

CMS-approved telephonic script that covers all CMS marketing guidelines:

Purpose: This script is used when prospective enrollees contact MetroPlus on an inbound call to enroll into the MetroPlus Advantage Plan (HMO D-SNP) or MetroPlus Platinum Plan (HMO) telephonically. **Telephonic enrollments must be completed by a Medicare Licensed Agent.**

Note: Medicare Licensed Agents (employed or contracted) that are Member Services Representatives (MSRs) cannot act simultaneously as both an MSR and a Sales Agent. Such individuals must make it clear to the beneficiary when the individual's role changes to a marketing/sales role, subject to beneficiary request and concurrence.

1. Introduction

“Good <<morning/ afternoon>>. My name is <<MSR Name>>. I am a Medicare sales specialist for MetroPlus Health. I would like to start by making you aware we are talking on a recorded line. All sales calls are recorded for training and quality purposes. How may I help you today?”

1. [Prospective Enrollee answers]:
2. “Before I begin to assist you may I please have your first and last name?” “Thank you. In case we get disconnected, what is the best number to reach you?” [Capture caller's name and best call back number.]

Thank you. If I understand you correctly you are looking for....

1. If non enrollment related issue. Assist as much as you can or transfer to correct department.
2. If they are looking to enroll proceed with script.

2. Permission to Proceed

“Would <<you/ the beneficiary>> like to Learn more about MetroPlus Medicare?”

a. <[Yes]: I am pleased to let you know that I can schedule an appointment for you right now over the phone. Would you like for me to schedule an appointment for me to contact you 48hrs from now to discuss the plan and its benefits?” >

[YES - Over the Phone]: “Great! Before I assist you over the phone, the Centers for Medicare and Medicaid Services (CMS) requires that we complete a Scope of Appointment.” [Pivot to Medicare Scope of Appointment Confirmation Call Script.] [then schedule an appointment at least 48 hours out]

b. [NO - In Person]: “We can also schedule an in person appointment if that works best. How does <<add date and time closet H+H location to the caller>> sound to you?”

• [Yes]: “Great! Let me help you schedule the appointment right now.” [Schedule the in person appointment.] “Your appointment has been scheduled for <<insert date, time, location>>. Before I let you go, the Centers for Medicare and Medicaid Services

(CMS) requires that we complete a Scope of Appointment prior to the appointment.” [Pivot to Medicare Scope of Appointment Confirmation Call Script.]

iii. [Other or refused]: “I understand you do not want to agree to a scope of appointment today. I will provide you my name and number if you wish to call back later. (Provide name and number and end call)

3. Eligibility Confirmation

"Ok, great! “Do you currently have Medicare Parts A and B on your card?

a) **(If yes)** That’s great! That means your eligible for Medicare coverage.

Ok, great, lets verify that your card is active. Can I please have your Medicare number on your card?

(Check Marx for Medicare entitlement)

b) **(If No):** "In order to enroll in our Medicare Advantage plans, you must have both Medicare Parts A and B. If you need assistance with understanding your Medicare eligibility or signing up for Medicare, you can contact the Social Security Administration at 1-800-772-1213."

(Allow member to write this information then say)

After you’ve enrolled in Medicare. You’ll need to decide how to get your Medicare coverage. MetroPlus offers multiple plans in which you may qualify to receive additional benefits.

c) Can I follow up with you in a few weeks? If yes, then note the time to call back and follow up.

(After you verify Marx Medicare entitlement then proceed below)

Mr. MS (members name), I work with Medicare beneficiaries like yourself to help them understand how Medicare works and to make sure you’re getting all the benefits you can. When you first enroll in Medicare and during certain times of the year, you can choose how to get your Medicare coverage. So being that you’re a valued member I’d like to take a few minutes to help

you understand your options and tell you about the MetroPlus Health Medicare Advantage plans. Do you have a minute?

(If yes) continue with SOA below.

(If no) I can schedule another time to speak with you and tell you more about our Medicare plans or answer any questions you may have. Please note that by accepting this meeting does not obligate you to enroll in a plan, affect your current enrollment nor enroll you in a Medicare Advantage plan, prescription Drug Plan, or other Medicare plan.

