needs Plans allow ongoing enrollment for eligible clients.

Examples:

- Diabetes, COPD, Cardiovascular disorders (varies by plan/state)
- **You HAVE a Unique Advantage** over any other broker
 - Able to provide direct benefit to your patients
 - CSNPs offer Coordinated care - “Real” health benefits, better health outcomes for patients

Because eligibility is **diagnosis-based**—not income-based—many patients don’t realize they qualify unless a trusted healthcare professional brings it to their attention.

As their pharmacist, you’re uniquely positioned to identify and educate these patients in a compliant, patient-first way.

Turning 65 in 2026

Or Delayed Medicare Enrollment

A consistent Turning-65 strategy provides year-round stability

- Build an 18 – 24-month lead-generation calendar
- Maintain partnerships with:
 - **Providers,** Financial planners, Senior centers, HR directors (retiree transitions)

The Client & The Pharmacy

- Enroll client in a plan that fits their & the pharmacy needs from Day 1
 - Fix reimbursement issues before they begin
- Client works with a trusted known source (you) & you build stronger, deeper relationships with your patient base
- Defend against mail order prescription services

5-Star Plans... Annual Enrollment Opportunity

If your market has a **5-Star Medicare Advantage or Part D plan**, eligible clients can switch **once per year—any time**.

CMS 5-Star resource (2026 fact sheet):

- <https://www.cms.gov/files/document/2026-star-ratings-fact-sheet.pdf>



Position this as a premium-quality option when available—but remember availability varies widely by region.



SARs — Service Area Reductions

(Discussing Year End Plan Cancellations specifically)

What is it?

When a Medicare Advantage (MA) or Part D plan reduces its geographic service area and a beneficiary's residence is no longer included.

Published list of Terminated/Crosswalked Plans by Plan Number

[CMS 2026 Part C&D Plan](#)

Benefits for the Patient

- Protection from Plan Disruption - They can move to a new MA plan, MA-PD, or Original Medicare (with Part D) without waiting for AEP
- Guaranteed Enrollment Opportunity
- Often results in **improved coverage**, not just replacement coverage

SARs — Service Area Reductions (Discussing Year End Plan Cancellations specifically)

Benefits for the Medicare Broker

The SEP allows brokers to **assist and enroll clients outside AEP**, fully within CMS rules.

