MULTIPLAN_2113SMS_SalesEnrollmentScript2024_M

MA, MAPD, or PDP Plans

Agency Partner Medicare Telephonic Sales – Script | 06.23.2023.

PURPOSE: THIS IS A MULTI-CARRIER TELEPHONIC SALES AND ENROLLMENT SCRIPT

This Telephonic Sales and Enrollment Script is/will be used by licensed sales agents who will provide Medicare Beneficiaries with information about available Medicare Advantage plans and Medicare Prescription Drug Plans for the Health Plans contracted by [Senior Market Sales/and its downlines]. It can be used as an inbound and outbound script with the necessary additions for each.

The script will review the following information as outlined below:

1. Introduction
    1. Inbound calls
    2. Outbound calls.
    3. TPMO disclaimer.
    4. Federal Contracting Statement.
2. Collection of basic information
    1. Healthcare Decision/Power of Attorney.
3. Scope of Appointment
4. Qualifications Section
    1. Eligibility
    2. Permanent address/collection of phone/email
    3. Other coverage
    4. Election periods
5. NEADS Analysis
    1. Plan Suitability
    2. Pre-Enrollment Checklist.
6. Selling Process
    1. Available Plans/Suitability.
    2. Plan Presentation.
7. Transition to Enrollment.
    1. Inbound.
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    3. Enrollment options.
8. Enrollment.
    1. Recap plan and confirm desire to proceed
    2. Next Steps

3. Plan Requirements/Disclosures
4. Presentation of Benefits and understanding
5. Complete application.

9. Closing the call

Section 1: Introduction.

1.1 Introduction: Inbound calls

- *"Thank you for calling [agency partner name]. My name is [First and Last Name]. I am a licensed sales agent on a recorded line. Who do I have the pleasure of speaking with?"* **(Agent to wait for caller to respond).**
- *"How may I help you today?"* **(Agent to acknowledge the inquiry if the caller would like to learn about Medicare plan options and your willingness to assist by stating):** *"I'll be happy to help you with that. In order to provide you information about the plans available in your area, may I have your zip code, county and state?"* **(Agent must obtain this information to view plans in the area)**
- Probe further to determine if the call is a sales call.
    - **If Sales call move to Section 1.3 Introduction: TPMO disclaimer.**
    - **If not a sales call (claims, billing, etc.), do not continue to probe for sales opportunity, but connect them with the appropriate area stating the following:** [*"I'm sorry but you've reached the sales department. Let me transfer you to [Dept.] where they can help you."]*

1.2 Introduction: Outbound Calls

(For use when making outbound calls only to those who have responded to a lead - either online or via a BRC – requesting and providing permission for a call about Medicare plans. For outbound calls, the Agent must have a valid PTC or BRC already completed by the beneficiary, as well as a completed SOA, dated at least 48 hours prior to the outbound call/appointment.)

- *"Hi, may I please speak with [First Name]? "*(If beneficiary is not available, advise you will call back)
- (When beneficiary is on the line)" *Hello, this is [Agent First and Last Name Name], and I am a Licensed Sales Agent with [Agency Name] on a recorded line. I am calling today in response to your request for Medicare plan information [in your voice mail/through the mail or form on our website]."*
- (If agent does not have beneficiaries zip code) *"In order to provide you information about the plans available in your area, may I have your zip code, county and state?"* **(Agent must obtain this information to view plans in the area).**
    - **After collecting information move to *Section 1.3. Introduction: TPMO disclaimer.***

1.3 Introduction: TPMO disclaimer

(Important Agent Note: Per CMS Final Rule regulations, one of the following revised versions of the TPMO disclaimer must be read verbatim within the first minute of the call. The disclaimer must note

the number of organizations and plans/products in the caller's area; therefore, the agency must have an automated process in place to identify the caller's area or the agent must ask for zip code prior to reading the versioned/specific disclaimer.)

- **(If a TPMO DOES NOT sell for all MA organizations and/or Part D sponsors in the service area the disclaimer consists of the statement:**
    - *"We do not offer every plan available in your area. Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options."*
- **(If the TPMO sells FOR ALL MA organizations and/or Part D sponsors in the service area the disclaimer consists of the statement:)**
    - *''Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. You can always contact Medicare.gov, 1800–MEDICARE, or your local State Health Insurance Program (SHIP) for help with plan choices.''*
- *"Just so you know who you are speaking with, and how we can help you find a Medicare plan with the benefits you are looking for, let me tell you a little bit about [Agency Name]."*
    - [*Agency Name]* is not a government agency or an insurance company and I am licensed to sell Medicare plans in the state of [*CLIENT STATE]*. My goal is to help educate you on your options, we will review what your goals are for coverage and what benefits are most important to you. I may ask a few questions to determine your eligibility you do not have to provide any health information unless it's used to determine enrollment eligibility. Reviewing plan options with me will not impact your current or future Medicare status nor will you be automatically enrolled in to a plan. If we find a plan that you feel better fits your needs and you are ready and eligible to enroll in that plan, I can help you get enrolled into it today, so you can start using your benefits after the application is approved and the plan is effective. **Go to 1.4 Introduction: Federal Contracting Statement.**

1.4 Introduction: Federal Contracting Statement.

- *"Plans are insured or covered by a Medicare Advantage (HMO, PPO, PFFS) organization with a Medicare contract and/or a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare."* ***Go to Section 2: Collection of basic Info.***

2. Collection of basic information.

- "*Please know our call will be recorded for quality and training purposes; is it ok if I continue?"* **(Agent Note:. If beneficiary objects, end the call using Section 9. Closing the Call).**
- "*To make sure we have the accurate information, do you mind providing the following information?"* **(Agent Note: Collect this information from the caller, do not read from record. This information is voluntary, and if the caller does not wish to provide, then agent must move forward).**