(Schedule date and time with member and confirm)

(If not interested) No problem. If you change your mind, you can always call us back to schedule an appointment. We're here to help whenever you're ready.

4. Scope of Appointment Confirmation

"Before we proceed, I want to thank you for your interest in the MetroPlus Health Medicare plans. Again, my name is (Medicare agent name). By verbally consenting, you agree to a meeting with a licensed sales representative to discuss the types of MetroPlus Health Medicare Advantage plan. Please note, I am employed or contracted by MetroPlus Health and may be compensated if I am helping you to enroll. Verbally consenting to this scope of appointment form does not obligate you to enroll in a plan, affect your current enrollment, or enroll you in any specific Medicare plan. Your information will be kept confidential, and I do not work directly for the Federal Government, however MetroPlusHealth has a contract with the Federal Government. Are you comfortable with scheduling an appointment?"

5. **Information on Medicare Enrollment Periods** "Medicare Advantage plans can be enrolled during specific periods. The Annual Enrollment Period (AEP) runs from October 15th to December 7th each year. Additionally, there are Special Election Periods (SEPs) for individuals who meet certain qualifications. If you have experienced any qualifying events, such as moving outside your plan's service area or becoming eligible for both Medicare and Medicaid, you may be eligible for an SEP. Do you have any qualifying events or need further information about enrollment periods?"

5.1. **If Yes:** "I can provide you with more information about enrollment periods and help determine if you qualify for a Special Election Period. Please note that enrolling during an SEP requires meeting specific criteria. Let's explore your options together."

5.2. **If No:** "Understood. It's important to be aware of the enrollment periods, but if you have any questions in the future or if your situation changes, feel free to reach out to us."

Ok, first I would like to ask you a few questions to determine which plan you may be eligible for that best fits your needs. Please note that your responses are confidential and any information you provide will not affect your current Medicare enrollment status or prevent you from enrolling in the future. Please also note that this call is being recorded for quality assurance purposes.

“Authorized representative confirmation”.

Are you discussing benefits for yourself or for someone else? If self-proceed below Part 6

(If someone else) Are you the authorized representative of the beneficiary?

(If yes) What’s your relationship to the beneficiary? Confirm address.

(If no) I will need to speak with the authorized representative or beneficiary. Is he/she available? But I can answer any general questions you may have about our Medicare plans. But to enroll with MetroPlus Health I will need to speak with the authorized representative or beneficiary.

6. Additional Benefits and Plan Information

"We offer Medicare Advantage plans that may provide additional benefits beyond Original Medicare. These benefits can include prescription drug coverage, vision, dental, hearing, and more. Our plans are designed to help you get the most out of your Medicare coverage.

Can I please have the Medicare number?

Thank you, allow me to verify the Medicare number. (Check Marx)

Does the member have Medicaid? (Check Epace)

Does the beneficiary have other creditable prescription drug coverage such as from an employer or union, TRICARE, the department of Veterans Affairs, or State pharmaceutical assistance program?

(If yes) if (members name) have other creditable prescription drug coverage. Joining a Medicare Advantage plan with prescription drug plan may not be right for (members name). MetroPlus Health offers three Medicare plans, and all are Medicare Advantage plan with prescription drug coverage. (Members name) could lose his/her other health or drug coverage completely and not get it back if (members name) joins MetroPlus health. Does Mr.MS still wish to enroll with MetroPlus Health?

(If yes) Ok. If (members name) enrolls with MetroPlus Health Medicare plan, (member name) will get prescription drug coverage through MetroPlus health.

Does (members name) currently see a primary care doctor or specialist? I would like to check to see if they are in our network so that (member name) may continue to see him/her if (members name) decide to enroll with us.

If you do not have a primary care physician, I can assist you in choosing one within our network.

(If yes) What's the doctors/specialist's name and address? (Check if PCP is in the network).

- a) (In network) The doctor is in our network! (Members name) may continue to see him/her if (members name) decide to enroll with us.
 - I. Document the doctor's information in Market Plus
- b) (Out of network) The doctor is not in network. How often do you see this doctor? If (members name) enrolls with us (members name) will need to select a new doctor. Do (members name) still wish to enroll with MetroPlus Health?
- c) (If yes) Ok, if (members name) decide to enroll with us, (members name) can select a primary care doctor from our network.
- d) (If no) No problem (members name) if you change your mind, you can always call us back to schedule an appointment.