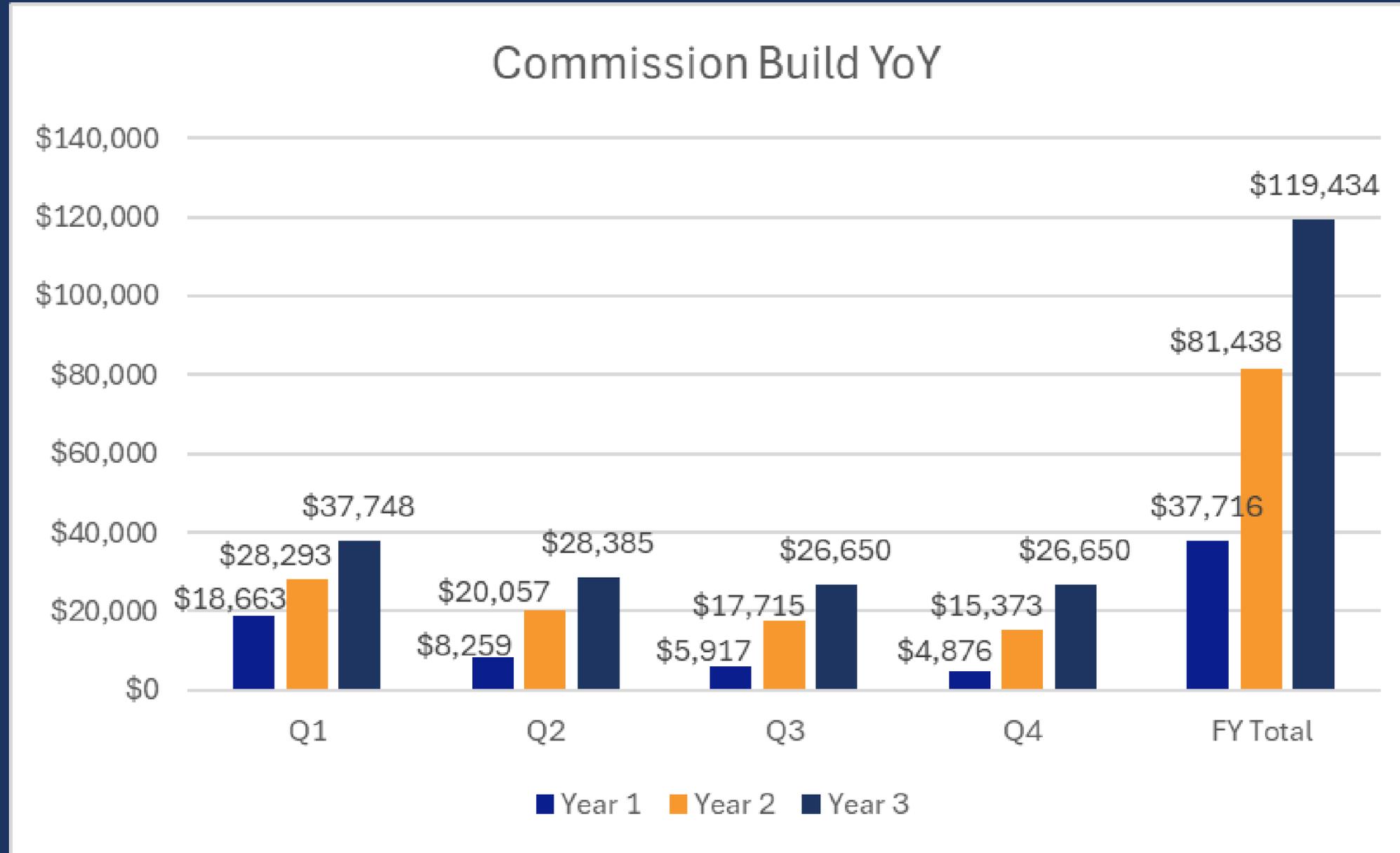
- This supports ethical, compliant growth.
- May Prevent client from being auto-enrolled into an undesirable option
- Proactively review providers and prescriptions, optimize benefits and costs

Opportunity to improve client's health outcomes and positions the broker as a **trusted advisor**, not just a salesperson.

The Pharmacy

- Opportunity to move patients away from poor reimbursing plans
- Able to assist when realization hits, "I don't have coverage"
- If one patient is impacted, who else was on that plan

The Commission Build..



Assumptions:

- 30 MA/MAPD switches during AEP – pays January.
- 5x MA/MAPD switches per month during MA OEP; pays following month
- 12x months x 2 CSNP & 2 DSNP switches; and 2 IEP enrollments (new)
- Renewals paid at \$347/12 per month in year 2 and 3; assumes commission rate remains flat.

Final Thoughts

- **Medicare sales are a YEAR-ROUND opportunity**
- Q1 sets the tone for the rest of the year
- Focus on compliance, service, and strategic specialization
- Use follow-ups and reviews to build trust—and your book of business
- Know your available Special Enrollment Periods
 - D-SNP
 - C-SNP
 - 5-Star
 - Aging-Ins/Turning 65/Delayed Retirement
 - Service Area Reductions



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Thank You!

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Appendix

Action Plan

- ✓ Audit AEP enrollments, Flag potential issues, Build outreach list

MA OEP (30-60-day outreach = Ensure the plan is working the way it was anticipated. Address any challenges before they become issues.

