



SilverScript Enrollment App for iPad User Guide

Contact Support

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v1.1- September 2015

Welcome to the SilverScript Enrollment App for iPad

Thank you for downloading the SilverScript iPad app. With this app, you can quickly enroll your clients in a SilverScript Medicare Part D plan without the need to fill out a paper application and send it to us.

The app securely sends your enrollments to our Enrollment Portal where they are processed and submitted to Medicare for approval. You'll receive confirmations via email for your records.

We've built sophisticated error checks into every screen in the enrollment process to help eliminate mistakes. You and your client can both sign the application, which also saves you time.

In addition to the enrollment module, there's also SilverScript plan information, a pharmacy lookup tool, and a drug formulary within the app.

With the SilverScript enrollment app, you'll save time and effort and provide a superior experience to your clients.

Good to Know

Before You Start

The SilverScript Enrollment App for iPad was developed as a highly secure, easy to use mobile app. It enables you to complete an enrollment application whether or not you're connected to the Internet. **But you must be connected to the Internet in order to update the app's data and to submit the application to SilverScript.**

When your client signs the application, the app will time stamp that event as the client's intent to enroll in our plan.

The Agent Information page provides the status of unsubmitted applications. You should make all good efforts to connect to the Internet within 24 hours of writing an application while offline. This ensures proper service to your client and compliance with CMS guidance on submissions.

If you're offline when you write the application, it's imperative that you connect to the Internet as soon as possible to transmit the application to SilverScript.

Quick Start — It's as easy as 1,2,3 and 4.

1. Download the SilverScript Enrollment App from the Apple Store and install it on your iPad.
2. Launch the app and log in with your SilverScript Enrollment Portal user name and password.
3. Fill out the enrollment application, make sure you and your client sign it, then submit.
4. Don't forget -- You must send all pages of the signed, completed Scope of Appointment to SilverScript within 24 hours of your iPad entry. **Please clearly write your client's HICN at the top of the form.**

Choose one of the following options:

- **Upload:** Upload a scanned copy of the Scope of Appointment via the enrollment Portal secure mailroom
- **Email:** enrollmentverification@caremark.com
- **Fax to:** 1-866-552-6205
- **Mail:** SilverScript Insurance Company
Attn: Agent Processing
P.O. Box 52134
Phoenix, AZ 85072

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Navigating the SilverScript iPad app

Eligibility Information Personal Information (3 of 8) Next

SILVERSCRIPT

SilverScript Plan SilverScript Choice

First Name Testfirst

Middle Initial Beneficiary Middle Initial (optional)

Last Name Testsecond

Suffix Beneficiary Suffix (optional)

Birth Date Beneficiary Date of Birth

HICN Beneficiary HICN

Part A Date Part A Date (optional)

Part B Date Part B Date (optional)

Gender Gender

Previous Next Done

Q W E R T Y U I O P

A S D F G H J K L

↑ Z X C V B N M ! , . ?

