

Verification & Welcome Call Script

- Introduction – Hello, My name is [Name]. I am calling from [Product Name] to welcome you to our plan and confirm your enrollment information. You don't have to provide any information to me, and any information you do provide will in no way affect your ability to join our plan.
- This call will only take a few minutes. May we continue? This call may be monitored or recorded]
- Please verify the following: - name, physical address, mailing address (if applicable), and plan. Notify member of proposed effective date of coverage.
- Are you aware [Product Name] is a health plan with a Medicare Advantage contract and requires you to choose a Primary Care Physician (PCP) to coordinate your care? You have chosen [Doctor's Name] as your Primary Care Physician. Services you get from non-plan providers will not be covered, with few exceptions such as emergencies and urgently needed care. <PLUS POINT ONLY>: [Plus Point Plan members may use non-plan providers for additional services as described in the Summary of Benefits (SB) and Evidence of Coverage (EOC).] The Plus Point Plan allows you to receive services from providers outside of [Product Name] contracted provider network.
- Was it explained that services you receive may require referral and/or authorization.
- [Product Name] uses a formulary for your pharmacy benefits, which is a list of covered drugs.
- [In addition to your Medicare Part B premium, your monthly plan premium is [\$X] which must be paid to the plan.] You must continue to pay your Medicare Part B premium if not paid for by Medicaid or another third party.
- Did you receive a complete enrollment kit (i.e, Summary of Benefits, enrollment form, etc.) during your enrollment session?
- This plan has co-payments and coinsurance for appointments with physicians and other health care services.
- Brief Benefit Review – As a member of the [Product Name], are you aware of the costs you will pay for the following services?:
 - PCP visit [\$x]
 - Specialist visit [\$x]
 - 30 day retail Preferred Generic Rx [\$x]
 - 30 day retail Preferred Brand Rx [\$x]
- <PLUS POINT ONLY>: [The Point of Service option benefit has a \$[x] limit per year. You are responsible for 100% of charges for seeing the out of network providers once you have reached your \$[x] limit. You will still have your in network benefits.
- Are you aware the Point of Service benefit has copayment and coinsurance amounts that differ from in-network services? The Point of Service benefit can only be used for Medicare approved services as listed in the Summary of Benefits and Evidence of Coverage?]

- You must notify us if you would like to cancel the processing of your enrollment within seven (7) calendar days today's date or by the last day of [insert month enrollment request received], whichever is later.
- If you have limited income and resources, you may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call 1-800-Medicare (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day, 7 days a week. Or, call the Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778. You may also call your State Medicaid Office.]Are you enrolled in your state's Medicaid Program? Do you receive LIS?
 - If yes, review appropriate changes in benefit costs for Rx, etc.
- We will send you a member ID card soon. Remember to show your ID card to your healthcare providers and pharmacy before you get care.
 - If you need to obtain services and your ID card has not yet been received, take your copy of your enrollment form with you to the provider or pharmacy until you get a membership card. If you don't receive your card in (7-10) days, please contact us.

In the event that you see a provider who needs to verify enrollment, or you experience a problem, call the Member Service number on the back of your card immediately for assistance.

- <Mr./Ms.> <applicant name>, it was a pleasure speaking with you today. We will soon send you a letter telling you we received your completed enrollment form. If you have questions or need assistance, please call us toll-free at [1-800-573-8597], TTY, [1-866-573-8591] Monday through Sunday, 8:00 am – 8:00 pm.

Referrals - Do you have any friends or family that may benefit from [Product Name]? If yes, request name and address only.