

**Date:** \_\_\_\_\_

**[Greeting:]**

Hello, my name is \_\_\_\_\_,

and I am calling from \_\_\_\_\_.

**Company Name**

We have recently received your request to enroll in \_\_\_\_\_, a Medicare Advantage Private Fee-for-Service Plan. This call is to make sure that you understand how a Private Fee-for-Service Plan works and to answer any questions that you have. You don't have to provide any information to me, and any information you do provide will in no way affect your ability to join our plan. This should take about \_\_\_\_\_ minutes. May we continue? This call may be monitored or recorded

**[If yes, proceed to [Introduction to Plan Rules:] below.]**

**[If no:]** Alright, Mr./Ms. \_\_\_\_\_.

**Beneficiary Name**

Is there a better time when I should call again?

**[If yes, take down date and time to call.]**

**[If no:]** Thank you for choosing \_\_\_\_\_.

**Company Name**

We will be sending you letters about your enrollment request soon.

**[End call.]**

**[Introduction to Plan Rules:]**

Thank you, Mr./Ms. \_\_\_\_\_.

**Beneficiary Name**

In order to make sure you understand how the plan works, I will review some important information about getting care as member of \_\_\_\_\_.

**Plan Name**

**[PFFS plan rules:]**

• \_\_\_\_\_ is a Medicare Private Fee-

**Plan Name**

For-Service plan and not a Medicare supplement, Medigap, or Medicare Select plan. This means that \_\_\_\_\_

**Plan Name**

pays *instead* of Medicare. You will pay the cost sharing listed in the summary of benefits provided with the application.

- Once enrolled, you can not use your red, white and blue Medicare card to get healthcare, because the Original Medicare Plan won't pay for your healthcare while you are enrolled in this plan. You should keep your Medicare card in a safe place in case you return to the Original Medicare Plan in the future.
- You may get health care services from any provider allowed to bill Medicare and who agrees to accept our payment terms and conditions.
- It is important that all of your health care providers be made aware, before you get any services, that you have joined \_\_\_\_\_,

**Plan Name**

which is a PFFS plan. This gives your provider the right to choose whether to accept our plan's payment terms and conditions. The provider can make a different choice to accept the terms and conditions of payment each time you need service. This is why you must show your \_\_\_\_\_ ID card every time you visit a

**Plan Name**

health care provider. It is important to understand that Medicare providers and suppliers are not obligated to treat Medicare beneficiaries enrolled in PFFS plans, though they can choose to do so. There is a phone number on your \_\_\_\_\_ IDcard for the

**Plan Name**

provider to find out about the terms and conditions of payment.

- If your provider decides to accept the payment terms of the \_\_\_\_\_ plan, he or she must bill \_\_\_\_\_ for those  
**Plan Name** **Plan Name**
- services. However, each provider has the right to decide whether or not they will accept \_\_\_\_\_ each time they see you.  
**Plan Name**
- If your provider decides not to accept the payment terms of the \_\_\_\_\_ plan, you will need to find another provider that  
**Plan Name**  
will. They should not provide services to you, except in an emergency.
- You must use network pharmacies to obtain prescription drugs, except in emergencies or urgent situations.

- *[Include if plan offers Part D: If you have limited income and resources, you may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call 1-800-Medicare (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day, 7 days a week. Or, call the Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call*

1-800-325-0778. You may also call your State Medicaid Office.]

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Mr./Ms. \_\_\_\_\_, do you understand what I have just

**Beneficiary Name**

explained to you?

**[If yes, continue to [Enrollment cancellation policy] below.]**

**[If no: you must ask the applicant about any specific questions they have, and answer those questions. You may need to explain the information above again until the applicant understands.]**

**[Enrollment cancellation policy]**

If you have any questions or would like to cancel the processing of your enrollment, please call our Member Services Department at 1-888-445-8916. You must notify us of your intent to cancel the processing of your enrollment within 7 calendar days after receiving this phone call or by the last day of the month in which the request for enrollment was received, whichever is later. TTY users should call 1-800-425-5705. We are open 8 am to 6 pm CST Monday thru Friday.

**[Close:]**

- Mr./Ms. \_\_\_\_\_, it was a pleasure speaking with you  
**Beneficiary name**  
today. We will soon send you a letter telling you we received your completed enrollment form. You should use this letter as a temporary \_\_\_\_\_ ID card before you get health care. We will also  
**Plan Name**  
send you a member ID card soon. Once you get it, remember to show your ID card to your doctor or hospital before you get healthcare. Thank you for your time and for choosing \_\_\_\_\_ as your  
**Plan Name**  
health plan. **[End call.]**