.?123 ☺ 🗣 .?123

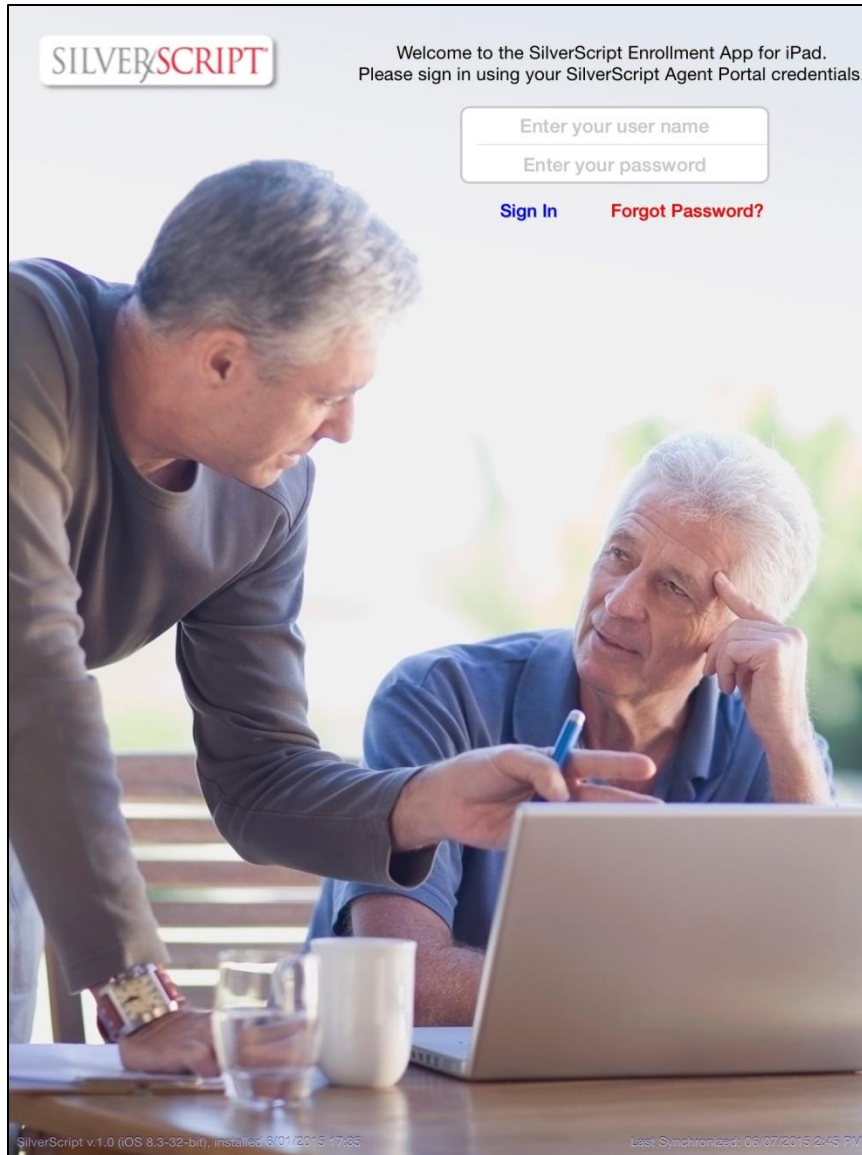
Next

- Tap the “Next” button to go to the next screen.
- Tap the top-left corner to go back to the previous screen.
- If you skip a field or enter invalid information, the field title turns red.
- Tap “Done” when you’re finished filling out the screen and want to review everything before moving to the next screen.
- Use these buttons to go back and forward among the form fields.

You’ll see these icons at the bottom of each screen. You may move in and out of the modules at any point in your session. If you tap **Plan Design** when you are filling out an application, then return to the **Enrollment** module, you’ll return to the screen on which you were working.

The icon turns red when you’re using that module.

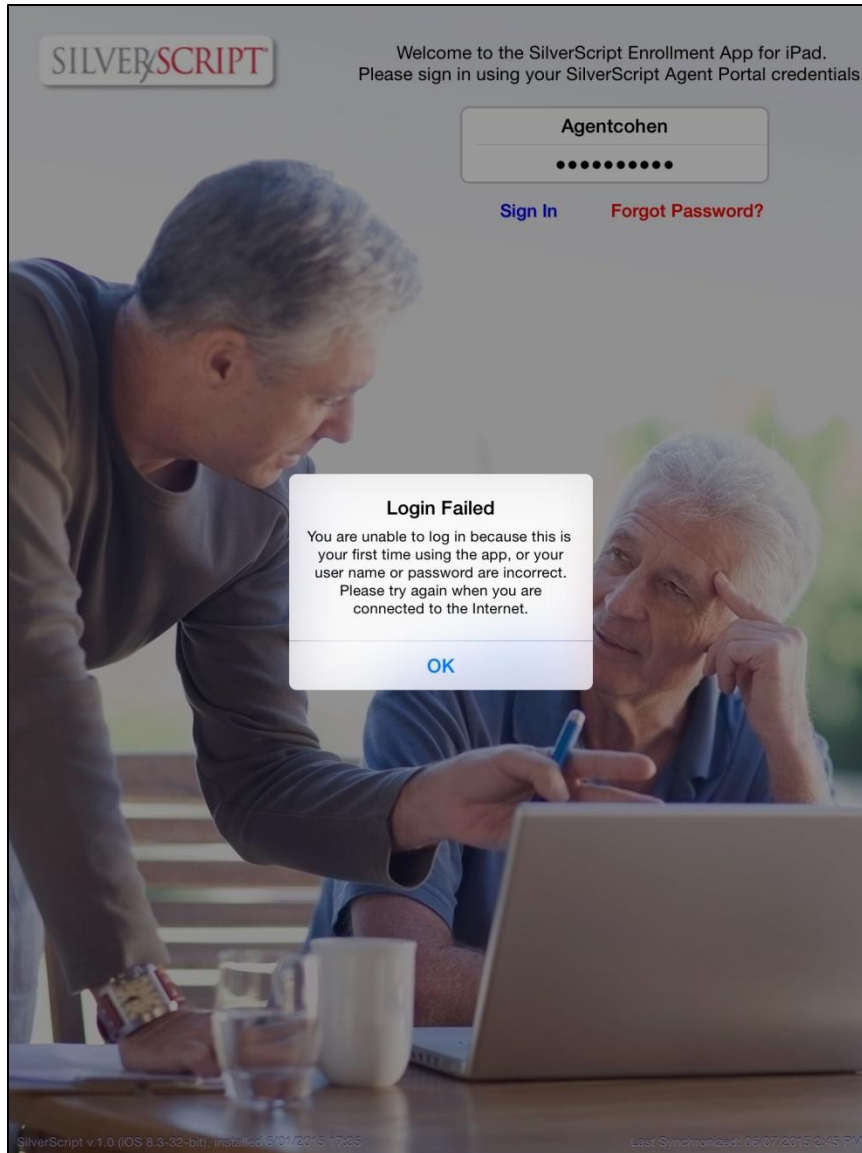




Login Screen

This is the first screen you'll see when you launch the app. Use your SilverScript agent ID and password to sign in.

