

Medicare Scope of Appointment Line

The Centers for Medicare & Medicaid Services requires agents to document the scope of a marketing appointment prior to the start of any one-on-one sales meetings to ensure understanding of what will be discussed between the Sales Agent and the Medicare beneficiary (or their authorized representative). To help agents with this process, Florida Blue Medicare offers a Scope of Appointment line.

Scope of Appointment Line Phone Number:
English/Spanish - 1-866-203-6021

Hours of Operation (all times EST)

Date	Weekdays	Hours
October 1 st – December 7 th	Monday – Friday	10 a.m.- 6:30 p.m.
	Saturday - Sunday	Closed

Steps to Complete Scope of Appointment via the SOA Line

1. A lead develops into an appointment
2. During the conversation, the Sales Agent advises the customer that a scope of appointment form is needed prior to start of the appointment and explains the Scope of Appointment (SOA) process
3. Agent calls the Scope of Appointment Line at 866-203-6021
4. Agent provides the SOA representative with the following:
 - a. **Agent information:**
 - Name
 - FL license number
 - Agent of Record Code (AOR)
 - Agent phone number and email address
 - b. **Prospect information:**
 - Name
 - Address and phone number
 - Preferred language
 - Initial method of contact (walk-in, sales seminar, etc.)
 - c. **Appointment information:**
 - Date/time of appointment
 - Location/method of appointment
 - Products to be discussed
5. The Scope of Appointment Line representative will need to speak with the prospect to confirm the appointment. The SOA representative will then email the completed SOA form to your agent e-mail
 - a. E-mail will contain the prospect's name and date/time of appointment
 - b. Three attempts may be made by the agent to contact the prospect on the date of appointment
 - c. After three attempts, the SOA request is cancelled. Agent is notified of cancellation and Scope of Appointment process must start over
6. Save the SOA form and confirmation information for the agent's records; as well as upload a copy to SalesConnect when submitting the Medicare application
7. Agent continues with appointment as scheduled

If you have questions, contact your Area Manager or the Agent Service Center at 800-267-3156.

Medicare Telephone Enrollment Line

Telephone Enrollment Plans:

- Florida Blue Medicare HMO, PPO, DSNP, RPPO, and Medicare Part D applications
- FHCP products
- The telephone enrollment line does not enroll Supplement Plans

Telephone Enrollment Line Phone Numbers:

English: 1-866-203-6827 Spanish: 1-866-203-7412

Please note: Do not provide these telephone numbers to customers. Agents should personally transfer consumers to the telephone enrollment line. Callers should never be given these numbers to dial on their own.

Hours of Operation (all times EST)

Date	Weekdays	Hours
October 15 th – December 7 th	Monday - Friday	10 a.m.- 6:30 p.m.
	Saturday - Sunday	Closed

Telephone Enrollment (TE) Agent will require the following information:

- Agent of Record (AOR)
- Agent contact phone number and email
- Beneficiary Name
- Beneficiary DOB
- Medicare Beneficiary Identifier
- Medicare Parts A & B effective dates
- Plan name and plan number they want to enroll in - (Full plan name – not just HMO or PPO)
- Requested Effective Date
- Election Period Type (If SEP or IEP reason needs to be provided)
- If HMO, PCP name and NPI (Primary Care Physician National Provider Identifier)

Important note: Make sure your customer has your contact information before you warm transfer them to the telephone enrollment line. Telephone enrollment reps are not licensed agents, so they cannot provide plan information to consumers. The rep will advise your customer to call you.

Customer will be asked the following:

“Has your Agent advised you that I am unable to answer any questions related to the plan details and they will need to call you back with any additional questions you may have?”

Tips

Ask your customer to write down the following before **warm transferring** them to the telephone enrollment representative:

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| <ul style="list-style-type: none">• Your agent phone number (in case they are disconnected)• Your agency/agent ID and your name (AOR)• Your phone number and email address for any questions• The Medicare Claim Number from their red, white, and blue card. Their Medicare number (HICN) should be at least 9 digits | <ul style="list-style-type: none">• The plan they selected• The enrollment type (for SEPs - must know specific reason)• If HMO, the facility ID to their primary care physician |
|---|---|

Please note: The TE representative will send you a confirmation email upon enrollment completion. Do not reply to this email; you will need to work with your client to resolve an incomplete enrollment.