

PY 2027 Multiplan Telephonic Enrollment Script

PURPOSE:

This script is intended to be used when an inbound caller requests to complete a telephonic enrollment into a Medicare Advantage Plan, Medicare Advantage Prescription Drug Plan, Medicare Supplement, and/or Prescription Drug Plan. If the contact was made via an outbound call follow the suggested language for outbound calls to prompt the consumer to call back via an inbound call. This script is initiated if the caller has identified the plan in which they want to enroll, and is for the purpose of completing the telephonic enrollment.

TRANSITION TO ENROLLMENT

Agent Note: Enrollment can only be completed on an outbound call if there is an existing business relationship. An existing business relationship exists when a beneficiary leaves a message requesting a call, completes a business reply card, or in some other way initiated the relationship with the TPMO.

- See 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:
- "Mr./Ms. <beneficiary name>, if you are ready to enroll today, we will now move to the enrollment process."
- "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. 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 **not interested in telephonic enrollment**, state: "There are other options available for you to enroll."
 - If **yes**: continue to enrollment

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.

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- “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. 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: Beneficiary to self-enroll on agency’s website

- “You can visit our website at [website URL address] and enroll online.”
- Go to the ‘Closing the Call’.

Option 3: Send Text Message Link

- 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.
- If yes: Proceed with texting the link.
- If no: Ask how they would like to enroll.

Option 4: Send Email message link.

- 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.

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- (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?”*

ENROLLMENT

Telephonic Enrollment:

- Recap plan selection and 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**, continue.
 - If **no**, answer any questions, review other plans and/or reiterate other available options such as appointment and seminar (if available).
- Once caller agrees to proceed with enrollment: Explain next steps: *“Great! Let me tell you what we need to do next”:*
- {verbatim}: *“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: Per CMS regulations, the Agent is required to discuss all items on the Pre-Enrollment Checklist with the beneficiary prior to enrollment.

- The PECL that must be reviewed with the prospective enrollee prior to the completion of the enrollment references information on the following:
 - (i) The EOC
 - “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”
 - (ii) Provider directory
 - “Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.”

Agent Note: Make sure the beneficiary’s doctor(s) has been reviewed and beneficiary has been advised whether he/she is in network.

- (iii) Pharmacy directory
 - “Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.”

Agent Note: Make sure the beneficiary’s pharmacy has been reviewed and beneficiary has been advised whether it is in network.

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- (iv) Formulary
 - “Review the formulary to make sure your drugs are covered.”
- Agent Note:** Make sure the beneficiary’s prescription(s) has been reviewed and the cost of the prescription(s) has been discussed
- (v) Premiums/copayments/coinsurance
 - “[In addition to your monthly premium(not required for plans with a \$0 premium)], you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.”
 - “Benefits, premiums and/or copayments/co-insurance may change on January 1, [year].”
- (vi) Emergency/urgent coverage
 - “For plans that do not offer out of network coverage] Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory)”
 - “For PPO, PFFS, and other plans that offer out of network coverage] This plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services [HMO-POS may insert “certain covered services”], the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. [If applicable, plans must add the following language] In addition, you will pay a higher co-pay for services received by non-contracted providers”
- (vii) Plan-type rules
 - See plan rules below
- (viii) Effect on current coverage
 - **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.”
- Agent Note:** If call initiates with interest in an IDV/OSB product, the agent must explain that this is not a hearing/dental/vision “rider” but a full plan
- Plan requirements/disclosures - read {verbatim} as applicable per type of plan:
 - Agent Note:** Utilize the Plan Requirements/Disclosures from each Carrier specific to the type of plan being discussed.
 - Medicare eligibility/Federal Contracting statement:
 - **MA/MAPD:** “<Carrier Name> is a Medicare Advantage [HMO, PPO and PFFS] organization with a Medicare contract. Enrollment depends on contract renewal. You must keep both Hospital Medicare (Part A) and/or Medical (Part B) to stay in [plan name]. You can only be in one Medicare Advantage plan at a time and enrollment in this plan will automatically end your enrollment in another

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Medicare Advantage or prescription drug plan. A <Carrier Name> Medicare Advantage plan is NOT Medicare Supplement insurance."