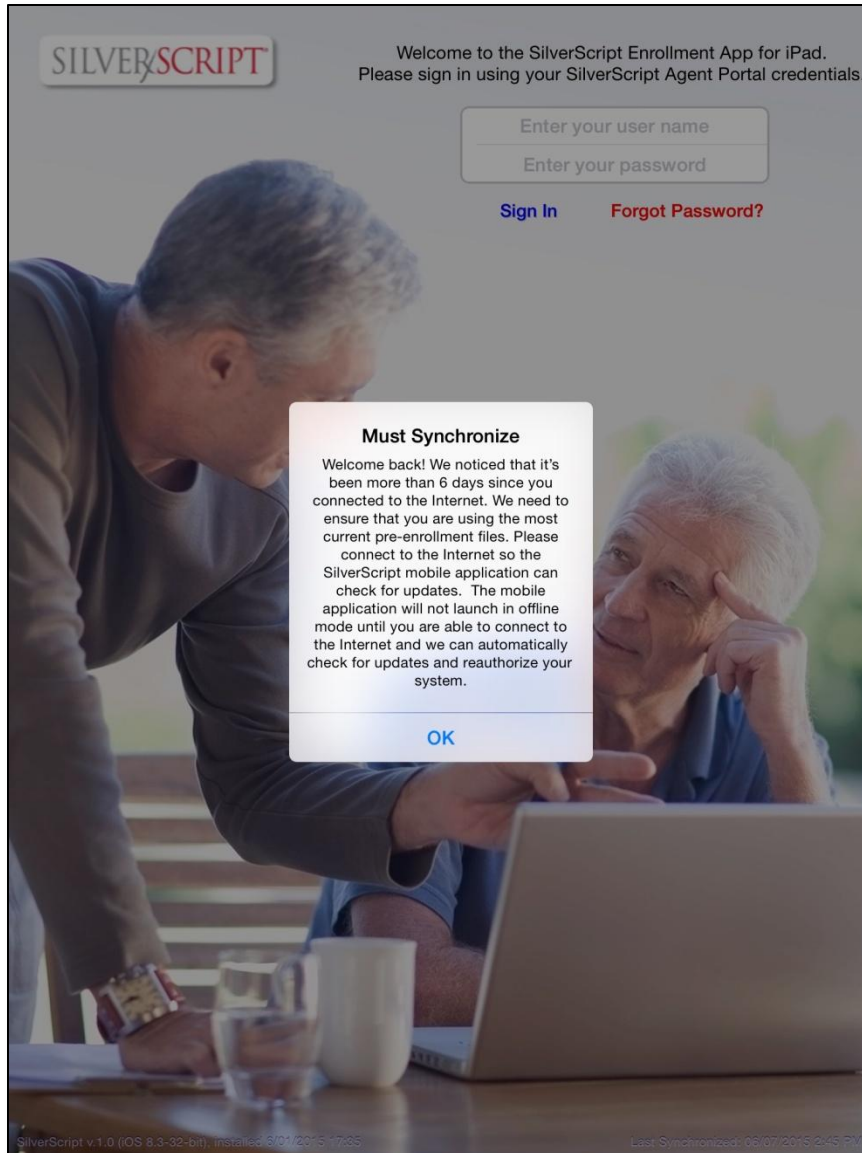
The app performs a Good Standing check every time you sign in.



Login Failed

You'll see this message if the app is offline the first time you launch it or if there's a problem with your login credentials.

After your first use, you'll be able to login successfully even if the iPad is offline.



Synchronizing

To be sure you're always working with the latest data, we synchronize and update the app's data files when the iPad is connected to the Internet.

If it's been six days or more since the last synchronization, you'll see this message.

If synchronization has occurred less than six days from the current date, you may use the app when the iPad is offline.

Logout Agent Information Plan Year

SILVERSCRIPT™

Peter Cohen
623-555-6683
Peter.Cohen@cvscaremark.com
ID: agentcohen
NPN: 19761977
Good Standing: YES

Device Registration Number	866
Enrollments Unsubmitted	0
Last Server Synchronization	05/11/2015 9:34 AM
Formulary Last Updated	04/03/2015
Pharmacy List Last Update	04/14/2015
App Version	1.0 (iOS 8.3-32-bit)

Agent Info Enrollment Formulary Plan Design Pharmacies

Agent Information

From October 15 to January 31, you can tap Plan Year to select the year you want.

From February to September 30, only one Plan Year is available and the button is not active.

This screen summarizes your agent information as well as the status of the app.

If “Enrollments Unsubmitted” is zero, it means that there are no unsubmitted applications waiting to be transmitted to SilverScript.

LogoutAgent InformationPlan Year

SILVERSCRIPT

Peter Cohen
480-314-8074
peter.cohen@caremark.com
ID: pcohenagent2
NPN:
Good Standing: YES

Device Registration Number	8
Enrollments Unsubmitted	1
Last Server Synchronization	06/07/2015 2:45 PM
Formulary Last Updated	04/03/2015
Pharmacy List Last Updated	04/14/2015
App Version	1.0 (iOS 8.3-32-bit)

Agent Info

Enrollment

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If “Enrollments Unsubmitted” is one or more, you’ll see a number in the status area and on the Enrollment module icon in the dock at the bottom of the page. These numbers appear only when the iPad is offline.

Once the iPad is connected to the Internet, the app will automatically transmit the enrollments and the numbers will reset to zero.

Enrollment

SilverScript Enrollment for
Plan Year 2015

Scope of Appointment
Do you need to provide a Scope of
Appointment?

No Yes

Agent Info Enrollment Formulary Plan Design Pharmacies

Enrollment

CMS guidelines require a Scope of Appointment (SOA) 48 hours in advance of your client meeting. The app includes a SOA for those instances where you're unable to send the form in advance of your meeting.

When you start a new enrollment, you'll be asked if you need to fill out a SOA. If you already have one, tap No.

If you use the SOA built into the app, you won't have a copy of it, as it's transmitted electronically with the application.

SOA
Products to Discuss
Next

Scope of Sales Appointment

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you selected below. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

Tap one or more plans below to select

Stand-alone Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plan (PDP)

Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO)
Medicare Preferred Provider Organization (PPO) Plan
Medicare Private Fee-For-Service (PFFS) Plan
Medicare Special Needs Plan (SNP)
Medicare Medical Savings Account (MSA) Plan
Medicare Cost Plan

Instructions for agents:

If you are doing a sales presentation to a beneficiary, you **MUST** have a documented scope of what you will be discussing with the beneficiary prior to the appointment. A beneficiary cannot agree to the scope over the phone and sign the documentation later. Documentation must be in writing in the form of a signed document by the beneficiary. You must send this documentation with the enrollment form to SilverScript. * Scope of Appointment documentation is subject to CMS record retention requirements *

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

SilverScript Insurance Company is a Medicare approved Part D sponsor.

