

## 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 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:
    - Fax: 1-866-552-6205
    - Upload: Upload a scanned copy of the documents via the Enrollment Portal Silver Mail Secure mailroom
    - Email: [enrollment.verification@caremark.com](mailto:enrollment.verification@caremark.com)
    - 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.**

**Silver Mail**

You have no unread messages.

**Compose**

Plan Year: 2015

**Change Plan Year >>**

> Home  
> Reports  
> Enrollment  
> Email Enrollment  
> Plan Offerings  
> Supply Room

Enrollment

**Welcome to the SilverScript Agent Enrollment Center!**

**CLICK HERE** to access the online enrollment application form in order to complete an online enrollment.

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. Do not use “New to Medicare”.

The first screen will request the way you received the completed enrollment application, and whether you have a Scope of Appointment. The Plan Year is displayed on the top, after your name.

**Hello, agent agent. Plan Year is 2015**

\* 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**

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.


\* Election Period:  Annual  Initial  Special

\* Desired Plan:  SilverScript Choice  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:  

When you select the Election Period of Initial or Special, you will see a new text for Reason Codes appear in red.

\* Election Period:  Annual  Initial  Special [Reason Codes](#)  
Selected Reason Code:

This will bring up a Pop up window. Select the correct Election Reason and if necessary, enter the date using the calendar that pops up.

Reasons for Special Enrollment Period Eligibility (SEP)

- I recently returned to the United States (U.S.) after living permanently outside of the U.S. I returned to the U.S. on
- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on
- I am leaving / losing / joining employer or union coverage on
- I have both Medicare and Medicaid or my state helps pay for my Medicare premiums.
- I no longer qualify for Extra Help paying for my Medicare prescription drug coverage. I stopped receiving Extra Help on
- Disenroll from Part D to Enroll in Creditable Coverage
- I live in, am moving into, or recently moved out of a nursing home or Long-term Care Facility. I moved / will move into/out of this facility on
- I recently involuntarily lost my creditable prescription drug coverage (as good as Medicare). I lost my drug coverage on
- In the last 12 months, I left a Medigap policy to join a Medicare Advantage Plan with prescription drug coverage for the first time

CLOSE X

October, 2014						
Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
2	3	4	5	6	7	8


Today: October 14, 2014

Scroll all the way down to the bottom, and then click on "Select & Close".

the first time

- In the last 12 months, I turned 65 and joined a Medicare Advantage Plan with prescription drug coverage
- State Pharmacy Assistance Program
- I received a notice from the Plan/Medicare that I am eligible for a Special Enrollment Period (SEP).
- I am disenrolling from a Medicare cost plan that I had prescription drug coverage from on
- I am being disenrolled from a Medicare Special Needs Plan because I no longer have special needs status.
- I recently lost Medicare Part B but I still have Part A
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan on
- I recently left a PACE program (Program of all inclusive care for the elderly) on
- I am disenrolling from my Medicare Advantage Plan between January 1 and February 14 to enroll in original Medicare.



\*Not supplying an SEP effective date may cause a delay in your enrollment application.

CLOSE 

PHONE NUMBER (NUMBERS ONLY)      CELL PHONE NUMBER (NUMBERS ONLY)

Enter the application date and effective date of enrollment, using the calendars.

\* Desired Plan:  SilverScript Choice    SilverScript Plus

\* Application Date:     \* Effective Date of Enrollment  


**October, 2014**


Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
2	3	4	5	6	7	8

Today: October 14, 2014

\* Last Name    First Name    MI    Title

\* Medicare C

Medicare Par    appears on your Medicare Card:  



Medicare Par    appears on your Medicare Card:  

A few Helpful tips for entering an enrollment:

1. Make certain to choose the correct Election Period from the Pop up box that appears 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.