- *"May I have your First and Last Name?"*
- **Phone number**: *"In case we get disconnected during this call, may I have a phone number to call you back?"* **(Permission is for one time use only)**

2.1 Healthcare Decisions/Power of Attorney.

- "*Are you interested in discussing Medicare options for yourself or for someone else, such as a family member, guardian or someone that you are authorized to make decisions for*?"
    - If calling on behalf of someone else, skip to 1a.
    - If self, ask "*Do you usually have help making your healthcare decisions*?"
        - If NO, prospective says they make their own healthcare decisions, continue to next qualifier question. **(Agent note: Even if the beneficiary indicates they do not have a guardian or POA, throughout the call, be sure to be on the lookout for competency issues or other statements or questions that indicate that the individual generally consults with others to make this type of decision. If so, and even if that individual is not the POA, follow scripting below to invite the person to join the call). For example. If the member indicates another family member helps them with DR appointments, getting prescriptions, etc. the agent should clarify if that person is the POA and a part of the member's decision-making process.)**
        - If yes: "*Would you like to have that person on this call to help discuss plans today*?"
            1. If yes: "*Are they available now or should we discuss at a later time when they are available*?"
                a. If available and person joins the call, ask: "*Are you the legal representative or someone who is legally able to act on behalf of the beneficiary? For example, do you have a durable Power of Attorney or court appointed guardianship that allows you to make medical and insurance decisions for them?* "
                    i. If yes, "*Ok, may I have your name, and what is your relationship to the beneficiary? Are you the legal representative or someone who is legally authorized to act on behalf of the beneficiary under the applicable state law? And can you provide written documentation evidencing your authority if requested by CMS? For example, do you have a durable Power of Attorney, or a court appointed guardianship*?"
                    ii. If no, "*Okay, great. You can both stay on the line, and we can continue our conversation, but if [beneficiary name] decides to enroll in a plan today, he/she will need to remain on the call and complete the enrollment himself/herself."*
                    iii. If no (for someone else), "*Ok, no problem. I can give you general information about the Medicare plans, but we'll*

need to bring them on the phone if they decide they want to enroll, ok?"

2. If no: "*We will be shopping for Medicare plans and the plan you select could change your health insurance coverage. If [person] helps you make healthcare decisions, are you sure you would not like [him/her] on the line to help you decide what is best for you*?"
    a. If yes, "*Ok, no problem. I can give you general information about the Medicare plans, but we'll need to bring them on the phone if you decide you want to enroll. Would you like to continue or reschedule when they can be available?"*
        i. If wants to have person on the line, offer to set a call back or an appointment for a time in which the other person will be able to be on the call.
    b. If no, "*Are you sure you would not like [him/her] on the line to help you decide what is best for you?*"
        i. If does not want person on the line, continue. **Agent Note**: Even if the beneficiary does not want the person on the call, agent should keep this in consideration throughout the call, and ensure the beneficiary has time/opportunity to consult with the individual prior to enrolling.

3. Scope of appointment.

(Agent Note: For outbound calls, the Agent must have a valid PTC or BRC already completed by the beneficiary, as well as a completed SOA, dated at least 48 hours prior to the outbound call/appointment.)

- *"I work for [Agency Name], and in your area, we have a wide variety of plans such as* **(Agent to list out all product types available).** *[Medicare Advantage plans, Medicare Advantage Prescription Drug plans, Stand-alone Prescription Drug plans, Medicare Supplements Insurance Plans, Optional Supplemental Benefits (OSBs), Stand-Alone Vision, Stand-Alone Dental]". "Would you like to discuss all of these options or are you only interested in certain ones?"* **(Must wait for an affirmative response and proceed accordingly based on beneficiary's choice).** *"I can give you a brief overview of each of these plans, then you can decide which plan might be best for you based on your needs. Would that be ok?"* **(Agent to wait for response).**
- *"This conversation has no effect on your current or future health coverage unless you enroll in a plan today. Talking to me does not obligate you to enroll or automatically enroll you in a plan."* **(An affirmative response is required). Inform caller of available plans in the area (mention ALL that are available). Go to Section 4**

Section 4: Qualifications

4.1 Qualifications: Eligibility- Medicare A&B, Medicaid/Extra Help.

"Before we continue, I have a few qualifying questions to ensure you are eligible for the types of plans available in your area. These questions are optional to answer, however they will help me determine what type of plan may be right for your needs."

Medicare:

- *"Do you have or will soon have Medicare Parts A and B?"* (**Agent Note**: follow your own agency's leadership direction for direction of "soon" generally within next three months.)
    - **If yes, go to next qualifier.**
- **If no Medicare soon, state**: "*I'm sorry, but right now you don't qualify for a Medicare health plan. Please give us a call back approximately three months prior to your Medicare benefits becoming effective."* **Go to Section 9: Closing the Call**.
- **If only has Part A or B, state:** *"I'm sorry, but right now you don't qualify for a Medicare health plan. But you may qualify for a Part D plan which only requires Medicare Part A and/or B."* **Go to the next qualifier.**

Medicaid/Extra Help:

- Are you currently receiving any assistance with your Part B premium **(Medicaid),** or Extra-Help? **(Which helps pay for prescription coverage)**"
    - **If YES to Medicaid:** "Medicaid can help you pay for costs and services that Medicare does not cover. Medicare is the primary payer and Medicaid pays second.]" **Go to 4.3**
    - **If no**: You may be able to get extra help to pay for your prescription drug premium and costs. To see if you qualify for extra help call 1-800-Medicare (1-800-633-4227). TTY or TDD users call 877-486-204, 24 hours a day/7 days a week or call the Social Security Office at 1-800-772-1213 between 7am and 7pm, Monday through Friday. TTY or TDD users should call 1-800-325-0778 or call your state medical assistance/Medicaid office. **Go to 4.3**