Agent Info

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Scope of Appointment

CMS stipulates that you complete a Scope of Appointment with your client in advance of your meeting.

For situations where it was not practical to send the SOA ahead of time, the app includes a Scope of Appointment forms to cover all types of plans you might discuss with your client.

IMPORTANT -- Once you start an application on the iPad, you cannot go back to the start and fill out the SOA -- you'll have to submit the paper version.

Tap the SOA that best describes the meeting you'll have with your client, tap Next, then fill out the form on the next page

Products to Discuss
Scope of Appointment (1 of 8)
Next

Auth Rep / Ben. Signature Touch here to sign the form

Signature Date June 30, 2015

Representative Name Authorized Representative Name (Optional)

Agent Name Peter Cohen

Agent Phone 480-314-8074

First Name Beneficiary First Name

Last Name Beneficiary Last Name

Phone Number Beneficiary Phone (optional)

Address Address (Optional)

City City (Optional)

State State (Optional)

Zip Code Zip Code (Optional)

Method of Contact Initial Method of Contact

Agent Signature Touch here to sign the form

Date Completed June 30, 2015

Plans Represented Plans Represented

SOA Explanation Explain why the SOA was not filled out prior to the meeting

Scope of Appointment Detail

Make sure you fill out all the detail on this screen.

Note: You'll have to explain why the SOA was not completed prior to the meeting.

< SOA
Eligibility Information (2 of 8)
Next

Select Enrollment Type for Application Dated Today

Initial
Annual
Special

Initial Reason Code I am new to Medicare

Effective Date June 01, 2015
 Application Date May 11, 2015

Please Read This Important Information

Typically, you may enroll in a Medicare Prescription Drug Plan only during the Annual Enrollment Period between October 15 and December 7 of each year. Additionally, there are exceptions that may allow you to enroll in a Medicare Prescription Drug Plan outside of the Annual Enrollment Period. Please read the Election Criteria statements below and select the statement that applies to you. By selecting any of the Election Criteria, you are certifying that, to the best of your knowledge, you are eligible for that reason. This will help us determine your enrollment period.

Agent Info

Enrollment

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Enrollment Types

The app only presents the types of applications that are appropriate for the date of your meeting. The “Annual” button is only available from October 15 to December 7.

Some of the date fields will fill in automatically when you select the enrollment type.

Eligibility Information (2 of 8) Next

SILVERSCRIPT

Select Enrollment Type for Application Dated Today

Initial

Annual

Special

Initial Reason Code I am new to Medicare

Effective Date June 01, 2015

Application Date May 26, 2015

Please Read This Important Information

Typically, you may enroll in a Medicare Prescription Drug Plan only during the Annual Enrollment Period between October 15 and December 7 of each year. Additionally, there are exceptions that may allow you to enroll in a Medicare Prescription Drug Plan outside of the Annual Enrollment Period. Please read the Election Criteria statements below and select the statement that applies to you. By selecting any of the Election Criteria, you are certifying that, to the best of your knowledge, you are eligible for that reason. This will

Previous

Next

Done

I am new to Medicare

I previously had Medicare but am not turning 65

Using the Picker

There are two ways you can input information. This screen shows the picker, a list that pops up when you tap on a blank field to make a selection.

Don't forget to check the effective date – make sure it's correct. On some screens, the app will fill in the earliest possible date on which the new plan can be effective according to CMS rules.

SilverScript®

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[Eligibility Information](#)Personal Information (3 of 8)[Next](#)



SilverScript Plan SilverScript plan you wish to enroll

First Name Beneficiary First Name

Middle Initial Beneficiary Middle Initial (optional)

Last Name Beneficiary Last Name

Suffix Beneficiary Suffix (optional)

Birth Date Beneficiary Date of Birth

HICN Beneficiary HICN

Part A Date Part A Date (optional)

Part B Date Part B Date (optional)

Gender Gender

Agent Info

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Pharmacies

Client Information

This is where you'll enter the plan your client has selected and the personal details.

Having your client's Medicare card handy will help complete this screen quickly.

< Plan Design 2015 Plan Design for Arizona

SilverScript Choice SilverScript Plus

Stage	Member Pay	
Premium	\$18.70	
Stage 1 Annual Deductible	\$0	
Stage 2 Initial Coverage Level	Copays (\$) and co-insurance (%) until member reaches \$2,960 in total yearly drug costs not including monthly premiums.	
	Retail (30D)	Retail or Mail (90D)
Tier 1	\$9.00	\$22.50
Tier 2	\$35.00	\$87.50
Tier 3	46%	46%
Tier 4	33%	33% (30 D)*
Stage 3 Coverage Gap	Cost until member spends \$4,700 out-of-pocket, not including monthly premiums. (Costs will differ if member gets extra help)	
Tier 1	Generics: 65% of the cost. Brands: 45% of the cost.	
Tier 2		
Tier 3		
Tier 4		
Stage 4 Catastrophic Coverage	Cost after spending \$4,700 out-of-pocket, not including monthly premiums. Generics: Member pays the greater of 5% coinsurance or \$2.65 copay. All Other Drugs: Member pays the greater of 5% coinsurance or \$6.60 copay.	

