



Allwell

Allwell offers Remote Agent Telephonic Enrollment (RATE) tool for their agents to perform enrollments, with no wet signature require. RATE also allows agents to perform a Value Based Enrollment (VBE).

Remote Agent Telephonic Enrollment

1. Schedule a call with you client.
 - a. Provide the client your unique RATE phone number provided in the system.
 - b. When preparing for the scheduled call, make sure you have 'accepting calls' turned on.
2. Once you have accepted the client phone call, click 'start a meeting' in the top right.
 - a. A screen notification will ask you to agree to a voice recording. You must select 'I agree'.
3. Follow the below enrollment script to walk your client through the enrollment process.
4. Screenshots of the process are below.

Important Notes

- RATE can only be used on iPads
- AGA will not receive a copy of the enrollment, or member data, when submitted via an assisted telephone enrollment
- No member data will be displayed in your GAIN agent portal



REMOTE AGENT TELEPHONIC ENROLLMENT (RATE)

What is RATE?



- Remote Agent Telephonic Enrollment (RATE) is a powerful enrollment tool within the Ascend Mobile Application (AMA) that enables you to enroll your clients by phone.
- RATE is available ONLY with an iPad and runs on iOS technology.

What are the benefits?



- **Save Money**
 - Enrolling via phone saves you on gas, tolls, and vehicle wear and tear because you will not have to drive back to your clients' homes to complete their enrollments.
- **Save Time**
 - RATE shortens the sales cycle, which allows you to see more clients.
- **Ensure Compliant Selling**
 - By using the RATE tool, the call is instantly and automatically recorded, which can help protect you from complaints later.

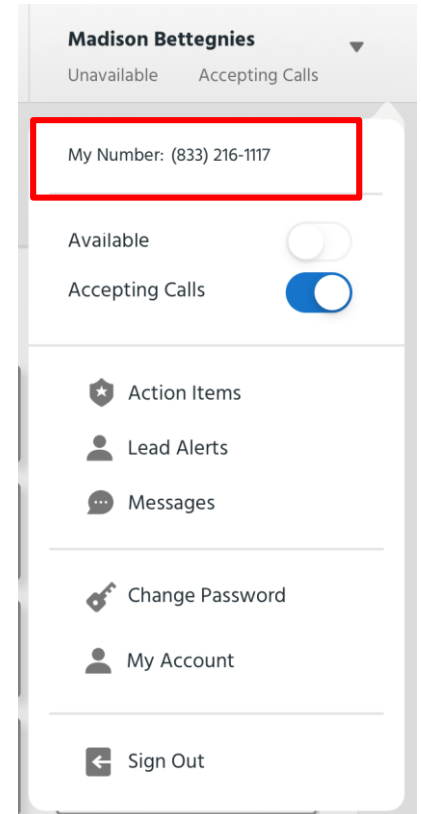


HOW DOES IT WORK?

Step 1



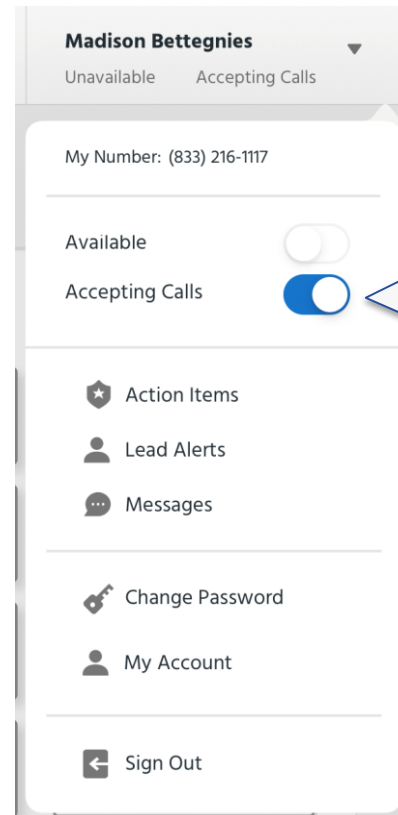
- Schedule an appointment with your prospect at a time that you are both available.
- Your unique RATE number can be found in the drop-down menu in the Ascend Mobile Application. Provide this to the prospect.
- You cannot receive a RATE call if you are in a meeting already.



