

SPECIAL NEEDS PLANS

Enrollment Tips



Ready-Agent[™]
A PROGRAM BY NEISHLOSS AND FLEMING

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FLEMING, LLC**

AN INTEGRITY COMPANY

More Election Periods

- Filling out an application for a Medicare Advantage Special Needs Plan is something that needs to be done with care.
- Please remember that every single application is as important as the first one you ever filled out.
- Every NEW application should be completed with as much care and time as the one you filled out for your FIRST client.

Special Need Plans: Enrollment Tips

Important

Here you will find some tips and some important things to remember when you fill out a Medicare Advantage Special Needs Plan application for your clients

This application is for your clients who are already on Medicaid due to a Chronic Illness or are at a low enough income range that they qualify for state medical assistance for their care

Make sure that all information is complete and accurate. Mistakes and missing information can delay your client's enrollment – keeping them from using the plan they have chosen. Application issues can also delay or impact an agent's commissions.

Can We Read It?

Handwriting

- If the application is hard to read, the carrier representative receiving it may spell something incorrectly as they manually enter the data
- The legibility is even more important when it comes to the Medicare Claim Number of your client and your Agent Writing Number
 - Be sure both are legible and accurate!

Don't Forget

Always ensure your clients' important personal information is accurate and legible
These are the most commonly missed items on an application:

- Full name of client
- Full address
- County of residence
 - Determined by where the client's taxes are paid
 - Where the client lives 6 months and 1 day out of the year
- Gender
- Medicaid ID # - A Special Needs plan, Dual or Chronic, needs to be able to match up with your client's Medicaid account

Remember These Too

- Please be sure that there is a SIGNATURE and DATE, for both client and agent, and that the date is a valid one:
 - Ex: 10-1-2012 (correct) instead of 10-1-2021 (incorrect)
 - All Effective Dates for plan choices are the 1st of the month
 - There is a 48 hour time frame for all applications – from the agents' Initial Receipt
 - Date the application must be submitted to the carrier for processing
- If there is a POA (Power of Attorney) signing, please include all of their information as well
- Be sure to answer ALL health questions on the application

Can the Client Get This Plan?

Please remember to make sure that the plan you are selecting is available in your clients' area.

You can check the Neishloss & Fleming Medicare Quote Engine to determine what is available in their area.

Why Are These Items Important?

Make certain that all pertinent information is correct, legible, and present on the Application

You may encounter some pitfalls when information is missing or incorrect:

- Commissions delayed or not paid at all
- Clients will come across problems at the pharmacy, doctor's office, or specialist's office, such as being told their plan is not active or not found.
- Clients will be contacted about missing or incorrect information, which could cause undue anxiety
- Electronic Enrollments – when available – help prevent mistakes

Why Are These Items Important?

If you are unsure if an item is a required field or wonder if you are correctly completing a section; feel free to contact us.

Neishloss & Fleming, Inc.

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Our Senior Division will be more than happy to walk you through it!