

SCRIPT: MA/MAPD/PDP Applicant Voice Enrollment Attestation or Voice Signature

Purpose: This script will be used by internal Field Sales Representatives and External Brokers (Agents) to capture an MAPD, DSNP, CSNP, ISNP or PDP Applicant's Voice Enrollment Attestation or Voice Signature during the suspension of face-to-face sales due to COVID-19.

This may only be offered:

1. After the Agent reviewed the approved sales presentation/materials; including the review of required elements of the enrollment application.
2. After the Applicant has received or directed to (online) the Summary of Benefits and Star Ratings Documents.
3. **Voice Enrollment Attestation:** The Applicant stated to the Agent that they would like to enroll over the phone.
4. **Voice Signature:** The Applicant stated to the Agent that they would like to enroll during an electronic meeting (i.e. Skype; FaceTime; Webex etc.) and does not have access to or understanding of electronic signatures/processes.

Script Instructions:

- Information in (parentheses) should not be spoken, it contains instruction for you.
- Information in [square brackets] indicates optional language – depends on the scenario.
- Information in <carets> should be populated with the applicable information. For example for <Agent First and Last Name> you should say your first and last name.

(VOICE ENROLLMENT ATTESTATION – Applicant enrolled over the phone)

(Start the Voice Recording)

- Before we get started, I want you to know that this call is being recorded for verification, quality control and training purposes.
- My name is <Agent First and Last name> and today's date is <today's date>.
- The purpose of this call is to confirm the enrollment of <Applicant's Name> into <plan name>.
- I attest that I have reviewed all required enrollment application information with <Applicant's Name / Authorized representative's name>.
 - **(If caller is an authorized representative)**
 - [(If not previously provided) Please provide your first and last name; your telephone number; and your relationship to the applicant.]
 - You will be asked to certify that you are authorized under state law to complete the enrollment application, and to provide written certification on behalf of <him/her>.
- To complete your enrollment, we need to go through some important information. I will read several statements. When I am finished, I will ask you if you understand and agree.

- By completing this enrollment, you agree to the following:
 - You can only be in only one <Medicare Advantage/Prescription Drug> plan at a time, and enrollment in this plan will automatically end your enrollment in another Medicare Advantage or prescription drug plan.
 - Your enrollment in this plan is generally for the entire year, and you may only leave this plan or make changes at certain times or under certain special circumstances.
- By joining this <Medicare Advantage/Prescription drug> plan, you acknowledge that <plan name> will release your information to Medicare and other plans as is necessary for treatment, payment and health care operations.
- You also acknowledge that the <plan> will release your information to Medicare, including prescription drug event data, who may release it for research and other purposes which follow all applicable Federal statutes and regulations
- 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.
- Please state “I understand and agree.”
 - **[(If applicant does not affirm the statement):** Without your agreement to this statement, I cannot submit your enrollment application. I can send you an application or, if it is more convenient, you can download one from our website.]

(Obtain verbal signature)

- You understand that your signature [or the signature of the person authorized to act on my behalf] means that you understand the contents of your enrollment application.
 - **[(If signed by an authorized representative):**
 - This signature certifies that:
 - You are authorized under State law to complete this enrollment and
 - Documentation of this authority is available upon request from Medicare.]
- Thank you!

(End the Voice Recording.)

(VOICE SIGNATURE – Electronic Meeting via Skype, Webex, FaceTime)

(Start the Voice Recording)

- Before we get started, I want you to know that this call is being recorded for verification, quality control and training purposes.
- My name is <Agent First and Last name> and today's date is <today's date>, and
- The purpose of this call is to confirm the intent to enroll for <Applicant's Name> into <plan name>
 - **(If caller is an authorized representative)**
 - [(If not previously provided) Please provide your first and last name; your telephone number; and your relationship to the applicant.]
 - You will be asked to certify that you are authorized under state law to complete the enrollment application, and to provide written certification on behalf of <him/her>.

(Obtain verbal signature)

- You understand that your signature [or the signature of the person authorized to act on my behalf under the laws of the State where you live]] means that you understand the contents of this application.
 - **(If signed by an authorized representative):**
 - This signature certifies that:
 - You are authorized under State law to complete this enrollment and
 - Documentation of this authority is available upon request from Medicare.
- Thank you!

(End the Voice Recording.)