Step 2



- At the scheduled appointment time, your client will call your unique RATE-specific 1-800 phone number. Ensure you are ready to accept the call by toggling on the 'Accepting Calls' feature on the drop-down menu in AMA. You will receive the call through the Ascend app on your iPad.



Ensure that 'Accepting Calls' is toggled on to receive RATE calls.

Receiving the Call



The screenshot shows the Ascend Agent Concierge interface. At the top left is the 'AGENT CONCIERGE Ascend' logo. At the top right, the user's name 'Madison Bettegnies' is displayed with a dropdown arrow, and below it are the status options 'Unavailable' and 'Accepting Calls'. A left sidebar contains navigation icons for Home, Leads, Appointments, Recordings, and a folder icon. The main content area is titled 'Welcome Madison' and features a section 'What would you like to do today?' with a grid of buttons for various presentations and agent portals across different states (AR, AZ, CA, FL, IN, KS, LA, NM, OH, TX, WI). An 'Incoming Call' notification is overlaid in the center, displaying the lead name 'Unknown' and phone number '(812) 320-1832', with 'Answer Call' and 'Reject Call' buttons. A callout box points to the 'Answer Call' button with the text: 'Click the 'Answer Call' button to answer your prospect's call.' Below the notification is a 'New Leads' table.

Name	Date Modified	Source	Status	County	Zip Code
Test, Harper	Mar 06, 2019	Self Generated	-		15014
Test, Crosby	Mar 06, 2019	Self Generated	-		15014

Lead Screen



- After accepting the call, you will be directed to the 'Lead' screen.

AGENT CONCIERGE
Ascend
patient journey

Madison Bettegnies
Unavailable Connected

Home

Leads

Appointments

Recordings

Resources

Help

Call

Test, Harper

Mar 07, 2019 Self Generated

Contact Lead Start a Meeting

Appointments

Meeting Type	Date	Time
There are no appointments for this lead. Any appointments will be displayed here.		

Create a Scope of Appointment | Create Home Visit

Past Meetings

Date	Time	Held By	Status
No Meetings on record for this Lead. Any held meetings with this lead will show here.			

Offline Enrollments

Meeting Time	Status	ID
No Offline Enrollments pending for this Lead. Any Offline Enrollments created through Ascend for this lead will show here.		

Notes

Click 'Start a Meeting.'
From here the application is completed using AQE.

Note you are in an active RATE call by viewing the green phone on the navigation pane.

Start a Meeting



The screenshot shows the Ascend mobile application interface. At the top left is the Ascend logo. At the top right is a red button labeled "End Meeting". On the left side, there is a "Resources" icon. The main content area has the heading "Let's get started!". Below this, there is a dropdown menu for "This health plan will cover:" with "Harper Test" selected. Below that is a text input field for "Your current zip code is". A blue "Continue" button is positioned below the form. A white "Recording Disclaimer" overlay is centered on the screen. The disclaimer text reads: "Recording Disclaimer. Agent: Ascend Mobile Application (AMA) is intended for appointments where the beneficiary or their authorized representative is physically present with the sales agent. Telephonic enrollments require access to AMA's Remote Agent Telephonic Enrollment (RATE) feature on a compatible IOS device and may only occur following an in-person appointment. RATE is currently not available in all sales regions. Beneficiary: I acknowledge this meeting will be recorded and used, in addition to my application, as proof of enrollment. Do you consent to the recording?". At the bottom of the disclaimer are two buttons: "Agree" and "Do Not Agree". A callout box on the right points to the disclaimer with the text "The recording disclaimer will appear." Another callout box at the bottom points to the "Agree" button with the text "For RATE, you **MUST** click Agree."

Step 3



- Talk the prospect through the approved telephonic enrollment script, located in Resources under Agent Guidelines.
- It will be easiest for you if you have another device or a hard copy of the RATE Telephonic Enrollment Script so you can read the script separately from entering the application and not have to toggle back and forth.