➤ **Note: ALL names and addresses and data used below are FICTIONAL.**

* Last Name	Suffix	* First Name	MI	Title
<input type="text" value="Sparrow"/>	<input type="text"/>	<input type="text" value="Jack"/>	<input type="text"/>	<input type="text"/>

* Medicare Claim/HIC Number	<input type="text" value="963852741A"/>
Medicare Part A (Hospital) Effective date that appears on your Medicare Card:	<input type="text" value="08/01/2014"/> 
Medicare Part B (Medical) Effective date that appears on your Medicare Card:	<input type="text" value="01/01/2015"/> 

* Date of Birth (mm/dd/yyyy)	* Gender
<input type="text" value="08/15/1949"/>	<input checked="" type="radio"/> M <input type="radio"/> F

Phone Number (numbers only)	Cell Phone Number (numbers only)
<input type="text" value="6345551234"/>	<input type="text"/>

* Permanent Address/Long Term Care Address Line 1		
<input type="text" value="123 E Tortuga"/>		
Permanent Address/Long Term Care Address Line 2		
<input type="text"/>		
* City	* State:	* Zip
<input type="text" value="Tortuga Island"/>	<input type="text" value="New York"/> 	<input type="text" value="05684"/>

Long-Term Care Facility Name (if applicable)	Long-Term Care Facility Phone
<input type="text"/>	<input type="text"/>

Mailing Address is the same as Permanent Address

\* Mailing Address Line 1  
PO Box 321

Mailing Address Line 2

\* City: Tortuga Island      \* State: New York      \* Zip: 05684

Email Address (optional)  
CaptainJackSparrow@BlackPearl.biz

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

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.

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

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

If the client's premium is going to be automatically deducted from their SSA or RRB check, make certain to ask which one. If you select the wrong one, the deductions will take even longer to process than the usual 2-3 months.

- **Hint** – If the Letter is at the beginning instead of the end of their claim number, they are probably collecting RRB benefits instead of SSA benefits.

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

\* Name on Account: (alphanumeric characters)

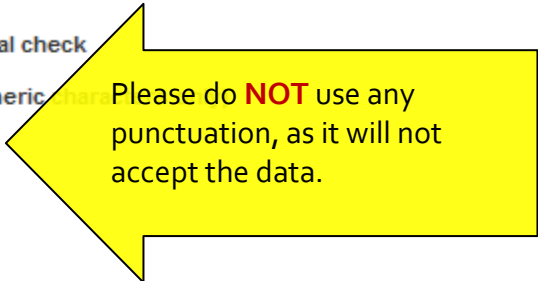
\* Type of Account:

- Checking
- Savings

\* Financial Institution: (alphanumeric characters only)

\* 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 can be started after your enrollment in the plan. You can call us toll free once your enrollment in the plan is active, at: 1-855-651-4856, 24 hours a day, 7 days a week. TTY users call 1-866-236-1069.

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

You will be mailed a premium invoice each month. Do not send payment with this enrollment form.

**Note**, the option to pay using a Credit Card can be started after your enrollment in the plan. You can call us toll free once your enrollment in the plan is active, at: 1-855-651-4856, 24 hours a day, 7 days a week. TTY users call 1-866-236-1069.



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.

*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.*

Some individuals may have other drug coverage, including other private insurance, TRICARE, federal employee health benefits coverage, VA benefits, or State Pharmaceutical Assistance Programs.

**\* Do you have other prescription drug coverage in addition to SilverScript Prescription Drug Plan?**



Yes  No

Some individuals may have other drug coverage, including other private insurance, TRICARE, federal employee health benefits coverage, VA benefits, or State Pharmaceutical Assistance Programs.

**\* Do you have other prescription drug coverage in addition to SilverScript Prescription Drug Plan?**

Yes  No

If "yes," please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage	<input type="text"/>
ID# for this coverage	<input type="text"/>
Group # for this coverage	<input type="text"/>
RxBIN for this coverage	<input type="text"/>
RxPCN for this coverage	<input type="text"/>
Effective Date for this coverage	<input type="text"/> 
Termination Date for this coverage	<input type="text"/> 

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

If you need information in an alternate format, such as Braille, audio tape or large print, please contact SilverScript Insurance Company at 1-866-552-6106, 24 hours a day, 7 days a week. (TTY users call 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](#)

[Go Back](#)

Click on Continue to go to the next screen.

## 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.

Hello, [Name]. Plan Year is 2014

Thank You!

