

## Agent Guide to Entering Your Enrollment Applications Online

### What you need to know about Entering Enrollments-

- A Scope of Appointment – if applicable – must have been signed *prior* to completing the enrollment per the SOA rules. \* SOA is not required where Enrollment Applications are mailed to agents. Refer to the 2014 Enrollment Application for more information.
- Agents must confirm that the client has signed the completed Enrollment Application.
- Agents must sign and date the completed Enrollment Application.
- **Within 24 hours of receiving completed application:**
  - You must **data enter** the enrollment application directly into the Enrollment Portal
  - You must **submit the backup documentation** after you have data entered the enrollment into the Enrollment Portal. Please send all pages of the signed, completed application and the Scope of Appointment to SilverScript Insurance Company within 24 hours of portal entry. Choose one of the following options:
    - Upload: Upload a scanned copy of the documents via the Enrollment Portal secure mailroom
    - Email: enrollmentverification@caremark.com
    - Fax: 1-866-552-6205
    - Mail: SilverScript Insurance Company  
Attn: Agent Processing  
PO Box 52134  
Phoenix, AZ 85072

**Note: Make sure to use the same Agent ID on the paper enrollment form that you used to log in to the Enrollment Portal.**

**ALL signed applications must be submitted to SilverScript for audit purposes. The method of submission varies by SNMO. Specific instructions appear on the SilverScript Enrollment Portal enrollment page.**

The screenshot shows a web interface for the SilverScript Agent Enrollment Center. On the left, there is a sidebar with a 'Silver Mail' section indicating no unread messages and a 'Compose' button. Below that, it shows 'Plan Year: 2014' and a 'Change Plan Year >>' button. The main content area is titled 'Enrollment' and contains a welcome message: 'Welcome to the SilverScript Agent Enrollment Center!' followed by a red link that says 'CLICK HERE to access the online enrollment application form in order to complete an online enrollment.' A yellow callout box with a black border points to this link and contains the text: 'Clicking the enrollment link will open a new browser enabling you to enter an enrollment'.

The online enrollment form has several screens to complete. All you will need to do is enter the data into the online form just as it appears on the signed, paper enrollment form.

- Note: Remember, IEP is different for Med D PDPs than Med Supplemental plans; the difference for PDPs is that the IEP is *either* Part A or Part B, whichever comes **first**. **If they have had Part A for several months or longer, and are just beginning their Part B, then this does not qualify as an IEP for PDP plans.** Please select the appropriate SEP.

The first screen will request the way you received the completed enrollment application, and whether you have a Scope of Appointment.

Hello, **XXXXXXXXXX**. Plan Year is 2014

**\* Enrollment Method:**

- I received a paper application in the mail
- I completed a paper application in a face to face meeting with the beneficiary
- I am entering the application directly in the Portal

**\* SCOPE OF APPOINTMENT (You must check one).**

- A Scope of Appointment is included with this enrollment form.
- A Scope of Appointment was NOT completed because the application was mailed to the agent.

**Submit >>**

[Start New Application](#) | [Home](#)

The next screen will have options to choose the desired plan and the Election Period. Make certain that the Plan you select matches the plan on the paper enrollment form. The Plan Year is displayed on the top, after your name.

Hello, **XXXXXXXXXX**. Plan Year is 2014

**Tell us about the applicant**

Agent being used for this enrollment: **XXXXXXXXXX**

**\* Election Period:**  Annual  Initial  Special

**SEP Effective Date:**

**\* Desired Plan:**  SilverScript Choice  SilverScript Basic  SilverScript Plus

**\* Application Date:**

**\* Effective Date of Enrollment**

**\* Last Name**  **Suffix**  **\* First Name**  **MI**  **Title**

**\* Medicare Claim/HIC Number**

**Medicare Part A (Hospital) Effective date that appears on your Medicare Card:**

**Medicare Part B (Medical) Effective date that appears on your Medicare Card:**

A few Helpful tips for entering an enrollment:

1. Make certain to choose the correct Election Period from the drop down boxes that appear when selecting "Initial" or "Special". (Annual is ONLY used between Oct 15<sup>th</sup> and Dec 7<sup>th</sup>.)
2. Watch the Member Name: It's entered as Last Name, Suffix, and *then* First Name Middle Initial, and title.
3. Phone numbers and Medicare/Railroad Retirement Claim Numbers must not have dashes in them or a space after the last number/letter.
4. It's not complete until you have a Confirmation number.
5. Don't forget to submit the paper application, and SOA if applicable, as soon as you have the confirmation number. If entering the enrollment application directly into the portal, submit the printed copy with the client's signature and date.