RATE Telephonic Enrollment Script - English



1 of 9

Type of Script: <2019> Telephonic Enrollment (Ascend)
Department Using: Inside Sales
Type of Employee Using: Inside Sales Representatives

Telephonic Enrollment Call

- *This script will be used by Licensed Inside Sales Representatives when completing/conducting Medicare Advantage enrollments over the telephone.*
- *This script will be utilized once a caller/beneficiary has indicated that he/she would like to enroll over the telephone.*
- *Telephonic Enrollments may be completed on an outbound call only **if** the beneficiary has an existing business relationship (active member) with our MA organization. If the beneficiary does not have an existing business relationship with our MA organization, it will need to be completed on an inbound call.*
- *Italic items are instructional for the Inside Sales Representatives.*
- **Italic items must be confirmed or inquired to the beneficiary**
- **Bolded statements must be read verbatim.**

TELEPHONIC ENROLLMENT

If for an MA HMO, MAPD HMO, MAPD SNP or MAPD PPO Enrollment:

If beneficiary is leaving an MA-only plan or enrolling into an MA-only plan with no creditable prescription drug coverage, explain to the beneficiary the late enrollment penalty for not having prescription drug coverage.

If a plan offers optional benefit buy up package(s), review the buy up package(s) and premium amount(s) and ask if he/she would like to add the buy-up package.

Remember to add the buy up package if the

How to Conduct VBE with RATE



- Agents can still conduct VBE when completing an enrollment using RATE
- Follow the same VBE process you would after you have completed the enrollment
- Reminders:
 - Agents will need to hang up from the RATE call to enable the beneficiary to receive a VBE call if they agree to 'Call Now'
 - After the RATE call is disconnected, select 'Call Now' or 'Schedule' to begin

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Telephonic Enrollment Call

-This script will be used by Licensed Inside Sales Representatives when completing/conducting Medicare Advantage enrollments over the telephone.

- This script will be utilized once a caller/beneficiary has indicated that he/she would like to enroll over the telephone.

- Telephonic Enrollments may be completed on an outbound call only **if** the beneficiary has an existing business relationship (active member) with our MA organization. If the beneficiary does not have an existing business relationship with our MA organization, it will need to be completed on an inbound call.

- *Italic items are instructional for the Inside Sales Representatives.*

- **Bolded, italics items must be confirmed or inquired to the beneficiary**

- **Bolded statements must be read *verbatim*.**

ENROLLMENT INSTRUCTIONS

TELEPHONIC ENROLLMENT

If for an MA HMO, MAPD HMO, MAPD SNP or MAPD PPO Enrollment:

Late Enrollment Penalty Reminder

If beneficiary is leaving an MA-only plan or enrolling into an MA-only plan with no credible prescription drug coverage, explain to the beneficiary the late enrollment penalty for not having prescription drug coverage.

Buy Up Option Reminder

If a plan offers optional benefit buy up package(s), review the buy up package(s) and premium amount(s) and ask if he/she would like to add the buy-up package..

Ask the enrollee if he/she has any questions before you begin the telephonic enrollment.

Do you agree to have your enrollment recorded?

IF YES:

Continue

IF NO:

End enrollment.

The beneficiary may enroll through the plan's website, enroll through www.medicare.gov or a packet of information with an application can be <mailed/emailed>.

You may complete a self-enrollment through [the <Plan Name>'s website or] Medicare's website at www.medicare.gov or a packet of information with an application <mailed/emailed> to you.

Type of Script: <2020> Telephonic Enrollment (Ascend)

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We can only have one sales agent present. Is there another sales agent with you right now?

<i>IF YES:</i>	<i>IF NO:</i>
<i>Advise the beneficiary we will not be able to continue with the Telephonic Enrollment at this time.</i>	<i>Continue</i>

Do I have your permission to submit your enrollment to CMS?

<i>IF YES:</i>	<i>IF NO:</i>
<i>Continue</i>	<i>Advise the caller that it is a requirement to complete the enrollment. If the caller refuses to provide permission to submit the enrollment, end the enrollment.</i>

Do you, < Enrollee first, [middle initial], and last name > understand you are requesting enrollment into < Plan Name >, [< with additional buy-up option >], a Medicare Advantage < HMO, PPO > plan?

<i>IF YES:</i>	<i>IF NO:</i>
<i>Continue</i>	<i>Offer explanation of the telephonic enrollment process. If the caller continues to not understand, advise that we cannot complete the telephonic enrollment and provide information for alternate methods of enrollment.</i>

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**P.O.A OR
AUTHORIZED
REPRESENTATIVE**

Read the following statement if signing up enrollee with authorized representative:

Can you confirm that you are authorized under state law to complete the enrollment request for <beneficiary name> and can provide the authorization documents upon request from <Plan Name> or Medicare?