- ✓ Phone / Email / Text
- ✓ Benefit reviews
- ✓ Issue resolution
- ✓ OTC registration, if required

After OEP

- ✓ Document outcomes
- ✓ Confirm utilization of ancillaries
- ✓ Prepare for AEP again

MA OEP: Cans and Cant's

Cans

- ✓ Switch a client from one MA plan to another
- ✓ Drop a client's MA plan to return to Original Medicare
- ✓ Enroll clients in a prescription drug plan if they go back to Original Medicare

Can'ts

- Disenroll clients with Original Medicare from any accompanying prescription drug plans
- Try to change a client's plan more than once
- Try to enroll a client with Original Medicare in an MA plan

MA OEP was created for those with MA plans already.

Your clients in Original Medicare or Med Supps can't use MA OEP as an opportunity to enroll in an MA plan.

MA OEP: Cans and Cant's

Part D Limited Switching

- ✓ Switch from one MAPD plan to another
- ✓ Switch from MA only to MAPD plan
- ✓ Return to Original Medicare (Part A and Part B) and selecting a standalone Part D plan

Can't

Switch from Original Medicare and a Part D plan to another drug plan during MA OEP. Must wait for an SEP or the next AEP.

Marketing Do's and Don'ts

Agents may not knowingly target or send unsolicited marketing to Medicare Advantage (MA) or Part D enrollees during MA OEP.

“Knowingly” considers both the intended audience and the message content.

Permitted (Do's)

- ✓ Host marketing events for **non-MA/Part D plans**, including:
 - Individuals aging into Medicare who have not yet enrolled
 - Beneficiaries eligible for a **5-star SEP**
 - Dual-eligible and LIS beneficiaries who may qualify for an SEP
- ✓ Respond to beneficiary-initiated requests
- ✓ Hold one-on-one meetings when requested
- ✓ Provide MA OEP information only if asked

Prohibited (Don'ts)

- ✗ Send unsolicited messages referencing MA OEP or additional plan changes
- ✗ Target MA OEP enrollees using purchased lists or similar methods
- ✗ Promote MA OEP as a sales opportunity
- ✗ Contact former clients who switched plans during AEP
- ✗ Use MA OEP to reach beneficiaries you missed during AEP

Marketing Do's and Don'ts

Prohibited (Don'ts)

Here are some examples of **things you cannot communicate** to your clients concerning MA OEP.

- X "Don't like your new Medicare plan? Reach out to me about your disenrollment options."*
- X "Did you know you can switch your MA plan from now until March 31? Let's make an appointment."*
- X "There's limited time to make an appointment and switch plans."*

SARs — Service Area Reductions

(Discussing Year End Plan Cancellations specifically)

Key timing:

- SEP runs December 8 through the end of February

Effective dates:

Enroll **Dec 8–31** → Plan starts **Jan 1**

Enroll in **January** → Plan starts **Feb 1**

Enroll in **February** → Plan starts **Mar 1**

What this means for you

- If a client received a plan termination, non-renewal, or service area reduction letter, it's not too late to help them
- Allows one plan change
- Coverage usually effective the first of the following month
- You do NOT need the letter to enroll them
- Simply select the correct SEP in your enrollment platform

SEP codes

EOC: Plan ended or no longer covers the client's area

MYT: Medicare terminated the plan's contract (client received a CMS letter)

SARs – What You Should Do

An agent can:

- Explain that the beneficiaries plan was terminated; many don't realize they were moved automatically and assume they are still in the old plan.
- Explain what plan they were moved to, including
 - Premium, Benefits, Provider network, Drug formulary
- Confirm the effective date of the new plan (usually January 1)
- Explain that the client still has options

Review Whether the New Plan Is Appropriate

- Cross-walked plans are **not guaranteed to be the best fit**—they are simply the carrier's closest replacement.

Use the Special Enrollment Period (SEP)

Enroll the client into a different Medicare Advantage or Part D plan, move them back to Original Medicare (and potentially a Medigap plan, if applicable)

A Medicare agent can review the new plan, explain the changes, and—using a Special Enrollment Period—move the client to a better plan if the cross-walked one isn't suitable.