* Not all Tier 4 drugs may be available through mail

Agent Info Enrollment Formulary Plan Design Pharmacies

SilverScript Plans

The app will display plan designs according to your selection of a state in which you are licensed to sell.

Tap the buttons at the top of the screen to view the different plans.

Eligibility Information Personal Information (3 of 8) **Next**

SILVERSCRIPT

SilverScript Plan SilverScript Choice

First Name Testfirst

Middle Initial Beneficiary Middle Initial (optional)

Last Name Testsecond

Suffix Beneficiary Suffix (optional)

Birth Date Beneficiary Date of Birth

HICN Beneficiary HICN

Part A Date Part A Date (optional)

Part B Date Part B Date (optional)

Gender Gender

Previous Next

Done

Next

Client Information

On some screens, the keyboard will slide up to enable you to fill out a text field.

On pages like this, you may use the navigation buttons to move between fields on the form.

Tap “Done” when you have completed the form and “Next” at the top to move to the next screen.

Eligibility Information
Personal Information (3 of 8)
Next

SILVERSCRIPT

SilverScript Plan SilverScript Choice

First Name Testfirst

Middle Initial Beneficiary Middle Initial (optional)

Last Name Testsecond

Suffix Beneficiary Suffix (optional)

Birth Date Beneficiary Date of Birth

HICN Beneficiary HICN

Part A Date Part A Date (optional)

Part B Date Part B Date (optional)

Gender Gender

PreviousNext

Done

February	23	1947
March	24	1948
April	25	1949
May	26	1950
June	27	1951
July	28	1952
August	29	1953

Client Information

In some fields, the picker will pop up from the bottom of the screen so you can select from pre-defined options, like dates, or plans.

The screenshot displays the 'Personal Information (3 of 8)' screen in the SilverScript app. The screen has a navigation bar at the top with a back arrow, 'Eligibility Information', 'Personal Information (3 of 8)', and a 'Next' button. The SilverScript logo is centered below the navigation bar. The main content area contains a form with the following fields: 'SilverScript Plan' (with a description 'SilverScript plan you wish to enroll'), 'First Name' (Beneficiary First Name), 'Middle Initial' (Beneficiary Middle Initial (optional)), 'Last Name' (Beneficiary Last Name), 'Suffix' (Beneficiary Suffix (optional)), 'Birth Date' (Beneficiary Date of Birth), 'HICN' (Beneficiary HICN), 'Part A Date' (Part A Date (optional)), 'Part B Date' (Part B Date (optional)), and 'Gender' (Beneficiary Gender). A white validation error dialog box is overlaid on the form, containing the text: 'Validation Error', 'One or more required fields do not have valid values. Please go back and complete the form.', and an 'OK' button. At the bottom of the screen is a navigation bar with five icons: 'Agent Info', 'Enrollment' (which is highlighted in red), 'Formulary', 'Plan Design', and 'Pharmacies'.

Client Information

When you tap the Next button to move to the next screen in the form, the app will check to make sure you didn't overlook any required information.

If you did, you'll see this message. The missing or invalid information is indicated in red.

“Invalid” means you used a number where a letter is required, or an incorrect format – not enough numbers in a HICN, for example.

Personal Information
Contact Information (4 of 8)
Next

Receive in Spanish? No

Primary Phone Number Primary Phone Number (555-555-5555) (optional)

Cell Phone Number Cell Phone Number (555-555-5555) (optional)

Email Address Email Address (optional)

Address 1 Permanent Residence/Long-Term Care Facility Address 1

Address 2 Permanent Residence/Long-Term Care Facility Address 2 (...)

City City

State Arizona

Zip Code Zip Code

LTC Facility Name Long-Term Care Facility Name (optional)

Mail address different Is mail address different from permanent address?

Agent Info
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Contact Information

Having primary and cell phone numbers – as well as an email address – makes it easier to quickly reach your client.

If your client resides in a long-term care facility, this screen is where you enter that information. And if your client prefers to receive mail at a secondary address, additional fields will drop down so you can provide that address.

Contact Information

Payment Information (5 of 8)

Next

SILVERSCRIPT

Payment Type

Payment Type

Paying Your Plan Premium

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.)

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.

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.

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Payment Information

The content of this screen changes according to the payment method selected by your client. Tap the Payment Type field to see the choices.

Be sure to review the text on this screen with your client; it contains important information.

Contact Information

Payment Information (5 of 8)

Next

SILVERSCRIPT

Payment Type Automatic Bank Draft Withdrawal

Account Type Account Type

Name on Account Name on Account

Financial Institution Financial Institution

Routing Number Routing Number

Account Number Account Number

Signature Account Holder Signature

Blank Check Touch here to capture a photo of a blank check

Please Read This Important Information

SilverScript will draw your premium from your bank account automatically. To sign up, please include a VOIDED check and fill in the requested information

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 \$300 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.

Previous

Next

Done

Automatic Bank Draft Withdrawal

Automatic Deduction from SSA benefit check

Automatic Deduction from RRB benefit check

Monthly payments by personal check

Payment Information


Tapping the Payment Type field brings up the picker at the bottom of the screen. Scroll through the choices to select the one preferred by your client.

If Automatic Bank Draft Withdrawal is selected, you'll complete the fields that appear.

Be sure to review the text that appears on the screen with your client. It's different for each option.


Do not send a photo of a bank check, as it's not necessary.


[Payment Information](#)Other Coverage Information (6 of 8)[Next](#)





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


Other Coverage? ☒ No


Agent Info


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Other Coverage

If you select No as your response, no other information appears on this screen.