IF NO: Advise that we cannot complete the telephonic enrollment at this time and provide information for alternate methods of enrollment.

IF YES: Continue

Please provide your Name, address, phone number and relationship to the beneficiary for our records.

Once provided, thank them and continue the script (for POA substitute Member's Name in all places where applicable).

**DEMOGRAPHIC
INFORMATION**

Obtain or confirm Medicare and demographic information. Confirmation of data already provided is acceptable as long as HIPAA has been verified.

-You are a < male/ female >, correct?

-What is your date of birth?

-What is your telephone number?

-Would you like to provide an email address? (Optional Field)

**-Your physical address is < street address, city, state and zip code >?
(P.O. Box not allowed)**

Is your mailing address different from your permanent residence address?

<i>IF YES:</i> Take information and continue	<i>IF NO:</i> Continue
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Would you like to provide an emergency contact? (Optional Field)

<i>IF YES:</i> First Name, Last Name, phone number and relationship to you	<i>IF NO:</i> Continue
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Use Only for
HMO plans

If enrolling into an HMO plan, ask the beneficiary if he/she would like to add his/her PCP to the application. If he/she does not have a PCP or PCP is not in network, offer to look up a PCP for him/her.

What is your Medicare number [or Medicare Beneficiary Identification number]? (Either HICN or Medicare Beneficiary Identification number is acceptable)

-What date did your Part A become effective?

(If not sure offer to look it up in the Medicare database system)

-What date did your Part B become effective?

(If not sure offer to look it up in the Medicare database system)

ELECTION PERIOD

If outside of Annual Election Period (AEP), obtain reason for eligibility into an MA/MAPD plan

The Medicaid/LIS SEP can be used once during each of the following time periods:

- January – March,
- April – June, and
- July – September.
-

The reason you are able to enroll today is because

<Confirm the eligibility reason to enroll>

-I am new to Medicare

-I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).

-I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date).

-I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date).

-Recently released from incarceration on (insert date).

-I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date).

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-I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date).

-I have both Medicare and Medicaid or my state helps pay for my Medicare premiums or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.

-I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date).

-I reside at home but require the level of care given in a nursing home.

-I recently left a PACE program on (insert date).

-I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date).

-I am leaving employer or union coverage on (insert date).

-I belong to a pharmacy assistance program provided by my state.

-My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.

I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date).

-I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date).

-I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.]

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**LATE
ENROLLMENT
PENALTY
(if one applies)**

If a Premium or Late Enrollment Penalty applies:

For plans with a premium, and/or who have a late enrollment penalty, inquire as to the preferred billing method (receive a bill or social security benefits deduction). For plans with no premium or associated penalty, receiving a bill will be automatically marked as a selection is required..

For all MA/MAPD plan, if the beneficiary will be responsible for a plan premium or late enrollment penalty, please read the following statement:

You can pay your monthly plan premium including any late enrollment penalty you currently have or may owe by mail each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

What is your preferred billing method?

RECEIVE A BILL	SOCIAL SECURITY BENEFITS DEDUCTION
<p><i>Continue</i> <i>If receive a bill: Select <“Send me a bill”> and the beneficiary will begin receiving a monthly bill from <Plan Name> for his/her monthly premium.</i></p>	<p><i>If deducted from Social Security or Railroad Retirement Board (RRB) check [if necessary indicate if monthly benefits will be obtained through Social Security or RRB]and read:</i></p> <p>The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.</p>

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**LOW INCOME
SUBSIDY (LIS)**

If you have already established with the beneficiary that he/she has LIS or Medicaid, please confirm that with the beneficiary and if confirmed, skip the LIS STATEMENT listed below. If the beneficiary does not have LIS or Medicaid, or will not confirm that he/she has LIS/Medicaid please read the LIS STATEMENT listed below.

LIS STATEMENT

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at www.socialsecurity.gov/prescriptionhelp. If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

IRMAA STATEMENT

If you have already established with the beneficiary that he/she has LIS and/or Medicaid or that he/she makes less than \$85,000 per income tax for individual (or less than \$170,000 per income joint tax), please confirm that with the beneficiary and if confirmed, skip the IRMAA statement listed below. If the beneficiary does not have LIS and/or Medicaid or will not confirm that he/she has LIS and/or Medicaid, please read IRMAA STATEMENT listed below.