\* Date of Birth (mm/dd/yyyy)  \* Gender  M  F

Phone Number (numbers only)  Cell Phone Number (numbers only)

Long-Term Care Facility Name (if a )  Long-Term Care Facility Phone

\* Permanent Address/Long Term Care Address Line 1

Permanent Address/Long Term Care Address Line 2

\* City  \* State:  \* Zip

Mailing Address is the same as Permanent Address

\* Mailing Address Line 1

Mailing Address Line 2

\* City  \* State  \* Zip

Email Address (optional)

You can pay your monthly plan premium (including any late enrollment penalty you may owe) by mail, automatic bank draft withdrawal, automatic deduction from your monthly Railroad Retirement Board check, automatic deduction from your Social Security benefit check, or credit card.

*If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be 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 or Railroad Retirement Board benefit check or be billed directly by Medicare. Do NOT pay the Part D-IRMAA extra amount to SilverScript Insurance Company.*

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, 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 won't have a 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](http://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 does not cover.

**Please select a premium payment option.** (If you don't select an option, you will receive a monthly bill.)

**Reminder,** if you have secondary coverage that pays for part of your premiums (for example: from your employer or an SPAP) then you must choose monthly bills that you can pay by mail in order for the secondary coverage to be applied correctly.

- Automatic Bank Draft Withdrawal
- Automatically deduct the premium from your Social Security benefit check
- Automatically deduct the premium from your Railroad Retirement Board check
- Monthly payments by personal check

**Note,** the option to pay using a credit card will be included on your monthly invoice. You may also contact Customer Care at 1-866-552-6106.

If Automatic Bank Draft Withdrawal is selected, there will be a new section added to enter the Account information.

- Automatic Bank Draft Withdrawal
- Automatically deduct the premium from your Social Security benefit check
- Automatically deduct the premium from your Railroad Retirement Board check
- Monthly payments by personal check

\* Name on Account:

\* Type of Account:

Checking

Savings

\* Financial Institution:

\* Routing Number:

\* Account Number:

*By selecting Automatic Bank Withdrawal, I authorize the bank or financial organization named above to pay my premium through electronic bank withdrawal payable to SilverScript Insurance Company. I authorize the deduction of up to \$200 at a time (only if the balance is such). The bank or other financial organization will be fully protected in honoring these payments until written notice from me canceling this request is received.*

**Note**, the option to pay using a credit card will be included on your monthly invoice. You may also contact Customer Care at 1-866-552-6106.

Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.

\* Will you have other prescription drug coverage in addition to SilverScript?

Yes  No

\* Applicant prefers to receive written communications in:  English  Spanish

To receive information in an alternate format, such as Braille, audio tape or large print, please contact us at: 1-866-552-6106, 24 hours a day, 7 days a week. TTY: 1-866-552-6288

**Please read:**

**If you are a member of a Medicare Advantage Plan** (like an HMO or PPO), you may already have prescription drug coverage from your Medicare Advantage Plan that will meet your needs. By joining SilverScript Insurance Company, your membership in your Medicare Advantage Plan may end. This will affect both your doctor and hospital coverage, as well as your prescription drug coverage. Read the information that your Medicare Advantage Plan sends you and if you have questions, contact your Medicare Advantage Plan.

**If you currently have health coverage from an employer or union, joining SilverScript Insurance Company could affect your employer or union health benefits.** You could lose your employer or union health coverage if you join SilverScript Insurance Company. Read the communications your employer or union sends you. If you have questions, visit their Web site, or contact the office listed in their communications. If there isn't information on whom to contact, your benefits administrator, or the office that answers questions about your coverage can help.

Notes (max 300 characters)

[Continue to Step 2 >>](#)

[Go Back and Make Changes](#)

## Final Review and Confirmation

### **Selected Plan: SilverScript Basic**

Please review the following information, and click the button at the bottom of the page to submit the enrollment application.