Checking prescriptions

Can you please provide me with your prescriptions so that I make sure they're in our drug formulary?

- a) Check prescriptions and confirm with member.
- b) Document in MarketPlus/Salesforce

“Now that we have confirmed that you qualify for the MetroPlus Health Medicare Plan, lets proceed with discussing the benefits. Based on the information you provided, (member names) may be eligible to enroll in the (plan name).

- I. You will find an outline of benefits for MetroPlus Advantage Plan (HMO D-SNP) & MetroPlus Platinum Plan (HMO), choose accordingly.

MetroPlus Advantage Plan (HMO D-SNP)

Is a dual eligible Special Needs Plan designed for those Medicare beneficiaries who reside in the MetroPlus Health service area, are eligible for Medicare Parts A and B and receive assistance from New York State Medicaid. MetroPlus Advantage Plan (HMO D-SNP) provides all benefits of Original Medicare plus:

- c) If you are eligible for full Medicaid benefits, your deductible, copays and coinsurance could be \$0 or up to \$48.70 depending upon your level of Extra Help.

- d) Monthly plan premium you pay \$0 or up to \$48.70 depending upon your level of Extra Help. Also, you may have \$0 or up to 20% cost sharing for benefits depending on your level of Medicaid.
 - i. If beneficiary ask about “Extra Help” say Extra Help is a Medicare program to help Medicare beneficiaries with limited income and resources pay Medicare prescription drug program costs, such as premiums, deductibles, and coinsurance.
- e) PCP and Specialist visits you pay zero or up to 20% of the cost depending on your level of Medicaid eligibility.
- f) \$0 copay for preventive care services
- g) Vision – Eyewear is covered up to a total of \$450 per year for contact lenses, Eyeglasses (lenses and frames) upgrades.
- h) Comprehensive Dental services up to \$700 every year and Preventive dental services are covered up to \$1000 every year.
- i) Telehealth visits - get the health services you need in the comfort of your home.
- j) Acupuncture up to 20 visits a year may be covered.
- k) Transportation – 48 one-way trips for non-emergency transportation for plan approved health related locations.
- l) 8 visits a year for podiatry services.
- m) 6 visits a year for nutritional dietary benefit.
- n) Fitness Benefit – members will be reimbursed up to \$250 every 6 months for membership to qualifying exercise facilities.
- o) Member Rewards Program – where you can earn “reward dollars” for healthy activities you may be completing already such as your annual physical exam.
- p) Pill Pack - gives you the flexibility to get your prescription drugs delivered to your home at no extra cost to you. It’s pre-package by date and time the medication is scheduled to be taken.
- q) Finally, we have our Flex Card benefit. MetroPlus Health Advantage (HMO D-SNP) members receive \$155 monthly on a card. It can be used to pay home utilities /or bathroom safety equipment and groceries, OTC and PERS -personal emergency response services.
- r) Also, MetroPlusHealth has 4 STAR rating for 2023. Every year, Medicare evaluates plans based on a 5-star rating system.

MetroPlus Platinum Plan (HMO)

Because you have Medicare, you qualify for our MetroPlus Platinum Plan (HMO). MetroPlus Platinum Plan (HMO) is a plan designed for those Medicare beneficiaries who reside in the MetroPlus service area and are eligible for Medicare Parts A and B. Medicare beneficiaries who may not qualify for Extra Help for Part D may like this plan. MetroPlus Platinum Plan (HMO) provides all the benefits of Original Medicare plus:

- a. Monthly plan premium of \$132.
- b. \$0 copay for PCP visits
- c. \$40 copay for Specialist visits
- d. \$0 copay for preventive care services
- e. Prescription drug coverage
- f. Hearing Services including \$500 for hearing aids every 3 years

- g. Telehealth Services for \$0 copay to get the health services you need in the comfort and safety of your home.
- h. Acupuncture-up to 20 visits a year may be covered.
- i. Member Rewards Program- where you can earn rewards for healthy activities you may be completing already such as your annual physical exam.
- j. Pill Pack-gives you the flexibility to get your prescription drugs delivered to your home at no extra cost to you. It is pre-packaged by date and time the medication is scheduled to be taken.

