

Medicare Advantage Enrollment Script Inbound and Outbound Enrollments

Step 1 - Introduction

Important: Begin recording the call! The entire call must be recorded.

- Ask the beneficiary the following:
 - “Do you agree to this call being recorded for compliance purposes?”
(Obtain verbal “yes” or “no.”)
- Independent agents or agents associated with an agency or Third-Party Marketing Organization, (TPMO), **the agent must state the following within the first minute of the call:**
 - “Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. You can always contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program for help with plan choices.”
- If agent is captive (i.e., Internal Presbyterian Health Plan agents), **the agent must state the following within the first minute of the call:**
 - “We do not offer every plan available in your area. Currently, we represent Presbyterian Health Plan which offers [insert number of plans] products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program to get information on all of your options.”
- Continue with the following:
 - Ask the beneficiary questions to determine if they are eligible to enroll.
 - Review the benefits and premiums for the plans. All of the following must be reviewed with the beneficiary.
 - Review the beneficiary specific information

Step 1 – Introduction - *continued*

- Determine what kind of health plan does the beneficiary wish to enroll in (such as low premium and higher copay (or vice versa).
- Check to see if beneficiary’s primary care provider specialists, and hospitals are in-network. If not, explain that they will need to choose new ones or pay out of pocket.
- Check to see if the beneficiary’s prescriptions are on the formulary and their pharmacy is in network. If not, explain that they will need to choose a new pharmacy or may have to pay the full price of the prescription.
- Ask the beneficiary if they require hearing, dental, and/or vision coverage.
- Ask the beneficiary if they have any other healthcare needs, such as needing durable medical equipment, physical therapy
- Check to see if the beneficiary’s preferred hospital is in-network. If it is not, explain that they will need to pick a new one.
- Are there other preferred facilities that need to be in-network?
- Does the beneficiary have any other specific health care needs?
- Advise on the right to cancel this enrollment as well as the specific date through which cancellation may occur.
- Review beneficiary cost sharing such as deductibles, copays, and coinsurances. Go over deductible cost, primary care provider copay, specialist copay, inpatient hospital copay, and any other copays for services/items beneficiary needs.
- Discuss the costs/limitations on dental, vision, and hearing.
- Review coverage for out-of-network providers and services (e.g., except in emergency or urgent situations, plan does not cover services by out-of-network providers (i.e., providers who are not listed in the provider directory).

Step 1 – Introduction - *continued*

- Review items only applicable to certain plan types. (Extra Health, LIS, OTC, etc.)
 - Review coverage outside the United States.
 - 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 Medicare Advantage plan, Medigap).
 - Explain that this is not a hearing/dental/vision “rider” but a full Medicare Advantage plan.
 - 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.
 - Review requirement to have Medicaid to qualify for Presbyterian Dual Plus (HMO SNP).
 - Ask the beneficiary if they have any questions regarding the benefits.
- **If beneficiary is ready to enroll, go to Step 2.**

Step 2 - Begin Enrollment

- Read the following based on type of plan:
 - **For Senior Care HMO read the following required Federal Contracting Statement:**

“Presbyterian Senior Care (HMO) plan is a Medicare Advantage plan with a Medicare contract. Enrollment depends on contract renewal.”

Step 2 - Begin Enrollment - *continued*

- **For Dual Plus (HMO D-SNP), read the following required Federal Contracting Statement:**

“Presbyterian Dual Plus is an HMO Special Needs Plan (HMO D-SNP) with a Medicare contract and a contract with the State of New Mexico Human Services Department Medicaid program. Enrollment in the plan depends on contract renewal.”