### **Terms of Enrollment**

**By completing this enrollment application, I agree to the following:**

SilverScript Insurance Company offers two Medicare drug plans and has a contract with the Federal government. I understand that this prescription drug coverage is in addition to my coverage under Medicare; therefore, I will need to keep my Medicare Part A or Part B coverage. It is my responsibility to inform SilverScript Insurance Company of any prescription drug coverage that I have or may get in the future. I can only be in one Medicare prescription drug plan at a time – if I am currently in a Medicare prescription drug plan, my enrollment in SilverScript Insurance Company will end that enrollment. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes if an enrollment period is available, generally during the Annual Enrollment period (October 15 – December 07), unless I qualify for certain special circumstances.

SilverScript Insurance Company serves a specific service area. If I move out of the area that SilverScript Insurance Company serves, I need to notify the plan so I can disenroll and find a new plan in my new area. I understand that I must use network pharmacies except in an emergency when I cannot reasonably use SilverScript Insurance Company network pharmacies. Once I am a member of SilverScript Insurance Company, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from SilverScript Insurance Company when I get it to know which rules I must follow to get coverage.

I understand that if I leave this plan and don't have or get other Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with SilverScript Insurance Company, he/she may be paid based on my enrollment in SilverScript Insurance Company. Counseling services may be available in my state to provide advice concerning Medicare supplement insurance or other Medicare Advantage or Prescription Drug Plan options, medical assistance through the state Medicaid program and the Medicare Savings Program.



**Release of Information:**

By joining this Medicare prescription drug plan, I acknowledge that SilverScript Insurance Company will release my information to Medicare and other plans as is necessary for treatment, payment, and health care operations. I also acknowledge that SilverScript Insurance Company will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes that follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under State law where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that:

- 1) this person is authorized under State law to complete this enrollment and
- 2) documentation of this authority is available upon request by SilverScript Insurance Company or by Medicare.

By clicking the button below, the applicant certifies that the applicant has read, understands and agrees to the terms of enrollment and wishes to enroll with SilverScript

Beneficiary has signed application.

Does the Applicant have a legal guardian that is authorized to speak on his/her behalf?(Note: The Authorized Representative is NOT the Insurance Agent it is a person who has the power of attorney for the Applicant.)  
 No  Yes

By clicking the button below, the applicant certifies that the applicant has read, understands and agrees to the terms of enrollment and wishes to enroll with SilverScript

[The Applicant has read and agrees to the Terms of Agreement >>](#) [Go Back and Make Changes](#)

The enrollment is **almost** complete, please read and review the information on this screen with the client to make certain that everything is understood, check the box to acknowledge that the client has signed the application. If there is a legal guardian or POA then this information can be entered in the light blue box. Once you are at the bottom of the page, click on the Red “The Applicant has read and agrees to the Terms of Agreement” button to proceed.

Confirm all the enrollment data was entered correctly from the application on the following screen, if there is an error, you may click on “Go Back and Make Changes” or click on Submit to receive the confirmation number.

Confirm the Enrollment Details Below

Please review the following information, and click the button at the bottom of the page to submit the application for your client, or click to go back and edit details.

**Please note that your enrollment has not yet been submitted. Please review the data and click the submit button at the bottom of the page to complete the enrollment.**

Agent ID	[REDACTED]
Data Entry ID	[REDACTED]
Title	
First Name	Santa
Middle Initial	
Last Name	Claus
HIC Number / Medicare ID	9 [REDACTED] A
Application Date	12/19/2013
Effective Date	01/01/2014
Applicant State	OH
Selected Plan	SilverScript Basic
CUID	[REDACTED]
Election Period	Special
Special Enrollment Criteria	200 - Change in Residence / Service Area
Enrollment Type	Paper
Phone Number	[REDACTED]
Cell Phone	
Date of Birth	12/25/1 [REDACTED]
Gender	male
Email	
Permanent Address 1	123 Main Street
Permanent Address 2	
Permanent City	North Pole
Permanent State	[REDACTED]
Permanent Zip	[REDACTED]