4.2 Qualifications: Permanent Residence, Permission to contact.

Permanent Residence:

- "*Do you mind sharing your permanent home address?"*
    - **(Agent Note: If caller doesn't want to provide, must move forward without it. If caller is unsure, it would be the address on file with Social Security Administration, the state where they pay taxes, where they are registered to vote, etc.)**

Contact information/Permission to contact:

- **Phone:** "*Would you like to provide your phone number so we can contact you in the future? This is optional."*
    - Agent to read TCPA Disclaimer: "*Does [Agency name] have permission to have a licensed sales agent contact you in the future about plan information and your Medicare enrollment options? Your consent is voluntary and allows us to contact you via text messaging or automatic dialing. You may contact us to change your preferences at any time. Changing your preferences will not affect your eligibility for enrollment or benefits of plans in your area. Data use charges and rates from your cellular carrier may apply"* **(Agent Note: If permission is given, agent to confirm phone number. If not, need to document and follow agency's procedures for adding caller to DNC list).**

- **Email:** "*Would you like to provide an email address that we can use to contact you? This is the fastest and easiest way for us to send you information, but this is optional, and you can opt-out of the messages at any time. The email would be used to contact you as an alternate line of communication with updates to plan details or marketing information*." **Go to 4.4**

4.3 Qualifications: Other coverages.

- "*Would you like to tell us if you are you a veteran*?" **(Agent Note: If a Veteran, thank them for their service.)**
- "*Do you have other coverage currently such as an Employer, Individual Major Medical, Employer Group Medicare plan, retirement benefits for healthcare, VA benefits or Tricare for Life/ChampVA?"*
    - If no, continue to next Qualifier section.
    - If yes, probe to determine.
    - If employer, inquire if they will be retiring or losing that coverage and proceed if appropriate.
    - If individual, ask if they will be ending that coverage to prevent duplication of coverage.
    - *"Are you currently employed?"* (yes or no)
    - *"Are you or a family member/spouse receiving health insurance through an employer or union*?" (yes or no)
    - If answer is No, "*Are you, or a family member/spouse, eligible to receive retiree health insurance through a former employer or union*?"
    - If yes, "*Enrolling in a Medicare Advantage Plan with Drug coverage or a Medicare Prescription Drug plan may impact your ability to keep your Union Medical or Drug coverage. You may want to talk with your Union before proceeding with enrollment to learn if enrolling in this plan will impact your current Union Medical or Drug Plan."*
    - If yes, refer the caller to the applicable agency and go to 'Closing the Call'.
    - If VA benefits, discuss use of VA facility (or not) to determine type of plan that may or may not be needed. "*VA Healthcare and Medicare Advantage are separate. VA*

Healthcare cannot bill Medicare Advantage and Medicare Advantage cannot bill the VA. Having a Medicare Advantage plan will not disrupt VA healthcare services. An MA plan may be helpful to consider for those with VA as it would allow access to additional civilian providers within the MA plan network". (**Agent Note:** VA Healthcare benefits are different from Tricare for Life and ChampVA.

- If Tricare for Life or ChampVA, explain that "*benefits with Tricare for Life or ChampVA are generally more comprehensive than most other types of coverage available*", using the detailed information below. Agent should explain to the beneficiary that "*enrolling in a plan will affect their Tricare or ChampVA*, i.e. how the claims will pay differently and require coordination by the beneficiary and their provider, Tricare/ChampVA will become the secondary insurance if an MA/MAPD plan is selected, the beneficiary will be limited to the network of providers on the MA/MAPD vs. Tricare where they can use any provider that accepts Original Medicare, the MA/MAPD plan cannot only be utilized for additional benefits like dental or hearing. Therefore, while they can enroll in an MA/MAPD plan, it's not recommended."
- After explaining the issues, ask the beneficiary, "*Do you still wish to proceed with this call to learn about MA/MAPD options*?"
    - If yes, proceed to 4.5 Qualifications: Enrollment period.
    - If no, go to 'Closing the Call'.

(Agent Note/Background on Tricare for Life)

- Coverage for retired military and spouses who are on Medicare
- Coordinates seamlessly with Original Medicare
- Includes drug coverage without a coverage gap; coverage in general is likely to be more comprehensive than what is covered under a Medicare Advantage Prescription Drug Plan
- Tricare for Life beneficiaries have the option of purchasing standalone dental and/or vision coverage via the Federal Employees Dental and Vision Insurance Program ("FEDVIP")
- Enrolling in a Medicare Advantage plan is not recommended for Tricare for Life beneficiaries, because
    - Tricare for Life coverage is more comprehensive than what is offered under Medicare Advantage plans because it has no network requirements, and no out-of-pocket costs
    - Tricare for Life becomes secondary to the Medicare Advantage plan
    - An MA plan will require out-of-pocket payment of deductibles/copayments, and members will have to use the MA plan's network; and
    - Tricare for Life and MA plans do not coordinate benefits, so the member would be required to coordinate billing on their own, and it will complicate the claims process

(Agent Note/Background on Champ VA)

- Healthcare for the spouse or child of a 100% disabled or deceased Veteran
- Coordinates seamlessly with Original Medicare

- Includes drug coverage
- CHAMPVA beneficiaries have the option of purchasing standalone dental coverage through the VA Dental Insurance Program ("VADIP")
- Enrolling in a Medicare Advantage plan is not recommended for CHAMPVA beneficiaries, because
    - CHAMPVA coverage is more comprehensive than what is offered under Medicare Advantage plans because it has no network requirements, and no out-of-pocket costs
    - CHAMPVA becomes secondary to the Medicare Advantage plan
    - An MA plan will require out-of-pocket payment of deductibles/copayments, and members will have to use the MA plan's network; and
- CHAMPVA and MA plans do not coordinate benefits, so the member would be required to coordinate billing on their own, and it will complicate the claims process.