- **PDP:** "<Carrier Name> is a stand-alone PDP prescription drug plan with a Medicare contract. Enrollment in this Humana plan 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:** "You can only be in one Medicare prescription drug plan at a time."
- **HMO:** "You must use participating providers except in an emergency otherwise you will be responsible for the costs."
- **PPO or POS:** "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."
- **PFFS:** <Plan name>, a Medicare Advantage Private Fee-for-Service plan, works differently than a Medicare supplement plan as well as other Medicare Advantage plans. Your doctor or hospital isn't required to agree to accept this plan's terms and conditions, and may choose not to treat you, except in emergencies. You should verify that your provider(s) will accept before each visit. Providers can find the plan's terms and conditions on our website at <insert link to PFFS terms and conditions>.]
- **SNP, other than DE-SNP (use in place of federal contracting statement):** "<Carrier Name> is a Special Needs [HMO SNP, PPO SNP] plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal."
- **CC-SNP:** "This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition". Your physician is required to complete a form, verifying your qualifying diagnosis, within 30 days of enrollment or you will be disenrolled."
- **DE-SNP (use in place of Federal Contracting Statement):** "<Carrier Name> is a Dual Eligible Special Needs [HMO SNP, PPO SNP] plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in this Humana plan depends on contract renewal."
- **DE-SNP:** "This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid. [D-SNPs may provide additional information if they impose restrictions to specific Medicaid eligibility category(ies)]." Ensure that beneficiary understands that they must have a 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."
 - "<Carrier name> is a DSNP with a Florida Medicaid Contract. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the

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DSNP. Limitations, copayments and/or restrictions may apply. [Benefits, formulary, pharmacy network, premium and/or copayments/co-insurance] may change."

- 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."*
- If **Michigan Integrated DE-SNP**, use the following, in place of the Federal Contracting Statement: *"[Plan] is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to members. Enrollment depends on contract renewal"*
- If **Indiana DE-SNP**, also state: *"Enrollment in this plan gives <Carrier name> and the state of Indiana permission to enroll you into <Carrier name> Medicaid Managed Care plan that aligns with this [plan name]."*
- **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."*
- *[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."*
- *You have the right to cancel enrollment through [date] by contacting [the plan].*
- *If ever needed, you may file a complaint with the plan, please contact [the plan]'s Customer Service number [phone] or review your plan documents for more information.*
- 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.
 - If optional supplemental benefits (OSB) are offered and discussed, including the following disclaimers:
- *Optional supplemental benefits (OSB) are only available to members of certain Medicare Advantage (MA) plans. Members of <carrier name> plans that offer OSBs may enroll in OSBs at the time of initial enrollment in the MA plan or within 3 months after the plan's effective date. Benefits may change on January 1st each year.*
- *Enrollees must use network providers for specific OSBs when stated in the Evidence of Coverage (EOC); otherwise, covered services may be received from non-network providers at a higher cost.*
- *Enrollees must continue to pay the Medicare Part B premium, their plan premium, and the OSB premium.*
- Confirm plan understanding: *"Do you understand how the plan works?"*
 - If **yes**, proceed.
 - If **no**, answer any questions before proceeding.
- *"If you are ready to enroll, then we will complete the application and process your signature."*

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- *"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. 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? ? (Wait for clear affirmation).*
- Confirm desire to enroll {verbatim}: *"Are you ready to enroll in <plan name, type and contract number with PBP>?"*
- If beneficiary did not hear or did not understand the disclaimers, read them again.
 - If **yes**, proceed.
 - If **no**: If has any questions or concerns, respond accordingly.
- If beneficiary does not have a 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. Close call.
- Fill out the relevant enrollment application in its entirety; ask every question and read disclosures on the application {verbatim}. **<CMS requires to list the SMIDs for all relevant enrollment forms that may be used, or add all of the enrollment form questions to the script>**

Agent Note: Ensure that all required disclosures and disclaimers are discussed with beneficiary, listed here or otherwise required to complete enrollment, via the script or the technology used to facilitate the enrollment.

Signature Section:

- Agent to use the approved method of agency partner to capture enrollment signature, either telephonically or electronically, based on the beneficiary's preference.
- Before signature, let me confirm the following:
 - *"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]?"* 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>."*
 - *"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]."*
- *"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 the 'Closing the Call'.

CLOSING THE CALL

"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!"*

APPENDIX

Prohibited Statements/Actions (this does NOT reflect a complete list):

- Do NOT require a social security number or MBI to discuss plan options, only a zip code is required to discuss plan options and recommendations
- Do NOT claim or imply that <Carrier name> is recommended or endorsed by CMS, Medicare or the Department of Health & Human Services (DHHS).
- Do NOT use unsubstantiated absolute or qualified superlatives or pejoratives.
- Do NOT make ABSOLUTE statements such as “<Carrier name> has the most popular or the best plan.”
- Do NOT use the term “free” to describe a zero-dollar premium, reduction in premiums (including Part B buy-down), reduction in deductibles or cost sharing, low-income subsidy (LIS), or cost sharing for individuals with dual eligibility.
- Do NOT ask for Social Security numbers, bank account numbers, credit card numbers or Medicare ID except as applicable during the course of completing a telephonic enrollment.
- Do NOT market or enroll the prospect into a non-health product.

As a rule, the call should flow according to this script. As the prospect asks questions that force the flow to change, address the diversion to the call flow appropriately and go back to where you initially left the conversation (point of diversion).

For more comprehensive Compliance guidance see the **Humana Third Party Partner Marketing Guardrails**.