Now that we have reviewed the benefits and features lets proceed with the enrollment. Do you have any questions?

(If yes) Answer questions

(If no) Proceed with the script.

Please know that we will now be completing an enrollment request.

(Proceed to MarketPlus/Salesforce to complete the application.) Some questions may seem repetitive from our conversation, however I must ask you again to complete the enrollment request.

MetroPlus Health Plan offers the option to deliver significant plan documents such as the Annual Notice of Changes, Evidence of Coverage, Summary of Benefits, Provider/Pharmacy Directories, and Formulary by automated means, including email or text. Would you like to opt in to receiving your Annual Notice of Changes, Evidence of Coverage, Summary of Benefits, Provider/Pharmacy Directories, and Formulary by automated means? If yes, would you like to receive them via email or text?"

[If yes]: "Thank you. By this verbal agreement, you authorize MetroPlus Health Plan to contact you about MetroPlus products and you authorize MetroPlus Health Plan to share significant Plan documents (i.e. Annual Notice of Changes, Evidence of Coverage, Summary of Benefits, Provider/Pharmacy Directories, and Formulary) with you using the information provided in this enrollment request by automated means via <<email / text>>. If text, message & data rates may apply." [Collect email address.]

[If no]: "Okay. MetroPlus will deliver your plan information via mail."

"By completing this enrollment application, you agree to the following:

- a) You must keep both Hospital (Part A) and Medical (Part B) to stay in MetroPlus Health Plan.
- b) By joining this Medicare Advantage Plan or Medicare Prescription Drug Plan, you acknowledge that MetroPlus Health Plan will share your information with Medicare, who may use it to track your enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information.
- c) Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- d) The information on this enrollment form is correct to the best of your knowledge. You understand that if you intentionally provide false information on this form, you will be disenrolled from the plan.
- e) 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.

- f) You understand that when your MetroPlus Health Plan coverage begins, you must get all of your medical and prescription drug benefits from MetroPlus Health Plan. Benefits and services provided by MetroPlus Health Plan and contained in my MetroPlus Health Plan “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor MetroPlus Health Plan will pay for benefits or services that are not covered.
- g) You understand that your consent (or the consent of the person authorized to act on your behalf) on this application means that you have read and understand the contents of this application. If consented by an authorized individual (as described above), this consent certifies that:
 - i. this person is authorized under State law to complete this enrollment and
 - ii. documentation of this authority is available upon request from Medicare.”

Complete enrollment request in MarketPlus/Salesforce /Sales Force where enrollment check list should be reviewed, tracking number provided and all disclosures should be read.

(<Representatives should proceed to MarketPlus/Salesforce to complete the application (screenshots of required data elements to be captured including the PECL and Appendix 2 as they will be disclosed in our enrollment software is attached for reference only >)

7. Closing

Do I have your permission to submit the application with the effective date that will enroll you into MetroPlus on (provide effective date to member).

(If yes) Proceed with the script.

(If no) I understand you do not want to enroll at this time. This application will be cancelled. Should you want to proceed in the future call me at (provide rep contact info)

The confirmation number is <<**insert number**>>. Please keep this confirmation number for your records.” Is there anything else I can assist you with today?

Referrals

Thank you for enrolling with MetroPlusHealth. “<<**You / The Beneficiary**>> will receive a notice acknowledging receipt of the enrollment request within 10 calendar days.” Again, my name is (insert name) and my phone number is (insert number) if you know of any other Medicare beneficiary that can use my help, please feel free to share my information.

"Thank you for your time today and welcome to MetroPlus Health.”