4.4 Qualifications: Election Period.

- Is this call taking place during AEP [10/15 through 12/7/2023?
    - **If during AEP**, probe to determine if eligible for other election periods (IEP/ICEP or SEP) and if so, determine if the beneficiary desires an effective date earlier than January 1:
        - **If yes:** determine the election period to which the beneficiary qualifies.
        - **If no**: continue with the call.

- **If NOT during AEP, state**: "*Since we are currently outside the Medicare Advantage & Prescription Drug Plan Annual Enrollment Period, which run from October 15th to December 7th and the Open Enrollment Period from January 1st to March 31st each year, you will need to have a Special Election Period (SEP) in order to qualify for a Medicare Advantage or Prescription Drug Plan. There are several election periods for which you may qualify, based on your circumstances. I want to ask a few questions to determine if you are eligible to enroll today, ok?"* (Refer to Medicare Managed Care Manual Chapter 2 - Medicare Advantage Enrollment and Disenrollment, Section 30.4 - Special Election Period (SEP))

- Does the caller qualify for an election period now? **Ask the following questions until you receive a "Yes" response. Once you receive a "Yes", educate the caller about the relevant SEP, for example if SEP MOV, advise you have one month before and two months after to complete your enrollment. Then continue.**
    - *"Are you new to Medicare*?" (ICEP-Initial Coverage Election Period)
    - "*Are you enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP)*?"

- "*Have you recently moved outside of your plan's service area, or have you moved, and this plan is a new option? If yes, what was the date*?"
- *"Have you recently been released from incarceration? If yes, what was the date?"*
- *"Have you recently returned to the United States after living permanently outside of the United States? If yes, what was the date?"*
- *"Have you recently obtained lawful presence status in the United States? If yes, what date did you obtain this status?"*
- *"Have you recently had a change in your Medicaid (new to Medicaid, had a change in level of Medicaid assistance, or lost Medicaid)? If yes, what date was this change?"*
- *"Have you recently had a change in your Extra Help paying for Medicare prescription drug coverage (newly received Extra Help, had a change in the level of Extra Help, or lost Extra Help)? If yes, what date was this change?"*
- *"Do you have both Medicare and Medicaid or is your state helping to pay for Medicare premiums or do you get Extra Help paying for your Medicare prescription drug coverage, but you haven't had a change?"*
- *"Are you moving into, live in, or recently moved out of a Long Term Care Facility (example, nursing home)? If yes, as of what date?"*
- *"Have you recently left a Program of All-Inclusive Care for the Elderly (PACE)? If yes, when did you leave?"*
- *"Have you recently involuntarily lost creditable prescription drug coverage (as good as Medicare's)? If yes, what was the date?"*
- *"Are you losing or leaving coverage you had from an employer or union? If yes, what was the date?"*
- *"Do you belong to a pharmacy assistance program provided by your state?"*
- *"Were you enrolled in a plan by Medicare (or your state) and you want to choose a different plan? If yes, what date did your enrollment in that plan start on?"*
- *"Is your plan ending its contract with Medicare or is Medicare ending its contract with your plan?"*
- *"I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster."*
- *"I'm in a plan that's had a star rating of less than 3 stars for the last 3 years. I want to join a plan with a star rating of 3 stars or higher."*
- *"I'm in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan."*
- *"Were you enrolled in a Special Needs Plan but have lost the Special Needs qualification requirement to be in that plan? If yes, when?"*
- *"If none of these statements applies to you, is there another reason you believe you may be eligible to enroll?"*

- **If SEP is determined, state:** "*Based on the information you've provided, it appears you do qualify for an election period to enroll now*."

- Continue with the call.

- **If SEP is NOT determined, state:** "*I'm sorry but at this time it does not appear that you qualify for a special election period to enroll in a plan now. The Annual Enrollment Period is from October 15 through December 7 when you can change plans. Please feel free to contact us once the Annual Enrollment Period begins.*"
  - **Go to Section 9: Closing the Call.**

- **Required Privacy disclaimer:** "*Please be aware that you are not required to give any health-related information unless it will be used to determine your enrollment eligibility in the plan. If you choose not to provide the health information that is necessary to determine enrollment eligibility, then you may not be able to enroll.*" ***Go to section 5: NEADs Analysis***

Section 5: NEADs Analysis.

5.1 NEADs Analysis: Plan Suitability.

(Agent Note: The purpose of the suitability assessment is to determine plan appropriateness and help the beneficiary to select the plan best suited for their needs. Although you are providing guidance, ultimately the beneficiary must decide which plan, if any, is right for them. Assess their situation through a needs/NEADS analysis. A thorough Needs Analysis must always be performed to ensure you are helping the beneficiary pick the plan that will best meet their needs. Probing questions should be limited to determining what factors are important to the beneficiary (examples are below).

NEADS Analysis Questions.