- Ask the following:
 - “Is this enrollment for yourself? (Obtain a “yes” or “no” answer.)
 - **If no**, “Are you the authorized representative?” (Obtain verbal answer.)
 - “If you are the legal authorized representative, are you able to provide proof upon request by Presbyterian Health Plan or Centers for Medicare & Medicaid Services of this authority?” (Obtain verbal answer.)
 - “Would you like to enroll in the [state the specific plan and/or optional Comprehensive Dental plan]?” (Obtain a “yes” or “no” answer.)
 - If “yes,” state the following:

“By verbally agreeing to enroll, you are giving consent to me (your agent) to submit an application directly to Presbyterian Health Plan on your behalf.”
 - If “no,” end call.
- “Do you understand the benefits we reviewed earlier?”
 - If “yes,” go to **Step 3**.
 - If “no,” use open dialog for further review, then go to **Step 3**.

Step 3 – Enrollment – Online System or Paper Form

- Use an open dialog to complete the required elements on the enrollment form (use either the online system or paper form) for current year and plan requested.
- When required elements are completed, go to **Step 4**.

Step 4 - Paying Your Plan Premium

- **Read the following required statement:**

“If your plan has a premium, you can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, or by having it automatically taken out of your Social Security, Railroad Retirement Board (RRB) benefit or Office of Personnel Management check each month.”
- Go over premiums, including Part B premium, [insert dollar amount] per month/quarter/year. [This only applies if their premium is greater than \$0.]
- **Read the following required statement:**

“If you have to pay a Part D-Income Related Monthly Adjustment Amount (IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB.) Don’t pay Presbyterian [[Senior Care \(HMO\)](#), [Dual Plus \(HMO D- SNP\)](#)] the Part D-IRMAA.”
- When completed, go to **Step 5**.

Step 5 – Statement of Understanding

- **Important:** Each sentence below must be read to the applicant. Pause for verbal agreement after each bullet point.
 - You need to keep your Medicare Parts A and B.

Step 5 – Statement of Understanding - *continued*

- You can only be in one Medicare Advantage or Prescription Drug plan at a time. Your enrollment in this plan may automatically end your enrollment in another Medicare Advantage or Prescription Drug Plan.
- [Presbyterian [Senior Care \(HMO\)](#)]: You understand that Presbyterian Health Plan has worldwide emergency/urgent care services.
- [Presbyterian [Dual Plus \(HMO D-SNP\)](#)]: You understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- To get the lowest costs, you must use in-network providers, with the exception of emergency or urgently needed care. If your plan does **not** have out-of-network coverage, you can only use in-network providers.
- You have the right to appeal plan decisions about payment or services if you disagree.
- We will release your information to Medicare, only as necessary, for treatment, payment, and healthcare operations.
- Medicare may also release your information for research and other purposes which follow all applicable Federal Statutes and regulations.
- The information on this enrollment is correct to the best of your knowledge. If you provide answers on this enrollment that you know are not true, you may lose this plan.
- Do you (or your authorized representative) understand and agree to the information we have discussed during this enrollment application today? (Obtain a verbal “yes” or “no”).
- When completed, go to **Step 6**.

Step 6 – Enrollment Completion

- Read the following:

“This completes the enrollment process. A confirmation letter will be sent when the Centers for Medicare & Medicaid Services has approved the enrollment.”
 - Provide the beneficiary the following details so they have evidence that the enrollment request was received:
 - For online enrollment, provide the Confirmation Number.
 - For paper enrollment, provide the following:
 - Application date.
 - Application time.
 - Agent Name.
 - Close call.
- Important: Stop recording call!**
- When enrollment is completed, and call is closed, go to **Step 7**.

Step 7 – Notes to Agent

Note: [Telephonic enrollments (using either a paper form or the online system) require that a digital copy of the recorded telephonic enrollment be emailed to Presbyterian Health Plan at medicare.sales@phs.org within 30 days of that enrollment.]

- Ask if the beneficiary has any other additional questions.
- Provide your contact information.
- Share the following information with the beneficiary:
 - Their member ID card should arrive about two weeks after enrollment.
 - A letter confirming receipt of the enrollment request will be sent to the beneficiary.

Step 7 – Notes to Agent - *continued*

- If the application is submitted online and an email was provided, a confirmation email will be sent.
- A letter will be sent within 15 days to make sure the beneficiary understands the plan rules and verifies that it is their intent to enroll.