MarketPlus Version: 1.472.182.145

Marketing Leads Retention Leads Enrollment Credit MA MEDICARE Portal Document Collection Management Central Event Planning

MA Member Search Appointments Find Applicant Analytics Custom Reports DU/Seamless Outreach Priority List Video Guide and Help Docs
 Switch to Seamless Conversion Zone Statistics New Appointment Reports MAP Outreach Release Notes Change Style
 Change Assignment Performance Review Outreach List RDS

DU/Seamless Enrollment Application Reporting Maintenance Administration Help

Find Lead To be Medicare Member (DU Files) Find MAP Applicant Application For DOE JOHN

Scope of Appointment LONG ENROLLMENT FORM (TAB1) LONG ENROLLMENT FORM (TAB2) APPLICATION STATUS

SELECTED PLAN MetroPlus Platinum Plan (HMO)

LAST NAME JOHN
FIRST NAME DOE
MIDDLE INITIAL
BIRTH DATE 09/01/1955
SEX M F
HOME PHONE NUMBER () - -

PERMANENT RESIDENCE STREET ADDRESS Same As Primary
AddressLine1 195 ELM STREET
AddressLine2
City STATEN ISLAND
County Richmond
State NY
Zip 10310

MAILING ADDRESS (IF DIFFERENT)
AddressLine1
AddressLine2
City
County
State
Zip

MEDICARE AND MEDICAID INFORMATION
MEDICARE NUMBER J067890123P
 NY State Medicaid CIN Number (if any)

Production Welcome DORSAINJ: Dorsainville, Joel : Title - Manager: BSS Role - Market_Managers

Type here to search 12:25 PM 8/17/2023

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Marketing Leads Retention Leads Enrollment Credit MA MEDICARE Portal Document Collection Management Central Event Planning

MA Member Search Appointments Find Applicant Analytics Custom Reports DU/Seamless Outreach Priority List Video Guide and Help Docs
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DU/Seamless Enrollment Application Reporting Maintenance Administration Help

Find Lead To be Medicare Member (DU Files) Find MAP Applicant Application For DOE JOHN

Scope of Appointment LONG ENROLLMENT FORM (TAB1) LONG ENROLLMENT FORM (TAB2) APPLICATION STATUS

PREFERRED LANGUAGE English

Document accessible format

Applicants works?
Spouse works?

NAME OF PCP ...
SELECTED PCP
PCP ORG

I want to get significant Plan materials via email.

PERSONAL EMAIL

PAYING PLAN PREMIUMS
PREMIUM PAYMENT OPTION Get a bill
I GET MONTHLY BENEFITS FROM Social Security

TARGET EFFECTIVE DATE 09/01/2023

ICEP/IEP SEP NONE
 AEP Not Eligible

Production Welcome DORSAINJ: Dorsainville, Joel : Title - Manager: BSS Role - Market_Managers

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MarketPlus Version: 1.472.182.145

Marketing Leads Retention Leads Enrollment Credit MA MEDICARE Portal Document Collection Management Central Event Planning

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Find Lead To be Medicare Member (DU Files) Find MAP Applicant Application For DOE JOHN

Scope of Appointment LONG ENROLLMENT FORM (TAB1) LONG ENROLLMENT FORM (TAB2) APPLICATION STATUS

TARGET EFFECTIVE DATE 09/01/2023

ICEP/IEP SEP NONE
 AEP Not Eligible

RACE/ETHNICITY

RACE

- AMERICAN INDIAN OR ALASK...
- ASIAN INDIAN
- BLACK OR AFRICAN AMERICAN
- CHINESE
- FILIPINO
- GUAMANIAN OR CHAMORRO
- I CHOOSE NOT TO ANSWER
- JAPANESE
- KOREAN
- NATIVE HAWAIIAN
- OTHER ASIAN
- OTHER PACIFIC ISLANDER
- SAMOAN
- VIETNAMESE
- WHITE

ETHNICITY

- ANOTHER HISPANIC, LATINO/...
- CUBAN
- I CHOOSE NOT TO ANSWER
- MEXICAN, MEXICAN AMERICA...
- NOT OF HISPANIC, LATINO/A...
- PUERTO RICAN

Notes

Production Welcome DORSAINJ: Dorsainville, Joel : Title - Manager: BSS Role - Market_Managers

Type here to search 12:28 PM 8/17/2023

MarketPlus Version: 1.472.182.145

Marketing Leads Retention Leads Enrollment Credit MA MEDICARE Portal Document Collection Management Central Event Planning