Online Enrollment Confirmation # SS13121! [Redacted]

Your client's enrollment application has been received. Medicare, the federal agency that runs the Medicare 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.

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.

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 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048.

[Print Hard Copy of Completed Enrollment Form >>](#) [Save PDF of Completed Enrollment Data >>](#)

[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.

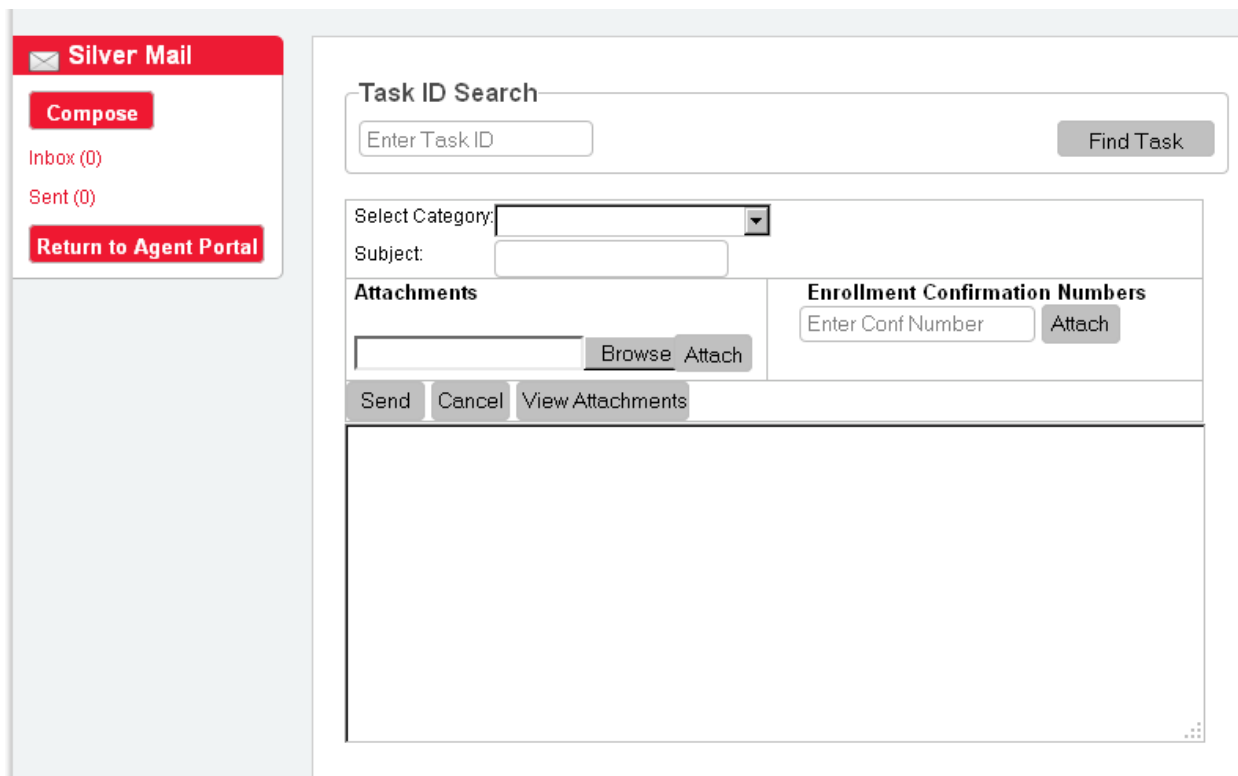
For paper copies of the enrollment application form, use the space provided on the bottom of page 6 of the enrollment for the confirmation number.

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.

## Instructions on how to submit a copy of your completed enrollment through SilverMail

First, scan and save the enrollment as a PDF document on your computer where you can easily locate it later.

From nearly any screen in the SilverScript Enrollment Portal, in the upper left corner, you'll see "SilverMail".

