

# ICBN

NEXT  LEVEL

WHAT COMES NEXT:

## Conducting Compliant Medicare Consults over the Phone



*These materials are intended solely for Medicare Insurance Broker training purposes and are not designed for use with clients.*



## What's on the **Agenda**

### **Connecting by Phone with Medicare Beneficiaries**

Ensure Clarity. Build Trust. Stay Compliant.

- Before you Begin
- Types of Calls that Need to Be Recorded
- Permission to Contact | Consent to Call & Record
- Scope of Appointment
- Call Recording Rules
- Telephone Enrollment Essentials
- Use the Right Tools
- Help Them Understand Their Coverage
- Finishing Strong

Your ability to clearly communicate and verify understanding over the phone ensures compliance — and a satisfied, well-informed member.



## MedicareCenter

- Check your Account Profile
  - Ensure your Agent Phone Number is set-up. This is the number calls will be forwarded to.
  - You will be assigned an Agent Phone Number. This phone number can be given to clients for them to contact you directly. It will be forwarded to the number found in your Availability Preferences. his phone number will appear on your agent page and agent website link. It is your recorded line.
  - Calls may be sent or received from this phone number.
- Get familiar with your Plan Enroll page.
  - Update information from your Agent Profile page inside MedicareCenter



## Types of Calls that **Must Be Recorded**

- Calling leads
- Scheduling appointments
- Collecting Scopes of Appointment (SOAs)
- Educational calls/presentations
- Collecting medication and pharmacy information
- Provider discussions
- Telephonic enrollments
- Verification calls (confirmation of understanding and intent to enroll)

**Note:** This list is not all-inclusive and there may be other calls within the chain of enrollment that require recording. If in doubt, record the transaction.



## Are you **Ready? Compliant?**

### **Permission to Contact**

- As of Oct 1, 2024: One-to-one CMS-compliant consent required for outbound calls.
- Warm Transfers: Require written or recorded one-time verbal consent stating Agent's name/Agency's name.
- No info sharing with affiliates without prior written consent.

### **Call Recording Rules**

- Since Oct 1, 2022: All calls (inbound/outbound) with beneficiaries must be recorded.
- Applies to all TPMOs – including agents, lead generators, virtual platforms.
- **No recording = no enrollment.**
  - If client objects to the call being recorded, you must not proceed with the call
  - Two alternatives 1. Schedule in-person meeting 2. Utilize your personalized Plan Enroll site.
- You must retain sales/enrollment calls for 10 years (CMS-compliant storage\*).
- HIPAA allows these recordings under CMS regulation.

\*Check your state's requirements, it may vary. Take the longer of the requirements if there is a variance with CMS.

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## Telephonic: **Scope of Appointment**

- CMS regulations require agents obtain confirmation from the beneficiary of the plan to be presented for all personal marketing appointments: such as MA-only plans, MAPD plans, and PDP plans.
- Agents must obtain a Scope of Appointment (SOA) **before** making a telephonic presentation.
- The SOA requires the 48-hour waiting period **UNLESS**:
  - Agent is receiving an INBOUND call
  - During the last 4 days of a valid election period for the beneficiary
- SOA may be completed by paper or telephonically.
- SOA must be read verbatim (word-for-word), and the beneficiary must give an affirmative response.

*“We have a variety of plans in your area. I’d like to give you a brief overview of each of these plans, then we can decide which plans might be best for you based on your needs. Would that be okay”*

- If speaking with a person who holds medical Power of Attorney (POA) or is the legal guardian of a beneficiary who is unable to make their own healthcare decisions, the POA/Legal Guardian can make the SOA selection.



### Introduction

- State your name, company, contact info.
- Ask if an authorized decision-maker should join.
- Disclaimer... **Read within the first minute of the call; it's available in MedicareCenter**
  - “This call is being recorded for quality assurance or training purposes. We do not offer every plan available in your area. Currently, we represent (X) organizations which offer (XX) products in your area. Please contact medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.”

### Medicare Basics

- Clarify plan switch implications (e.g., loss of Original Medicare card use).
- Confirm Parts A, B, D understanding.

### Disclosures & Eligibility

1. Explain you're a licensed agent; you do not work for Medicare.
2. Confirm they understand plans change annually.
3. Educate them on Enrollment Periods (AEP, SEP, etc.).

### Special Needs Plans (D-SNP/C-SNP)

1. Review eligibility requirements and ensure full understanding.



## Use the **Right Tools**

- Follow provided sales scripts.
- Needs Analysis/Suitability Assessment
  - Prescriptions • Providers • Pharmacy • and more

### **Cover these topics:**

- CMS Pre-Enrollment Check list
- Provider Participation/Directory (digital on carrier website/paper)
- Pharmacy Coverage/Directory (digital on carrier website/paper)
- Formulary
- Effect on current coverage
- Summary of Benefits and services
  - Plan premium, Out-of-Pocket expenses (i.e. Deductibles, Co-Payments, coinsurance, MOOP, additional benefits, etc).
  - How benefits are covered – coinsurance vs. copayments
- Star ratings
- Evidence of Coverage (EOC)
- Grievance/resolution options
- Pre-authorization/referrals



## Help your Client **Understand their Coverage**

### **Costs**

- Part B, plan premiums, LEP, LIS eligibility
- Deductibles, copays, MOOP
- Network vs. out-of-network cost implications

### **Networks**

- **HMO:** Must use plan providers
- **PPO:** Higher out-of-network costs
- **PFFS:** Providers must accept plan terms
- **POS:** Needs PCP; out-of-network may cost more

### **Drug Coverage (Part D)**

- Explain tiers, prior authorizations, quantity limits
- Show how to check the formulary
- Clarify deductibles, copays, and MOOP for Part D



### **Reconfirm:**

- PCP choice & in-network status
- Impact on current coverage
- Payment options, ID card delivery, disenrollment terms
- Complete all CMS & Pre-Enrollment Checklists

### **Screen Shots (CYA)**

- **Document. Document. Document.**
  - Share with client.
  - Keep as part of your client's file.

### **Must have a Valid Signature**

- Don't hang-up until application is signed and returned. Too many agent's hang up before application is returned completed.
  - Make sure you tell them that by signing/selecting the check box the electronic application they will be enrolled into the plan.



### **Must have a Valid Signature**

- Beneficiary must sign the electronic application by either providing a clear and affirmative response to the Telephonic Signature (T-Sig)/Interactive Voice Response (IVR) recording  
OR
- By sending the beneficiary the application digitally. Don't hang-up until application is signed and returned.
  - Too many agent's hang up before application is returned completed.
  - Make sure you tell them that by signing/selecting the check box the electronic application they will be enrolled into the plan.

There are only 2 instance when someone other than the beneficiary can sign the enrollment form:

1. Beneficiary is not competent to make their own healthcare decisions and has a designated Power of Attorney for Healthcare to act on their behalf
2. Someone has court appointed Legal Guardianship for the beneficiary.

When a POA or LG signs the enrollment form, they sign their own signature.

They do NOT use the beneficiary's name.



## Important Reminder

Clear communication and confirmation of understanding during phone calls are essential for maintaining compliance and ensuring members feel informed and confident.

### Tips:

- Check in regularly during the telephonic discussion to ensure the client is actively listening, engaged, and understands the content.
- Speak clearly.
- Don't speak too quickly.
- Offer to send DMM or screen share so the beneficiary has documentation to review during the call.



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# Thank You!