- "*I am going to ask you some optional questions to help determine the plans best suited for your needs.*"
  - *"What is your current coverage for health? RX, dental, and vision?"*
  - *"Who is your current primary care physician*?" This information is crucial to properly communicate to the beneficiary whether their PCP is in or out of network. If out of network, explain that they will need to choose new ones or pay out of pocket.
  - "*Do you see any specialists? If so, who*?" Just like the PCP, specialists are very important and should also be assessed for whether they are in or out of network. If out of network, explain that they will need to choose new ones or pay out of pocket.
  - "*What medications do you take regularly*?" This information is crucial to properly determine coverage and potential cost impact to the beneficiary.
  - "*What do you pay for each*?" Quantify per month and year.
  - "*What do you enjoy about your current coverage? Any benefits, doctors, hospitals, cost or other feature preferences?*"
  - "*What would you add or alter to have coverage you'd like even more?"*
  - *"What are you hoping to gain by changing your coverage arrangement?"*
  - *"Is anything more important to you – like health vs Rx benefits?"*
  - *"Any preference for plan types, like HMO or PPO?"*
  - *"Is travel or living elsewhere at times part of your lifestyle?"*

5.2 NEADs Analysis: Pre Enrollment Checklist.

- CMS regulations require that agents ensure that, prior to an enrollment, CMS' required questions and topics regarding beneficiary needs in a health plan choice are fully discussed. Topics include:
    - Information regarding primary care providers and specialists (whether or not the beneficiary's current providers are in the plan's network)
    - Prescription drug coverage and costs (including whether or not the beneficiary's current prescriptions are covered)
    - Costs of health care services
    - Premiums (Plan premium amount monthly, quarterly, annually and Part B premium)
    -
    - Benefits
    - Specific health care needs such as durable medical equipment or physical therapy
- Agent to provide recap/Summary: "*I'll summarize my notes for you. Did we get it all? What else should we add to have a complete picture*?"

Available Plans Disclaimers.
(Agent Note: Must read the following disclaimers as appropriate for the types of plans available in the area)

- If Special Needs Plan(s) are available in the caller's area, before discussing, state:
    - "In your area we *do offer [Chronic Care and/or Dual Eligible] Special Needs Plan(s). These are plans specifically designed for anyone who:"*
        - **(If Chronic Care SNP is available:)** *"Has been diagnosed with [list conditions of available CC SNPs such as, Diabetes, Cardiovascular Disease, etc.]. Would you like to hear more about this plan?"*
        - **(If Dual Eligible SNP is available:)** *"Has both Medicare and Medicaid. Would you like to hear more about this plan?"*

Section 6: Selling Process.

6.1 Selling Process: Available Plans.

(Agent note: Determine if there is a suitable plan for the beneficiary based upon a full NEADS analysis. The agent needs to compare all plans that may be in the best interest of the beneficiary, unless the beneficiary specifically states that they only want a particular plan)

- **If there is a suitable option, state:**

- *"Based on your needs, the [plan name(s)] seem(s) like a good option for you."* **(Agent note: explain why the plan(s) seem like the best fit for their needs. For example, if low premiums and prescription coverage are important, explain that these are features of the plan(s) you're suggesting.)**
- Then ask if they'd like to hear more details about the plan(s).
  - If yes, continue.
  - If no, probe further and then continue.

- **If there is no suitable option** (i.e., because of their area, current coverage exceeds coverage options available, etc.), **state the following**:
  - "*Based on the information you have provided, it appears that we may not have a plan that will work for you."* **(Agent note: explain to the caller why you believe there may not be a suitable plan.)**
    - If the caller does not agree and wishes to continue discussing Medicare plans, continue through the script.
    - If the caller agrees that there is not a suitable plan for the caller, go to the 'Closing the Call'
- **DURING AEP**: if discussing a plan that will NOT be renewing for the upcoming plan year for a beneficiary with IEP/ICEP or SEP for current plan year, state {verbatim}:
  - *"[Carrier name, plan type, contract/PBP number] will not be available in this area effective January. You may choose to enroll in the plan, but the coverage will automatically end on December 31. You are entitled to enroll into a new Medicare Advantage or Prescription Drug plan between October 15th and the end of February. However, if you want the new plan to be effective January 1st, your completed application must be submitted and received by December 31st. If you do not enroll into a Medicare Advantage or Prescription Drug plan by December 31st, you will be disenrolled from your current plan and only have Original Medicare as of January 1st."*

6.2 Selling Process: Plan Presentation.

(Agent Note: Before your presentation, determine if the plan of interest a stand-alone PDP plan or Medicare Advantage plan. Agents should not discourage benefit and coverage review)

- **If MA/MAPD plan:** Review the plan(s) of interest by providing information on the plan (Agent can read from the Evidence of Coverage or Summary of Benefits, especially for those services for which you routinely see a doctor)
  - Ensure agent offers to review provider network status and all medication coverage.
  - Premium (Plan premium amount monthly, quarterly, annually and Part B premium). If applicable review current premium vs. another plan premium
  -
  - Part B premium reduction (If applicable)
  - Medical deductible (If applicable)
  - Part B deductible (If applicable)

- Pharmacy (Part D) deductible and tiers it applies to (If applicable)
- In Network Benefits (and out of network if PPO/PFFS plans) copays and coinsurances for:
- Acute Inpatient Hospital Care
    - Hospital Care
    - Doctor Office Visits (if you have not done so, offer to look up any providers and prescriptions. If they decline the offer to look up their prescriptions, remind them "*I suggest if you do have prescriptions, we look them up since, it is important to ensure they would be covered on the plan you select, to have an idea of the costs. We can also do this later in the process, prior to enrollment, if you prefer.*")
    - Primary care provider (PCP)
    - Specialists
    - Must include inpatient and outpatient Mental Health services
    - Preventive care
    - Emergency room (including the explanation)
    - Urgently needed services (including the definition)
- The Agent should then inquire as to whether the beneficiary is interested in reviewing any other benefits included in the EOC or SOB.
- Upon request from the beneficiary, additional benefits should be reviewed:
    - Dental Benefits
    - Vision Benefits
    - Hearing Benefits
    - Podiatry Benefits
    - Chiropractic Benefits
    - Medical Equipment Benefits
    - Rehabilitation Benefits
    - Coverage Gap/Catastrophic Coverage
    - Maximum out-of-pocket (MOOP) both in and out-of-Network (OON)
- Review the right to cancel this enrollment and the specific date through which cancellation may occur.