Payment Information
Other Coverage Information (6 of 8)
Next

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

Other Coverage? **Yes**

Plan 1 Name Other Coverage Plan Name 1

Effective Date Other Coverage 1 Effective Date (Optional)

Term Date Other Coverage 1 Term Date (Optional)

RxBIN Other Coverage 1 RxBIN (Optional)

PCN Other Coverage 1 PCN (Optional)

RxGroup Other Coverage 1 Rx Group (Optional)

Rx ID Other Coverage 1 Rx ID (Optional)

ID Card Touch here to take an image of your identification...

Plan 2 Name Other Coverage Plan Name 2 (Optional)

Effective Date Other Coverage 2 Effective Date (Optional)

Term Date Other Coverage 2 Term Date (Optional)

RxBIN Other Coverage 2 RxBIN (Optional)

PCN Other Coverage 2 PCN (Optional)

Rx Group Other Coverage 2 Rx Group (Optional)

Rx ID Other Coverage 2 Rx ID (Optional)

ID Card Touch here to take an image of your identification...

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Other Coverage

If you select Yes as your response, additional fields appear. Please supply as much information as possible.

Do not take photos of the ID card(s).

[Other Coverage Information](#)

Terms

Next

Please Read This Important Information

If you are a member of a Medicare Advantage Plan (such as an HMO or PPO), you may already have prescription drug coverage from your Medicare Advantage Plan that will meet your needs. By joining SilverScript PDP, 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 PDP could affect your employer or union health benefits. You could lose your employer or union health coverage if you join SilverScript PDP. Read the communications your employer or union sends you. If you have questions, visit their website, 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.

Please Read Terms and Sign

By completing this enrollment form, I agree to the following:

SilverScript PDP is a Medicare drug plan 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 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 7 of next year), unless I qualify for certain special circumstances.

SilverScript serves a specific service area. If I move out of the area that SilverScript 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 network pharmacies. Once I am a member of SilverScript, 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 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, he or she may be paid based on my enrollment in SilverScript.

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Terms

These are the terms of your client's application. It's important that you read these to your client and that she or he fully understands the plan.

Your client will sign on the next page to attest to these terms.

< Terms Signature (7 of 8) Next

SILVERSCRIPT

Authorized Rep? Is an Authorized Representative available to sign?

Applicant Name Testfirst Testsecond

Signature Beneficiary Signature

Date May 26, 2015

Previous Next Done

No
Yes

Beneficiary Signature

On this signature page, the picker pops up with choices that indicate the presence of an Authorized Representative.

If there's no Authorized Representative present, tap the screen for Beneficiary Signature.

< Terms Signature (7 of 8) Next

SILVERSCRIPT

Authorized Rep? No

Applicant Name Testfirst Testsecond

Signature *** Touch here to view ***

Date May 26, 2015

Previous Next Done

Sign Here

Clear Signature

Beneficiary Signature

The signature panel will pop up so your client may sign the application.

Signatures should be made with a fingertip, not a fingernail.

When you tap Done, the panel drops down. You can tap “Touch here to view” to view the signature again.

[< Signature](#)[Agent Information \(8 of 8\)](#)[Summary](#)

SILVERSCRIPT

Agent ID Number agentcohen


Agent Name Peter Cohen

Agent Signature Agent Signature

Signature Date May 26, 2015

PreviousNext

Done



Sign Here

Clear Signature

Agent Signature

For your signature, follow the same steps as the previous page.

< Agent Information
Enrollment Summary
Save

SilverScript

Plan Year 2015

Enrollment Application

Enrollment Type	Initial Enrollment
Effective Date	06/01/2015
Initial Reason Code	125
SilverScript Plan	
	SilverScript Choice
First Name	Testfirst
Middle Initial	
Last Name	Testsecond
Suffix	
Birth Date	05/26/1948
HICN	123456789A
Part A Date	not provided
Part B Date	not provided
Gender	Male
Primary Phone Number	(480) 555-1212
Cell Phone Number	
Email Address	
Address 1	1234 Main St
Address 2	
City	Scottsdale
State	Arizona
Zip Code	85260
LTC Facility Name	not provided
Mailing Address Line 1	1234 Main St
Address 2	

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Enrollment Summary

You cannot edit any of the information on the Summary page. You and your Client should carefully review all of the information for accuracy.

Be sure and scroll down to the bottom of the form so you can see the signature date.

Using the buttons in the top-left of the screen, you can go back to any screen to correct an error you see in the Summary.

If everything is accurate, tap Save to submit the enrollment application.

[< Agent Information](#)
Enrollment Summary [Save](#)

SilverScript
Plan Year 2015
Enrollment Application

Enrollment Type	Initial Enrollment
Effective Date	06/01/2015
Initial Reason Code	125
SilverScript Plan	SilverScript Choice
First Name	Testfirst
Middle Initial	
Last Name	Testsecond
Suffix	
Birth Date	
HICN	
Part A Date	
Part B Date	
Gender	Male
Primary Phone Number	(480) 555-1212
Cell Phone Number	
Email Address	
Address 1	1234 Main St
Address 2	
City	Scottsdale
State	Arizona
Zip Code	85260
LTC Facility Name	not provided
Mailing Address Line 1	1234 Main St
Address 2	

Enrollment Saved

Your enrollment has been saved.
Please retain the ticket number
'150268661' for your records.

OK

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Enrollment Summary with Tracking Number

Make a note of this tracking number. It will also appear on the email confirmation you receive.

If the iPad is online at this point, your application will be securely sent to the SilverScript Enrollment Portal for processing.

If the iPad is offline when you tap Save, the application is securely saved on the iPad.