IRMAA STATEMENT

Higher income households may be assessed a Part D income Related Monthly Adjustment Amount, also called a Part D 'I-R-M-A-A'. If you are notified by the Social Security Administration, you will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by < Medicare/the Railroad Retirement Board (RRB) >. DO NOT pay <Plan Name> the Part D-IRMAA.

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DSNP PLANS

PAYMENT STATEMENT

For all plans, provide the following information:

The <Plan Name> plan has a monthly premium of <\$0.00>. You must continue to pay your Medicare Part B premium.

[Read for full-dual beneficiaries only: However, for full-dual beneficiaries, the State will cover your Part B premium as long as you retain your Medicaid eligibility.]

Do you have End-Stage Renal Disease (ESRD)?

IF YES:

Do you still require regular dialysis anymore or have you had a successful kidney transplant?

If they developed ESRD while enrolled in a commercial or group health plan, or a Medicaid plan offered by <Plan Name>, they are eligible to elect the MA plan. In order to be eligible, there must be no break in coverage between enrollment in that health plan and the effective date of the MA plan. Help them complete the application on their own for submission and advise to attach a note stating the above. The note should include their <Plan Name> subscriber ID.

If they have been diagnosed with ESRD and did not develop ESRD while enrolled in a commercial or group health plan, or a Medicaid plan offered by <Plan Name>, and receive dialysis or have not had a transplant, let them know they are not eligible to join the plan.

IF NO:

Continue

Some individuals may have other drug coverage, including other private insurance, TRICARE Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs. MA-Only plans do not include prescription drug coverage.

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Will you have other prescription drug coverage in addition to <Plan Name>?

<i>IF YES:</i>	<i>IF NO:</i>
What is the name of the other coverage? What is the ID number for this coverage? What is the Group number for this coverage?	<i>Continue</i>

Are you a resident of a long-term care facility, such as a nursing home?

<i>IF YES:</i>	<i>IF NO:</i>
<i>Obtain the name, address, and phone number of the facility?</i>	<i>Continue</i>

Are you enrolled in your state's Medicaid program?

<i>IF YES:</i>	<i>IF NO:</i>
What is your Medicaid number?	<i>And the prospect is attempting to enroll in the MAPD HMO SNP Plan for Dual Eligible beneficiaries, please inform the beneficiary that he/she is not eligible to join the <Plan Name>'s Special Needs plan for Dual Eligible. If <Plan Name> has other Medicare Advantage plans that he/she may be eligible for, go to <Plan Name> website to review available plans. If <Plan Name> does not have other Medicare Advantage plans available, refer the beneficiary to Medicare at: 1-800-Medicare (1-800-633-4227) TTY 1-877-486-2048, 24 hours a day, 7-days a week or go online at www.medicare.gov to review other plans available in the area.</i>

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Do you [or your spouse] work?

<i>IF YES:</i>	<i>IF NO:</i>
<i>Continue</i>	<i>Continue</i>

Would you like for us to send you information in a language other than English or in another format?

<i>IF YES:</i>	<i>IF NO:</i>
<i>Indicate preference</i>	<i>Continue</i>

Will you be covered by an employer or union sponsored plan once you are enrolled in the <Plan Name> plan?

<i>IF YES:</i>	<i>IF NO:</i>
<p>If you have health coverage from an employer or union, joining <Plan Name> could affect your employer or union health benefits. You could lose your employer or union health coverage if you join <Plan Name>. Please read the communications your employer or union sends you. If you have questions, visit the employer or union website, or contact the office listed in the employer or union communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your employer or union coverage can help.</p>	<i>Continue</i>

STATEMENTS

I need to review several statements with you and need you to understand and agree to these statements in order to apply for this coverage. Stop me if you have any questions or would like me to repeat any of the information.