- If stand-alone PDP plan:
    - Are there MAPD plans in their area that seem like they may meet their needs?
    - If no, state: *"I will be happy to go over the benefits our PDP plans offer with you in more detail."* Review the following: Monthly Premium and plan stages including any Rx deductible, tiers, and cost-shares (at least for 30-day retail), coverage gap and catastrophic level. Offer to lookup any medications to determine coverage under the plan. If they decline the offer to look up their prescriptions, remind them "*I suggest we look them up since, it is possible they may not be covered or require prior authorization and may lead to higher than expected out of pocket costs*."
    - If yes, review the advantages of a MAPD plan. For example, *"I will be happy to review our PDP plans with you. We also have plans in your area called Medicare Advantage*

Prescription Drug plans which combine both medical and prescription drug coverage. Do you mind me asking what you have in place for medical coverage? May I tell you more about our Medicare Advantage plans to see if we have anything that meets all of your needs?"

- If yes, compare the premiums of a PDP and the MAPD plans in their area. If the caller has medical coverage other than Medicare and tells you how much they pay for their premium, add the cost of their premium to what our PDP premium would be and compare that total to the premium of our MAPD plans in their area.
- If no, continue with PDP plan discussion.

- Explain the potential effect that enrolling in this plan will have on other, current coverage, which may in some cases mean that the individual is disenrolled from the beneficiary's current health coverage (e.g., another MA plan, Medigap)
- Explain that plan operates on a calendar year basis, so benefits may change on January 1 of the following year.
- Explain that Evidence of Coverage provides all of the costs, benefits, and rules for the plan.
- Review how to file a complaint.
- Ask the caller if they have any questions or if they'd like to discuss any other specific benefits of the plan in more detail.
  - If yes, answer questions and/or provide the plan details as requested and then continue. **(Agent Note: The prompt to provide other plan details may be indirect, such as a member telling you they need oxygen or transportation. If additional benefits are reviewed, all limitations should be reviewed as well, such as allowances and frequencies on services for dental or vision.)**
  - **If no**
    - *"Mr./Ms. [beneficiary name], if you are ready to enroll today, we will now move to the enrollment process."*
    - *As a reminder I would like to let you know you have the right to cancel this enrollment at any time before the plan proposed effective date.* **continue to Section 7: Transition to Enrollment.**

Section 7: Transition to Enrollment.

"Mr./Ms. , if you are ready to enroll today, we will now move to the enrollment process."

7.1 Transition to Enrollment: Inbound call.

- **For Inbound Calls read:** *"I can enroll you today over the telephone in this [plan name]. Enrolling in this plan today will replace the current [clarify existing coverage type] coverage that you have today. Once approved by Medicare, your new [clarify new plan coverage type] plan coverage will begin on [effective date]. Would you like to proceed with enrollment in the selected plan?"*
    - **If no:** probe to answer any additional questions or if beneficiary is not ready to enroll, end call.
    - ***If yes go to Section 8: Telephonic Enrollment.***
    - **If not interested in telephonic enrollment, state**: *"There are other options available for you to enroll."* ***Go to 7.3.***

7.2 Transition to Enrollment: Outbound Call.

- **If Outbound Call read: "***In order to enroll, I will need you to call me back directly since all enrollments must be done on an inbound call. Do you have a pen and paper handy so that I can provide you with the number to call me back?"*
    - *"Great, my number is [XXX-XXX-XXXX]. I will be waiting for your call back to get started. I look forward to talking to you in a few minutes."* **(Agent Note: If the number provided is not a direct-dial line, please be sure to provide your full name at this time as well.)**

- **When inbound call back is received**: *"Thank you for calling [agency partner name]. My name is [First and Last Name]. I am a licensed sales agent. Who do I have the pleasure of speaking with?"* **(Agent to wait for caller to respond)**.
    - *"Please know our call will be recorded for quality and training purposes; is it ok if I continue?"*
        - **If beneficiary objects-** end the call using Section 9: "Close Call"
        - **If yes-** Go to section 8: Telephonic enrollment.

7.3 Transition to Enrollment: Other Enrollment options

(Agent Note: The below for various enrollment options available based your agency's direction. Agent to only use option(s) that are approved for use by your agency's leadership.)

Option 1: Appointment:

- "We can make an appointment for [a local licensed sales agent/me] to sit with you in person."
- Ask if there will be anyone else who has Medicare or who will soon have Medicare who will be interested in hearing the Medicare sales presentation.

- Help the beneficiary select a date and time that will meet their needs based on available appointment slots.
- Read the Scope of Appointment (SOA) {verbatim} to any other Medicare beneficiaries who will also be present at the appointment. All Medicare beneficiaries who will be present at the appointment must reply with a clear "yes" in order to mark any Medicare plans on the SOA:
    - Agent to read SOA language listed previously
    - (Agent Note: Wait to receive a YES or NO response. Based on the answer provided, select the appropriate option in the system.)
    - "Agreeing to this meeting does not affect your current or future Medicare enrollment status, nor will it obligate you to enroll or automatically enroll you in a plan."
    - Document any special instructions in the appointment comment section.
    - Document appointment and product(s) of interest.
- (Agent Note: Ask this consent question (PTC) and state the disclosure {verbatim}.): "Can [a local licensed sales agent/I] follow-up with you afterward? We would like to ensure you have all the information you need and to answer any other questions you may have. Your consent is voluntary and allows us to contact you via text messaging or automatic dialing. You may contact us to change your preferences at any time. Changing your preferences will not affect your eligibility for [Carrier name] enrollment or benefits. Data use charges and rates from your cellular carrier may apply."
- Go to the 'Closing the Call'.