A number will appear in red on the Enrollment module icon to show the number of applications that need to be transmitted to SilverScript when the iPad is online again.

IMPORTANT — Don't Forget!

You must send all pages of the signed, completed Scope of Appointment to SilverScript as soon as possible. **Please clearly write your client's HICN at the top of the form.**



Choose one of the following options:

- **Upload:** Upload a scanned copy of the Scope of Appointment via the enrollment Portal secure mailroom
- **Email:** enrollmentverification@caremark.com
- **Fax** to: 1-866-552-6205
- **Mail:** SilverScript Insurance Company
Attn: Agent Processing
P.O. Box 52134
Phoenix, AZ 85072

If you've used the electronic SOA form included in this app, it will be sent to SilverScript along with your enrollment application. **Once you start an application on the iPad, you cannot go back to the start and fill out the SOA -- you'll have to submit the paper version.**

Confirmation Email

Within minutes of transmitting the application, you'll receive an email confirmation of each enrollment submitted from your iPad.



Agent Confirmation Email

[Go To SilverScript Agent Portal >>](#)

iPad Enrollment Confirmation # 150268661

SilverScript Enrollment Confirmation # SS150526IW0011

Beneficiary Name: Testfirst Testsecond

Hello from the SilverScript Insurance Company's Agent Portal Enrollment Center.

This is an automatically generated confirmation email notifying you that we have successfully received the online enrollment application. We will start processing the application today. Upon approval by CMS, the beneficiary will be sent the appropriate plan materials for their SilverScript Choice plan.

If the beneficiary has questions before that time, please have him/her call SilverScript Enrollment Support at 1-866-552-6106 from 8:00 a.m. to 2:00 a.m. ET, 7 days a week. TTY/TDD users should call 1-866-552-6288.

In some situations, CMS notifies SilverScript that additional information is required before an applicant's enrollment request will be approved. When this occurs, a member of the SilverScript Enrollment Support team will contact the applicant directly to obtain the CMS-required information.

If you have specific questions regarding the Agent Portal, SilverScript enrollment status of your clients, or Marketing Materials, please email ProducerSalesResource@Caremark.com for assistance.

Thank you for your support.

SilverScript Insurance Company

What's Next?

After you submit the enrollment application, make sure you check off these next steps.

- ❑ From the enrollment kit, be sure to discuss and give your client:
 - The New Enrollee Quick Reference Guide. This describes what the client can expect next.
 - SilverScript star ratings.
 - Summary of Benefits
 - Plan and Enrollment Guide
 - Flyer describing SilverScript plans
- ❑ If you used a paper Scope of Appointment, be sure to [send it to SilverScript](#).
- ❑ Let your client know that he or she will be receiving materials directly from SilverScript.

Eligibility Information (2 of 8) Next

SILVERSCRIPT

Select Enrollment Type for Application Dated Today

Initial Annual Special

Initial Reason Code Initial Enrollment Reason Code

Effective Date Effective Date

Application Date September 11, 2015

Reset Enrollment

Are you sure you want to cancel this enrollment and start over?

NO **YES**

Please Read This Important Information

Typically, you may enroll in a Medicare Prescription Drug Plan only during the Annual Enrollment Period between October 15 and December 7 of each year. Additionally, there are exceptions that may allow you to enroll in a Medicare Prescription Drug Plan outside of the Annual Enrollment Period. Please read the Election Criteria statements below and select the statement that applies to you. By selecting any of the Election Criteria, you are certifying that, to the best of your knowledge, you are eligible for that reason. This will help us determine your enrollment period.

Agent Info **Enrollment** Formulary Plan Design Pharmacies

Oops. How do I cancel an enrollment?

If you need to cancel an enrollment application at any point in the process, just double-tap the Enrollment icon



then tap Yes. The app will erase the enrollment and all the data.

Arkansas
BENTON, AR
Legend

Cancel

Pharmacy locations may differ from those found on silverscript.com in order to support offline use of this app.

B

Retail 90

BIRCH TREE COMMINC PHCY

1718 OLD HOT SPRINGS HWY BENTON AR 72019

(501) 303-1634

INF

EPR

IHS

E

Retail 90

ECONOMY DRUG

500 EDISON AVE BENTON AR 72015

(501) 776-2013

INF

EPR

IHS

F

Retail 90

FINLEY PHARMACY

1016 W SOUTH ST BENTON AR 72015

(501) 315-5100

INF

EPR

IHS

Retail 90

FRED'S PHARMACY

3395 HIGHWAY 5 N BENTON AR 72015

(870) 653-2241

INF

EPR

IHS

K

Retail 90

KROGER PHARMACY

1410 MILITARY RD BENTON AR 72015

(501) 315-3434

INF

EPR

IHS

S

Retail 90

SALEM PHARMACY INC.

1208 SALEM RD BENTON AR 72019

(501) 316-1600

INF

EPR

IHS

Retail 90

SMITH CALDWELL LTC

403 N MARKET BENTON AR 72015

(501) 326-6153

LTC

INF

EPR

IHS

Retail 90

SMITH-CALDWELL

414 N MAIN ST BENTON AR 72015

(501) 315-7700

LTC

INF

EPR

IHS

T

Retail 90

TARGET PHARMACY

7377 ALCOA RD BENTON AR 72015

(501) 776-4361

INF

EPR

IHS

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Pharmacy Lookup, State Level

You may search for pharmacies by using the search field at the top of the screen.

SilverScript®

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User Guide v1.1

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BENTON, AR
Legend

Search by Pharmacy Name, Address and

Pharmacy locations may differ from those found on silverScript. Use of this app.