- <Plan Name> is a Medicare Advantage plan and has a contract with the Federal government and you will need to keep your Medicare Part A and B.**

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2. You can only be in one Medicare Advantage plan at a time and your enrollment in this plan will automatically end your enrollment in another Medicare health plan or prescription drug plan and it is your responsibility to inform <Plan Name> of any prescription drug coverage that you have or may get in the future.
3. You understand that if you don't have Medicare prescription drug coverage, or creditable prescription drug coverage as good as Medicare's, you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.
4. Enrollment in this plan is generally for the entire year. Once you enroll, you may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 – December 7 of every year), or under certain special circumstances.
5. The plan serves a specific service area. If you move out of the area that <Plan Name> serves, you need to notify <Plan Name> so you can disenroll and find a new plan in your new area.
6. Once you are a member of the <Plan name> plan, you have a right to appeal plan decisions about payments or services if you disagree. You will read the Evidence of Coverage document from <Plan Name> when you receive it to know which rules you must follow in order to receive coverage with this Medicare Advantage plan. You understand that people with Medicare are not usually covered under Medicare while out of the country, except for limited coverage near the U.S. border.

<i>If enrolling into an HMO plan:</i>	<i>If enrolling into a PPO Plan:</i>
You understand that beginning on the date <plan name> coverage begins, you must get all of your health care from <plan name>, except for emergency or urgently needed services or out-of-area dialysis services.	You understand that beginning on the date your <Plan Name> coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, <plan > provides refunds for all covered benefits, even if you get services out of network.

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	<p>7. Services authorized by <Plan Name> and other services contained in your Evidence of Coverage document will be covered. Without authorization, neither Medicare nor <Plan name> will pay for the services.</p> <p>8. You understand that if you are getting assistance from a sales agent, broker, or other individual employed by or contracted with <Plan Name>, he/she may be paid based on your enrollment in the <Plan Name> plan.</p>
DUAL SPEACIAL NEEDS PLANS	<p style="text-align: center;">DSNP ONLY</p> <p>This plan is available to anyone who has both Medical Assistance from the State and Medicare, living in the service area for this plan. If you lose your Medicaid eligibility, then <Plan Name> may disenroll you from this Special Needs plan. If you are disenrolled, you will be provided a special election period to enroll in another Medicare Advantage Plan.</p>
CHRONIC SPECIAL NEEDS PLANS	<p style="text-align: center;">CSNP ONLY</p> <p>This plan is available to anyone who has been diagnosed with <Diabetes, Chronic Heart Failure, Cardiovascular Disorders>. If you are ever re-diagnosed as not having this <condition(s)>, then <Plan Name> will disenroll you from this Special Needs plan. If you are disenrolled, you will be provided a special election period to enroll in another Medicare Advantage Plan.</p>
DISCLOSURE AND RELEASE OF INFORMATION	<p>1) <Plan Name> will release your information to Medicare and other plans as is necessary for treatment, payment and health care operations. <Plan Name> will release your information including prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations. The information provided on this telephonic enrollment is correct to the best of your knowledge. You understand that if you have intentionally provided false information, you will be disenrolled from the plan.</p> <p>2) Your verbal authorization means that you understand the meaning of this application and agree to abide by the membership rules of <Plan Name>.</p>
CONFIRMATION OF ENROLLMENT	<p>I just want to confirm with you that this conversation and the information I have received from you today will become your official decision to enroll in our plan. If approved by CMS, you'll be enrolled in our < Plan Name > <Plan Type>, [< with additional buy-up option >].</p>

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Do you understand and agree with all the statements I just reviewed with you?

IF YES:

We will confirm your enrollment with the Centers for Medicare and Medicaid Services and within <10 days> you will receive a confirmation of enrollment letter in the mail. You will also receive a packet of membership materials including your Evidence of Coverage and a notice with information about our provider/pharmacy directory, as well as a separate packet with your identification card

Your confirmation # is < confirmation # >.

The phone number for < Plan Name > Member Services is <1-xxx-xxx-xxxx> and the TTY number is <711>. Representatives are available < 8am to 8pm >.

From October 1st to March 31st <7 days a week>

From April 1st to September 30th <Monday through Friday>

Please do not hesitate to call < me/agent name > directly at <1-xxx-xxx-xxxx> and < I/agent name > am/is available from < 8:00am to 8:00pm > and if there is no answer, please leave a message and < I/agent > will call you right back.

Have a great day, and thank you for calling < Plan Name >.

IF NO:

Re-review. If caller does not wish to agree to the statements, advise the caller that you cannot continue to complete the application for them. Offer to send an enrollment application to them for their review and consideration, or you can end the call.