Option 2: Send Text Message Link. (AGENT NOTE)Agent can send a text message to the beneficiary with a link for them to access and instruct beneficiary to self-enroll online. If this option is chosen, it must be an approved method by the agency. The agency partners are responsible for creating and submitting their own standardized text message verbiage, which is required to be submitted to Humana, reviewed, and approved prior to use.)

- "*I can text you a link for you to access the plan information, and you can then complete the enrollment for yourself. I can help you walk through that process, if you would like? Is the phone number you provided previously [insert phone number] the number I should use to send you a link to the plan's benefits*?"
- If no: "*What is your mobile phone number?* _____"
- "*Is it ok if I send you a text message? Standard text messaging and data rates may apply*." One time consent only.

Option 4: Send Email message link.

(Agent Note: Agent can email the beneficiary a link for them to access and instruct beneficiary to self-enroll online. If this option is chosen, it must be an approved method by the agency. The agency partners are responsible for creating and submitting their own standardized email message verbiage, which is required to be submitted to Humana, reviewed and approved by Humana prior to use.)

- "*I can email you a link for you to access and you can self-enroll on our website*."
- Agent to gather email and send link to beneficiary.

- (If beneficiary does not want to enroll today- agent should ask to setup a future appointment) "*Mr./Ms. [beneficiary name], If you would like, we can schedule an appointment for you [with a local licensed sales agent who/so we] can review plan options [in person, virtual (i.e. WebEx, zoom), phone call]. What date and time would be convenient for you*?"

Section 8: Telephonic Enrollment.

8.1 Telephonic Enrollment: Recap plan and confirm desire to proceed

- *"Based on what we have discussed, it sounds like you are interested in [plan name, type and contract number with PBP]. Is that correct?"*
    - If yes: "*Great! Let me tell you what we need to do next"* **continue to 8.2.**
    - If no, answer any questions, review other plans and/or reiterate other available options such as appointment and seminar (if available).
        - If yes: "*Great! Let me tell you what we need to do next"* **continue to 8.2**

8.2 Telephonic Enrollment: Next steps.

- *"Before making an enrollment decision, it is important that you fully understand the plan's benefits and rules. I will cover the plan requirements (disclosures), review the Pre-enrollment checklist and the Summary of Benefits and answer any questions you have. The pre-enrollment checklist, can also be reviewed on [carrier's name] website.***" (Agent Note: The Pre-Enrollment Checklist has been updated to include an additional item regarding effect on current coverage. Per CMS regulations, the Agent is required to discuss all items on the Pre-Enrollment Checklist with the beneficiary prior to enrollment, including what the impact will be on their current coverage based on the plan they are planning to enroll in.)**

- Effect on current Coverage:
  "If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use."

- *"If you are ready to enroll, then we will fill out the application and process your signature. Once we complete the signature, I will give you the application number for reference, tell you when to expect materials in the mail and provide you with our Customer Service number for your reference."*

- *Do you have any other questions about benefits or how the plan works before we get started?*

- *If no:* **continue to 8.3**
- *If yes: answer questions then* **continue to 8.3**

8.3 Telephonic Enrollment: Plan Requirements/Disclosures.

(Agent Note: Agent must read- verbatim as applicable by plan type.)

- Medicare eligibility/Part B premium/Federal Contracting statement:
  - *"[Carrier Name] is a Medicare Advantage organization with a Medicare contract. Enrollment depends on contract renewal.* [[*Carrier name] is also a Coordinated Care plan with a Medicare contract and a contract with the [state] Medicaid program.] You must keep both Hospital Medicare (Part A) and/or Medical (Part B) to stay in [plan name]. You must continue to pay your Medicare Part B premium. You can only be in one Medicare Advantage plan at a time and enrollment in this plan will automatically end your enrollment in another Medicare heath or prescription drug plan. A [Carrier Name] Medicare Advantage plan is NOT Medicare Supplement insurance*."
- **PDP**: *"[Carrier Name] is a stand-alone PDP drug plan and has a contract with a Medicare contract. Enrollment depends on contract renewal. You must keep both Hospital (Part A) and Medical (Part B) to stay in [plan name]. Enrollment in this plan will automatically end your enrollment in another Medicare health or prescription drug plan. This coverage is in addition to your coverage under Medicare.*"

- **MAPD Part D Statement:** "*This [Carrier Name] plan has Part D coverage built in." You must use network pharmacies to use your prescription drug benefit, except under non-routine circumstances. Quantity limitations and restrictions may apply."*

- **MAPD/PDP Pharmacy statement**: "*You can only be in one Medicare prescription drug plan at a time."*

- **Benefit Listing (MA/MAPD/PDP):** "*Benefits, premiums and/or copayments/coinsurance may change on January 1 [year]. This information is not a complete description of benefits. Review the full list of benefits found in the Evidence of Coverage (EOC)."*

- **HMO:** "*You must use participating providers except in an emergency otherwise you will be responsible for the costs."*

- **HMO CC-SNP:** "*You must use participating providers except in an emergency otherwise you will be responsible for the costs. Your ability to enroll into this special needs plan is based on physician verification that you have the qualifying medical condition(s)."*

- **DE-SNP:** "*Non-contracted/out-of-network providers are not obligated to treat you except for emergency or urgently needed services otherwise you may be responsible for the costs. Your*

ability to enroll in this special needs plan is based on verification that you are entitled to both Medicare and the qualifying level of Medicaid."