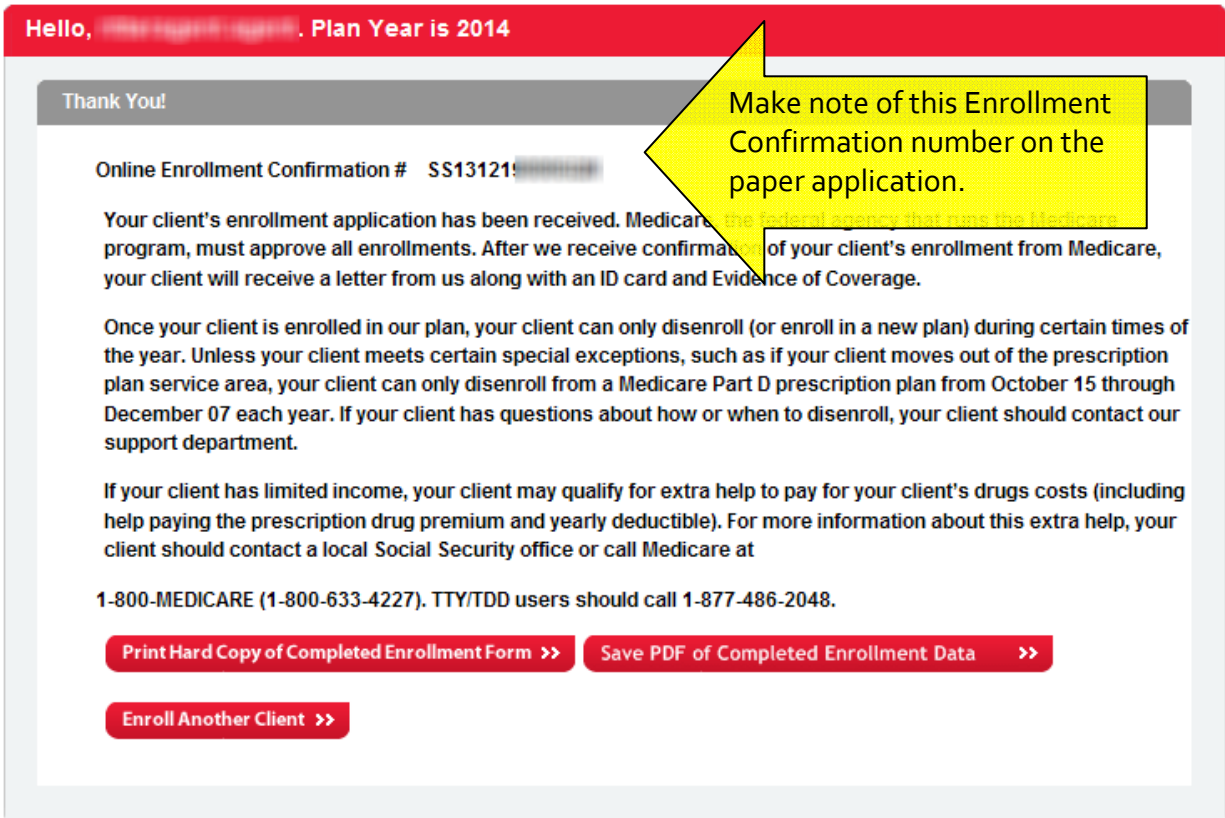
Mailing Address 1	123 Main Street
Mailing Address 2	
Mailing City	North Pole
Mailing State	AK
Mailing Zip	99501
Long-term Care Name	
Long-term Care Phone	
Medicare Part A Date	01/01/2006
Medicare Part B Date	01/01/2006
Premium Payment Type	Direct Bill
Language Preference	english
Secondary Coverage Name	
Secondary Coverage Name	
Secondary Coverage Group	
Authorized Representative Name	
Authorized Representative Phone	
Authorized Representative Relationship	
Authorized Representative Address	
Authorized Representative City	
Authorized Representative State	
Authorized Representative Zip	
Name on Account	
Account Type	
Routing Number	
Financial Institution	
Account Number	
Notes	

Submit >>

[Go Back and Make Changes](#)

Once the Submit button has been clicked, the next page will provide you with the enrollment confirmation number.