MA Member Search Appointments Find Applicant Analytics Custom Reports DU/Seamless Outreach Priority List Video Guide and Help Docs
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DU/Seamless Enrollment Application Reporting Maintenance Administration Help

Find Lead To be Medicare Member (DU Files) Find MAP Applicant Application For DOE JOHN

Scope of Appointment LONG ENROLLMENT FORM (TAB1) LONG ENROLLMENT FORM (TAB2) APPLICATION STATUS

IF YOU ARE THE AUTHORIZED REPRESENTATIVE, YOU MUST SIGN ABOVE AND PROVIDE THE FOLLOWING INFORMATION:

LAST NAME
 FIRST NAME
 PHONE NUMBER () - -
 AddressLine1
 AddressLine2
 City
 State
 Zip

RELATIONSHIP TO ENROLLEE

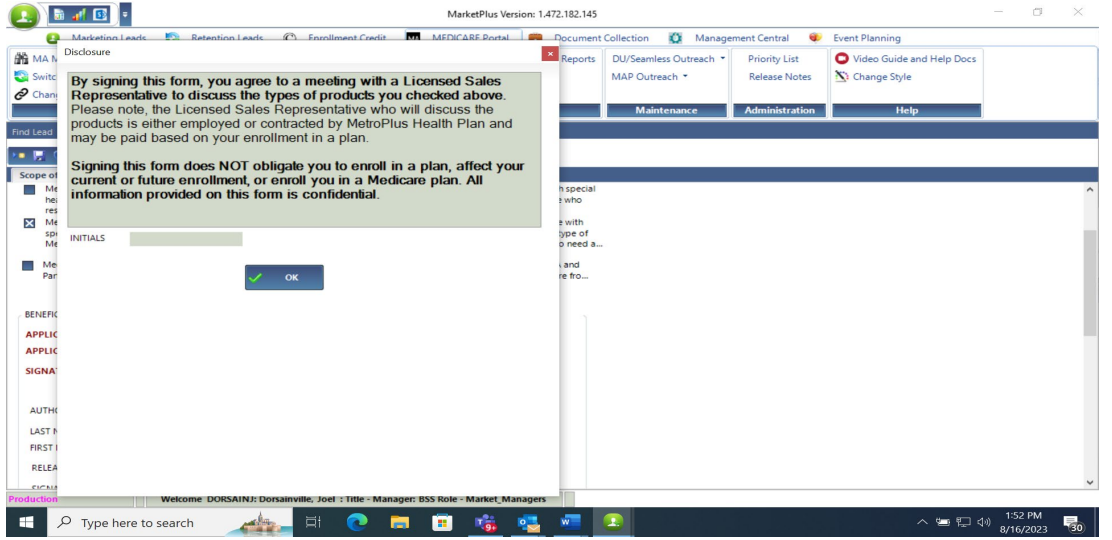
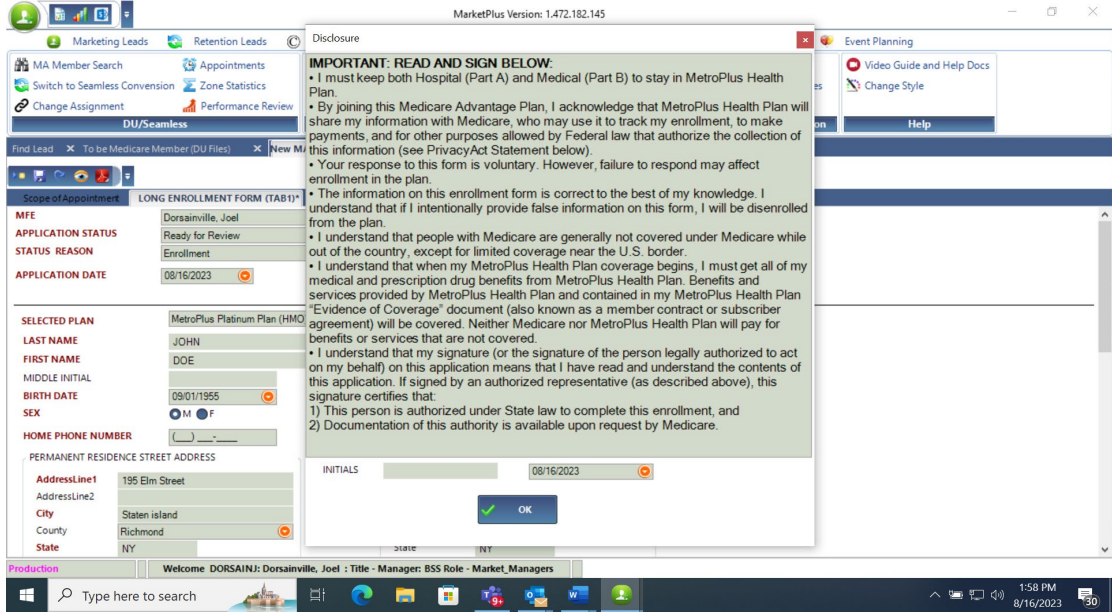
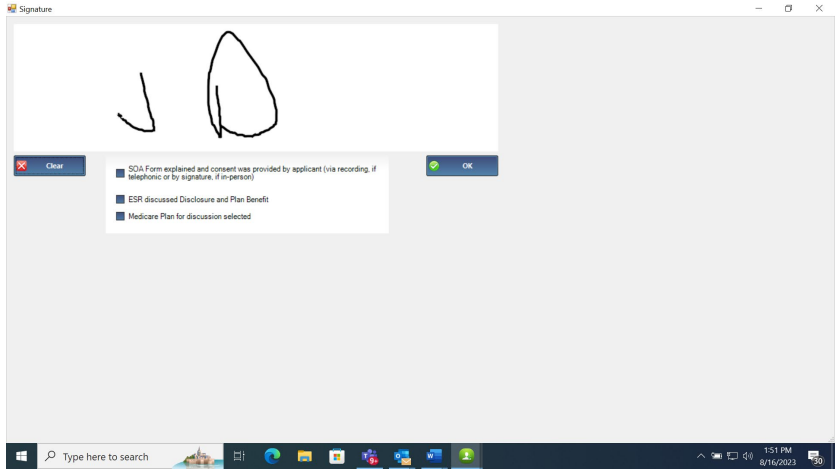
OTHER COVERAGE AND IDENTIFICATION NUMBER FOR THIS COVERAGE