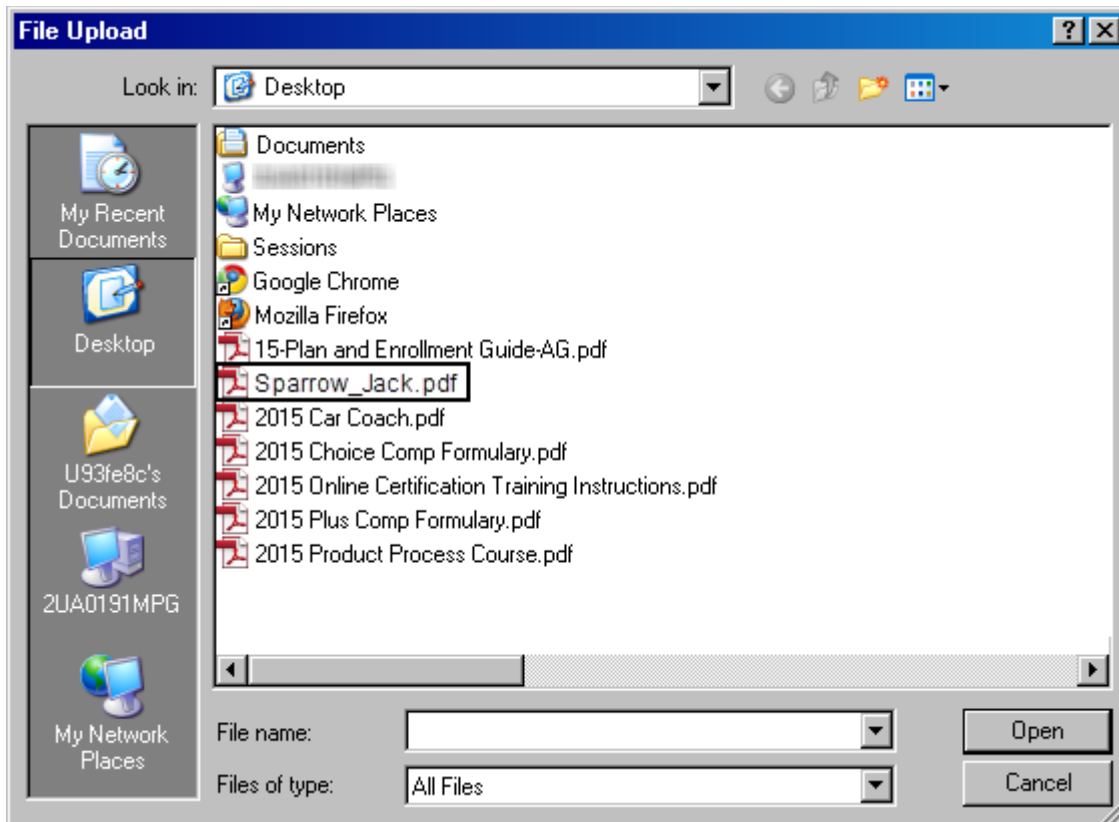




Select the Category "New Enrollment Docs" from the drop down box, and then create a subject. Most Agents like to just enter the client's name so they can look for it later in their sent items folder within SilverMail.

- Access to Care
- AHIP Upload/Question
- Billing Issue/Request
- Commissions
- Complaint
- Correction Request
- Drug/Formulary Question
- Enrollment Status Inquiry
- Good Standing
- iPAD Issue
- Member Materials
- New Enrollment Docs**
- Other
- Product Questions
- Sales Event
- Supplies Issue
- Training Questions
- Website Problem

Click on Browse to locate the saved file



Then select Open, it will bring that file name to the Message

Select Category:	New Enrollment Docs	
Subject:	J. Sparrow	
<b>Attachments</b>	<b>Enrollment Confirmation Numbers</b>	
C:\Documents and Sett... Browse Attach	Enter Conf Number Attach	
Send	Cancel	View Attachments

Then click on Attach to complete that action:

Select Category:	New Enrollment Docs	
Subject:	J. Sparrow	
<b>Attachments</b>	<b>Enrollment Confirmation Numbers</b>	
J_Sparrow.pdf X	Enter Conf Number Attach	
Browse Attach		
Send	Cancel	View Attachments

You can then enter the confirmation number and attach that number to link the attached pdf to the enrollment you have just entered.

Leave a brief message, like "For your records" or whatever you prefer to say. Then, click Send, and move on to the next enrollment. We will reply once we have received and archived it for our records.