**Note:** If you do not receive a confirmation number, the enrollment has not been submitted.



The screenshot shows a web page with a red header bar containing the text "Hello, [Name]. Plan Year is 2014". Below the header is a grey bar with "Thank You!". The main content area is white and contains the following text: "Online Enrollment Confirmation # SS13121!". A yellow callout box with a black border and a black arrow pointing to the confirmation number contains the text "Make note of this Enrollment Confirmation number on the paper application." Below this is a paragraph: "Your client's enrollment application has been received. Medicare, the federal government's health insurance program, must approve all enrollments. After we receive confirmation of your client's enrollment from Medicare, your client will receive a letter from us along with an ID card and Evidence of Coverage." This is followed by another paragraph: "Once your client is enrolled in our plan, your client can only disenroll (or enroll in a new plan) during certain times of the year. Unless your client meets certain special exceptions, such as if your client moves out of the prescription plan service area, your client can only disenroll from a Medicare Part D prescription plan from October 15 through December 07 each year. If your client has questions about how or when to disenroll, your client should contact our support department." The next paragraph states: "If your client has limited income, your client may qualify for extra help to pay for your client's drugs costs (including help paying the prescription drug premium and yearly deductible). For more information about this extra help, your client should contact a local Social Security office or call Medicare at". At the bottom of the page, there are three red buttons: "Print Hard Copy of Completed Enrollment Form >>", "Save PDF of Completed Enrollment Data >>", and "Enroll Another Client >>".

If the enrollment was entered directly into the Enrollment Portal, print a hard copy of the enrollment form for the member's records and another for submitting with the Scope of Appointment per the directions on Step 2 on the Enrollment main screen.

For paper copies of the enrollment application form, use the space provided on the enrollment for the confirmation number.

**The last screen in the online application process displays a confirmation number. Again, we encourage you to print the screen or write the confirmation number onto the signed paper enrollment application form.**

## EMAIL ENROLLMENTS

You can also send your client an email link where they can submit the enrollment themselves and it retains your information as the Agent of Record.

Click on Email Enrollment in the menu.

The screenshot shows the Silver Mail Agent Portal interface. On the left is a navigation menu with the following items: Home, Reports, Enrollment, Email Enrollment, Plan Offerings, Supply Room, Training & Certification, Update Profile, Reference Materials, and Logout. The 'Email Enrollment' item is highlighted with a yellow arrow pointing to it, with a callout box containing the text 'Click here to email a link to your client.' The main content area is titled 'Agent Portal' and contains a message: 'You have achieved the SilverScript Agent Portal "Good Standing" Agent status. Click here to view the details.' Below this is a blue headline: 'The Sanction is Lifted, Effective January 1st, and SilverScript is Clear to Begin Marketing and Enrolling New Members in the New Year'. The text below the headline states: 'On December 20, 2013, the Centers for Medicare and Medicaid Services (CMS) informed SilverScript that it has lifted the sanctions imposed on the SilverScript Medicare Part D Prescription Drug Plan (PDP), effective January 1, 2014. This means CMS has completed its audit of our remediation work and is satisfied that the underlying issues have been fixed and are not likely to recur. As a result, **CMS has officially given a green light for SilverScript to resume marketing of its SilverScript PDP products and can begin enrolling members on January 1, 2014 for effective coverage dates beginning** For complete information, click on the **Agent Update - Sanction Lifted! News & Information item, below.**' Below this is another blue headline: 'Enrollment Processing Announcement' followed by the text: 'We listened to your feedback! As you requested, we will again require marketing agents to enter enrollment data directly into the Enrollment Portal, rather than submitting the

Then enter your client's email address, read the agreement, and click "I Agree"

The screenshot shows the Silver Mail Agent Portal interface for sending an enrollment email. The left navigation menu is the same as in the previous screenshot. The main content area contains the following text: 'Please provide the email address of the prospective beneficiary:' followed by an empty text input field. Below this is the text: 'To send the enrollment email to the prospect, you need to agree to the following:'. This is followed by a paragraph: 'This email address was provided to me by the prospect and was not rented, purchased or obtained through any type of directory. I have spoken with prospect, explained the SilverScript Prescription Drug Plans and the prospect has requested an enrollment email.' Below this paragraph are two radio button options: 'I Agree' and 'I Disagree'. At the bottom of the form is a 'Send Email' button.

If your client is married, and their spouse shares the same email address, then only send one link to the email address, and have the client fill out and complete their enrollment, and once they have the Confirmation number, they should close out the enrollment and then open the emailed link a second time to complete the enrollment for the spouse.

Once it has been submitted, you will see this message at the bottom:

Please provide the email address of the prospective beneficiary:

**To send the enrollment email to the prospect, you need to agree to the following:**

This email address was provided to me by the prospect and was not rented, purchased or obtained through any type of directory. I have spoken with prospect, explained the SilverScript Prescription Drug Plans and the prospect has requested an enrollment email.

I Agree  I Disagree

Thank you. An email has been sent to the beneficiary containing an enrollment link.