

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850



## CENTER FOR BENEFICIARY CHOICES

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### MEMORANDUM

TO: Medicare Advantage Prescription Drug Plans and Medicare Prescription Drug Plans  
FROM: Gary Bailey, Deputy Director for Plan Policy and Operations  
RE: End of Month Enrollment Telephone Scripts  
DATE: January 30, 2006

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The Centers for Medicare & Medicaid Services (CMS) recognizes that when enrollment requests are received by plans late in the month, plans will be unable to provide the materials and notification of the effective date to the individual prior to the first of the upcoming month. In those cases, the plan is strongly encouraged to call members within one business day after the effective date to provide the effective date and explain the plan rules.

Many plans may have already submitted and received approval for telephone scripts related to the end of month enrollment situation described above. However, to address questions regarding the receipt of Low Income Subsidy (LIS) information, we are providing plans with a mechanism to submit a situational telephone script to CMS that specifically addresses this situation.

All plans must submit End of Month Enrollment Telephone Scripts that address the LIS issue to CMS under File & Use Certification. We are waiving the required five day waiting period so that these materials can be used immediately. Please submit these documents to CMS through the Medicare Advantage and/or PDP Marketing Modules using the following marketing material category and code:

- Category: Presentations & Scripts
- Code #: 6003 End of Month Enrollment Telephone Script

The end of month enrollment telephone script can be submitted in its entirety, or as talking points or bullet points. Plans can use the attached discussion points (not considered model language) in developing and submitting their script. In all cases, plans must submit the end of month enrollment script under File & Use Certification.

Thank you for your cooperation in providing this valuable service to beneficiaries enrolling in the Medicare prescription drug coverage.

## End-of-Month Enrollment Discussion Points

Here are some important things to expect when your coverage is first effective. This information is especially important if you enrolled late in the month and you have not received your acknowledgement letter/confirmation letter or membership card by the day your coverage starts.

- You will get (Plan's proof of beneficiary's enrollment) from us within approximately xx days.
  
- If you need to fill a prescription
  - Take your (Plan's proof of beneficiary's enrollment) with you to the pharmacy until you get a membership card. **Optional Discussion Point – Plans may choose to include this bullet or not.**
  - If you haven't received a letter or membership card yet, you might have one or more of the following to bring with you to the pharmacy: a welcome letter from us, an enrollment confirmation number, a temporary identification card, include other plan-specific items as needed.
  - If you have both Medicare and Medicaid or have been approved for the low-income subsidy (extra help paying for prescriptions), bring a copy of your yellow automatic enrollment letter from Medicare, a Medicaid card, an approval letter from the Social Security Administration, or other proof that you qualify for extra help.
  - If you need to get a prescription before you get your acknowledgement/confirmation letter or membership card, let your pharmacist know your plan name and bring one of the items above to get your prescriptions.
  - Plan-specific - Included as needed: As a last resort, you might be asked to pay out-of-pocket for your prescription. In this case, save your receipts and work with us to be reimbursed.
  
- If you have questions, call us toll-free at plan number/TTY. **Optional Discussion Point– Plans may choose to include this bullet as appropriate.**