NAME OF OTHER COVERAGE
 ID # FOR THIS COVERAGE GROUP NUMBER FOR THIS COVERAGE

ChangedBy DORSAINJ
 ChangeDate 8/16/2023 2:26:33 PM

Production Welcome DORSAINJ: Dorsainville, Joel : Title - Manager: BSS Role - Market_Managers

Type here to search 9:37 AM 8/17/2023



Pre-enrollment Check List (PECL)

Before you make an enrollment decision, it is important you understand our Plan benefits and rules. The items below must be reviewed before an enrollment is completed. If you have additional questions, call 24/7 Help Line 866-986-0356 (TTY: 711).

Understanding the Benefits as follows:

- 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 metroplusmedicare.org or call 24/7 866.986.0356 (TTY: 711) to view a copy of the EOC.
- 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.
- 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.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules as follows:

- In addition to your monthly plan premium if a plan premium is applicable to you, 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/coinsurance may change on January 1, 2024.
- Except for emergency situations, urgent care situations, or certain state/federal mandates, we generally do not cover services by out-of-network providers.
- If you are enrolling into our dual eligible special needs plans, either our MetroPlus Advantage Plan (HMO D-SNP) or MetroPlus UltraCare (HMO 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. If you are enrolling in our MetroPlus Platinum Plan (HMO), your ability to enroll will be based only on verification that you are entitled to Medicare.
- Effect on Current Coverage. Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in Tricare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.

In the event you do not have a PCP, Specialist, or taking prescription drugs leave blank and enter the reason why the information was not captured. For example, "I did not have the information at the time of enrollment.

Network Providers

Primary Care Physician (PCP) _____

Specialist (s) _____

Prescription Drug (s) _____

By signing below, the beneficiary and agent attest to reviewing the Pre - enrollment check list.

Representative/Broker Signature: _____

Rep/Broker ID: _____

Member Signature: _____