

Compliance Bulletin

Enrollment Tips – Before, During and After United HealthCare

CB0006-14

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Scope of Appointment (SOA)

- Determine if the beneficiary is the “decision maker” for their health care coverage; does someone else need to be present during the presentation and/or is there a Power of Attorney (POA) that signs for health care decisions. (It is advantageous to review the POA and submit a copy with the enrollment application.)
- Obtain a Scope of Appointment (SOA) form 48 hours prior to the meeting, when practical.
- The beneficiary should initial all products to be discussed during the upcoming meeting, sign and date the SOA.

The Appointment

- Complete a thorough needs analysis to help determine the best plan for the individual.
- Present the Pre-Enrollment Kit Booklet in its entirety.
- Ensure the consumer understands and agrees with the plan’s effective date, premium (if any) and all benefits.
- Ensure the consumer has a complete knowledge of how to access a provider, any network or provider limitations, including referrals.
- Review the formulary; how to check if a medication is covered, the tier level, copay and limitations, if any.
- Make sure the enrollee has a solid understanding of the initial coverage limit, coverage gap; true out of pocket (TROOP) expense and catastrophic coverage.
- Review the Outbound Enrollment Verification (OEV) questions and the upcoming call.
- After completing the enrollment application, review for accuracy.
- Leave the required documents with the proposed member along with your business card(s).
- Remind the consumer to call **you** with any questions.
- Submit the enrollment application within 24 hours.

After the Appointment

- Contact the new member within 30 days to ensure receipt of their new member ID card.
- Offer a reminder of the benefits and ask if there any questions.
- Remind the member to call **you** with questions.
- Call back after 60 more days and 90 days thereafter to ensure the member’s peace of mind with their decision.

We have received requests from agents for compliance guidance relating to the Centers for Medicare and Medicaid Services (CMS), carrier guidelines and applicable insurance regulations. From this e-mail address, you will only receive compliance information; there will be no product solicitation. Your reply to compliance@NISHD.com acknowledges receipt and that you agree to receive Compliance Bulletins.