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Retail & 90 Day Supply
Mail
LTC

INF
EPR
IHS

Home Infusion
Indian Health Service
E-Prescribe Available

B

Retail 90
BIRCH TREE COMMINC PHCY
1718 OLD HOT SPRINGS HWY BENTON AR 72019
INF EPR IHS

E

Retail 90
ECONOMY DRUG
500 EDISON AVE BENTON AR 72015
(501) 776-2013
INF EPR IHS

F

Retail 90
FINLEY PHARMACY
1016 W SOUTH ST BENTON AR 72015
(501) 315-5100
INF EPR IHS

Retail 90
FRED'S PHARMACY
3395 HIGHWAY 5 N BENTON AR 72015
(870) 653-2241
INF EPR IHS

K

Retail 90
KROGER PHARMACY
1410 MILITARY RD BENTON AR 72015
(501) 315-3434
INF EPR IHS

S

Retail 90
SALEM PHARMACY INC.
1208 SALEM RD BENTON AR 72019
(501) 316-1600
INF EPR IHS

Retail 90
SMITH CALDWELL LTC
403 N MARKET BENTON AR 72015
(501) 326-6153
LTC INF EPR IHS

Retail 90
SMITH-CALDWELL
414 N MAIN ST BENTON AR 72015
(501) 315-7700
LTC INF EPR IHS

T

Retail 90
TARGET PHARMACY
7377 ALCOA RD BENTON AR 72015
(501) 776-4361
INF EPR IHS

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Pharmacy Lookup with Legend

Tap the Legend button to see definitions of the codes that appear under each pharmacy.

Logout
Formulary
Legend

Search by Drug Name and Generic of Drug
Cancel

A

acetaminophen/codeine #3, 300-30mg tabs
Generic of: TYLENOL/CODEINE #3
PA ST NM B/D LA GC HR QL (400 tabs for 30 days)

acetaminophen/codeine, 120-12/5 soln
PA ST NM B/D LA GC HR QL (5000 ml for 30 days)

acetaminophen/codeine, 300-15mg tabs
PA ST NM B/D LA GC HR QL (400 tabs for 30 days)

acetaminophen/codeine, 300-60mg tabs
Generic of: TYLENOL/CODEINE #4
PA ST NM B/D LA GC HR QL (400 tabs for 30 days)

acetazolamide er, 500mg cp12
Generic of: DIAMOX
PA ST NM B/D LA GC HR QL

acetazolamide, 125mg tabs
PA ST NM B/D LA GC HR QL

acetazolamide, 250mg tabs
PA ST NM B/D LA GC HR QL

acetic acid 0.25%, 0.25% soln
PA ST NM B/D LA GC HR QL

acetic acid, 2% soln
PA ST NM B/D LA GC HR QL

acetic acid/aluminum acetate, 2% otic soln
PA ST NM B/D LA GC HR QL

acetylcysteine, 10% soln
PA ST NM B/D LA GC HR QL

G T1

G T1

G T1

G T1

G T3

G T2

G T2

G T1

G T2

G T2

G T2

A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W
X
Y
Z
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Formulary

The formulary tool on the iPad doesn't provide prices. It's intended to indicate whether or not a drug is on a SilverScript formulary.

It does show the drug tier levels, with tier pricing information available on the [plan design page](#).

You can find prices using the drug lookup tool on the SilverScript Enrollment Portal.

Logout

Formulary

Legend

Search by Drug Name

A

acetaminophen/codeine #3, 300-30mg

Generic of: TYLENOL/CODEINE #3

PA

ST

NM

B/D

LA

GC

HR

acetaminophen/codeine, 120-12/5 sol

PA

ST

NM

B/D

LA

GC

HR

acetaminophen/codeine, 300-15mg ta

PA

ST

NM

B/D

LA

GC

HR

acetaminophen/codeine, 300-60mg ta

Generic of: TYLENOL/CODEINE #4

PA

ST

NM

B/D

LA

GC

HR

acetazolamide er, 500mg cp12

Generic of: DIAMOX

PA

ST

NM

B/D

LA

GC

HR

acetazolamide, 125mg tabs

PA

ST

NM

B/D

LA

GC

HR

acetazolamide, 250mg tabs

PA

ST

NM

B/D

LA

GC

HR

QL

acetic acid 0.25%, 0.25% soln

PA

ST

NM

B/D

LA

GC

HR

QL

acetic acid, 2% soln

PA

ST

NM

B/D

LA

GC

HR

QL

acetic acid/aluminum acetate, 2% otic soln

PA

ST

NM

B/D

LA

GC

HR

QL

acetylcysteine, 10% soln

PA

ST

NM

B/D

LA

GC

HR

QL

T1

 Tier 1 Drug

T2

 Tier 2 Drug

T3

 Tier 3 Drug

T4

 Tier 4 Drug

B

 Brand Name Drug

G

 Generic Drug

PA

 Prior Authorization

QL

 Drug has quantity limits

ST

 Step Therapy Required

NM

 Not available at our mail-order pharmacies

B/D

 The drug may be covered under Medicare Part B or D depending on the circumstances

LA

 Limited Access. This prescription may be available only at certain pharmacies.

GC

 We provide additional coverage of this prescription drug in the Coverage Gap Stage.

HR

 High Risk Drug

Refer to the printed formulary for additional information on the SilverScript PDP formularies

Choice Formulary

Plus Formulary

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Formulary with Legend

Tap the Legend button to see definitions of the codes that appear under the name of each drug.

If you tap the Choice Formulary or Plus Formulary buttons on the legend, you'll go to the full formularies online.