  - **If Florida DE-SNP,** also state: *"This plan is sponsored by [Carrier name] and the State of Florida Agency For Health Care Administration."*
  - **If Tennessee DE-SNP**, also state: "*TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Any reference to more, extra, or additional Medicare benefits, is applicable to Medicare only and does not indicate increased Medicaid benefits."*

- **PPO, POS or PFFS:** *"Out-of-network/non-contracted providers are under no obligation to treat [Plan/Part D sponsor] members, except in emergency situations. Please call the plan's customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services."*

- **Late Enrollment and Pharmacy (MAPD/PDP):** *"If you have not had Medicare prescription drug coverage, or creditable coverage as good as Medicare's, you may have to pay a late enrollment penalty in addition to your premium for Medicare prescription drug coverage. Additionally, we can review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions."*

- ***[Medicare Advantage/Prescription Drug Plan]*** *organizations are evaluated yearly by Medicare. The ratings are based on a five-star rating system. You can access the Stars Ratings document and the Summary of Benefits at [website address].*

- **Privacy disclaimer {verbatim}:** *"By joining this [Medicare Advantage Plan/Prescription Drug Plan], I acknowledge that [Plan Name] will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan."*

- **Agent Compensation:** If you receive help from a sales agent, broker, or other person employed by or contracted with [Carrier name], he or she may be paid based on your enrollment in [Carrier name].

- **Right to appeal:** Once a member of [**Plan Name**], [you/they] have the right to appeal plan decisions about payment of benefits or coverage of services if [you/they] disagree. [You/They] will read the Evidence of Coverage document from [**Plan Name**] when [you/they] get it to know which rules [you/they] must follow to get coverage with this plan. You understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border**.**

- **Accurate information:** The information on this enrollment form is correct to the best of your knowledge. You understand that if [you/they] intentionally provide false information on this form, [you/they] will be disenrolled from the plan.

- *Do you have any other questions before we get started?*

    - *If no:* **continue to 8.4**
    - *If yes: answer questions then* **continue to 8.4**

8.4 Telephonic Enrollment: Presentation of Benefits and understanding.

(Agent Note: At this time you will complete pre enrollment check list, review summary of benefits and collect understanding that consumer knows how the plan works.)

- Review the Presentation of Benefits (Summary of Benefits) and answer any questions.
    - If available, describe any Optional Supplemental Benefits (OSBs) to determine if they would like to add them to their Medicare Advantage plan during the enrollment**. (Agent Note: OSBs can be added to a Medicare Advantage plan at any time during the year and would be effective on the first day of the upcoming month following their addition to the plan.)**
- Confirm plan understanding: "*Do you understand how the plan works?"*
    - If yes, proceed to next.
    - If no, answer any questions before proceeding.

- Confirm understanding of important rules: *"Do you understand and agree with the statements you have heard so far?"*
    - If yes, proceed to next.
    - If no, answer any questions before proceeding.

- Evidence of Coverage: The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [insert Plan website] or call [insert plan phone number] to view a copy of the EOC.

- If beneficiary is already a member of an MA or PDP plan: "*Do you understand that enrollment in this plan will disenroll you from your current plan?*
    - If yes, proceed to next.
    - If no: If has any questions or concerns, respond accordingly

- Confirm desire to enroll {verbatim}: "*Are you ready to enroll in [plan name, type and contract number with PBP]?"*
    - If yes**, proceed to 8.5**.

- If no: If has any questions or concerns, respond accordingly.
  - If beneficiary does not have Medicare card or would like to consult with family member or friend, agent to give direct line or agency's toll-free number for beneficiary to call back in at a later time. **Go to Section 9. Close call.**

8.5 Telephonic Enrollment: Complete Application and Signature.

(Agent Note: Agents must complete entire application and read all each applicable disclosure contained in enrollment platform. SMS downlines use either Sunfire, Connecture or LA Pro.

- Fill out the relevant enrollment application in its entirety; ask every question and read disclosures on the application [verbatim]
  - ❖ *[Anthem Applications only]*
    - *When collecting the beneficiaries email address read the following:*
      - "By giving me your email address, you give express permission and will receive all your plan materials and communication via email, including your monthly bill. If you do not provide an email address, you will continue to receive this information via USPS mail."
- Agent to use the approved method of agency partner to capture enrollment signature, either telephonically or electronically, based on the beneficiary's preference.
- Once the signature selection is complete, provide the caller with the following information:
  - *"Your enrollment application has been successfully submitted and the application number is*
  - *[application ID]. [Plan name]'s Customer service number is [phone and TTY]."*
  - "*Do you understand the benefits and conditions of enrollment as they have been explained for the plan [plan name]?"*
  - *"Do you understand that we will release information to Medicare and other plans as is necessary for treatment, payment and healthcare operations?"*
  - *"Do you understand that you are enrolling in the plan [plan name] for a monthly premium of no more than [$ amount]?"*
  - *"The plan's proposed effective date is [effective date], subject to approval by Medicare."*
  - *"You will receive a notice in the mail acknowledging receipt of the enrollment."*
  - *"You should receive plan information from [carrier name] including your member ID card in the mail within [7-10] business days of enrollment, but no later than within [ten] days of the plan effective date. You may also access plan materials online at [carrier's URL address]."*
    - ❖ *[Anthem Enrollments only]*
      - *"To activate certain embedded and Essential Extra benefits, you will need to call Customer Service. Your Customer Service phone number will be in your New Member Guide kit which you will receive in approximately 7 days. In that kit will be your plan Member ID Card. The*

first toll-free number on the back of your Member ID card is the Customer Service number."

- *"If you have any questions about your plan or if your needs change and you want to look at other plan options, please give me a call at [direct callback number].*
- *"* **Go to section 9**

Section 9: Call closing.

- *"It's been a pleasure speaking with you today. If you have any family members or friends that would benefit by speaking with me, please give them my number and I would be happy to assist them too."*
- End the call: "*Thank you for [calling/choosing] [Carrier name] and have a great day!"*