SCAN Enrollment Workflow Basics

Enrollment Workflow Basics

Enrollment Verifies:

- ✓ **Eligibility**
  Does the applicant qualify for the plan requested?
- ✓ **Election Period**
  Is the plan requested during a valid election period?
- ✓ **Enrollment Request**
  Is all the information received accurate and complete?

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Enrollment Workflow Basics

Important Timelines & Notifications

Per CMS, the application "Received Date" is the date an enrollment request is first received by THE PLAN

What is THE PLAN?

- For Telephonic Enrollments – Date of **Recorded Enrollment Call**
- For Electronic Enrollment – Date of completed enrollment **by Sales Agent with the applicant**
- For Mailed-in or Faxed-in **by Applicant** – Date mail or fax is **received by SCAN**
- For Mailed-in or Faxed-in **by Sales Agent** – Date the enrollment is dated and **signed by Sales Agent**

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Enrollment Workflow Basics

Important Timelines & Notifications

All completed enrollments must be submitted to CMS within **7 calendar days** of THE PLAN receipt date.

- **Electronic Enrollments:** processed within 24 to 48 hours

- **Paper Enrollments:**
  - All enrollments received by SCAN are logged, prepped and sorted by receipt date within 24 hours to then be processed.
  - Most of the year, enrollments are processed and entered into the system within 2 business days.
  - During AEP, enrollments are processed and entered into the system within 3 to 5 business days.

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2021 SCAN Enrollment Application

2021 SCAN Enrollment Application

NEW 1st page

2021 Individual Enrollment Request Form

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Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit Medicare.gov to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to: **SCAN Health Plan**
Attention: Enrollment and Reconciliation
PO BOX 22616
LONG BEACH CA 90801

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call SCAN Health Plan at **1-800-559-3500**, TTY users can call (TTY: 711).
Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a SCAN Health Plan al 1-800-559-3500 TTY:711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

2021 SCAN Enrollment Application

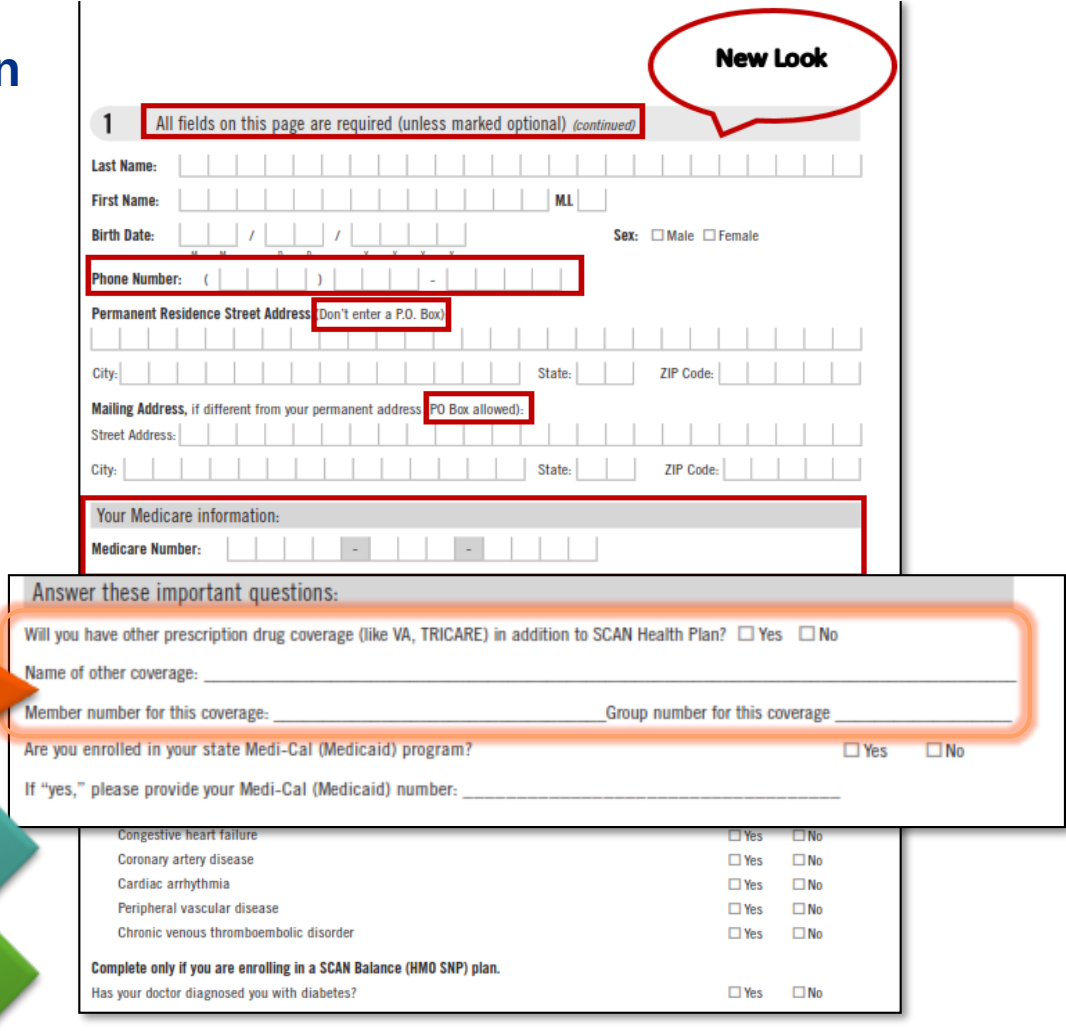
Notable Changes

1. Email address and permission to email - ***Moved*** to section #2 of page 4
2. Emergency contact - ***Moved*** to *Internal Office Use* section

MUST Complete with EVERY application!

Heart First Plan ONLY

Balance Plan ONLY



2021 SCAN Enrollment Application

STATEMENT OF UNDERSTANDING minimized to bullet points

Notable Changes

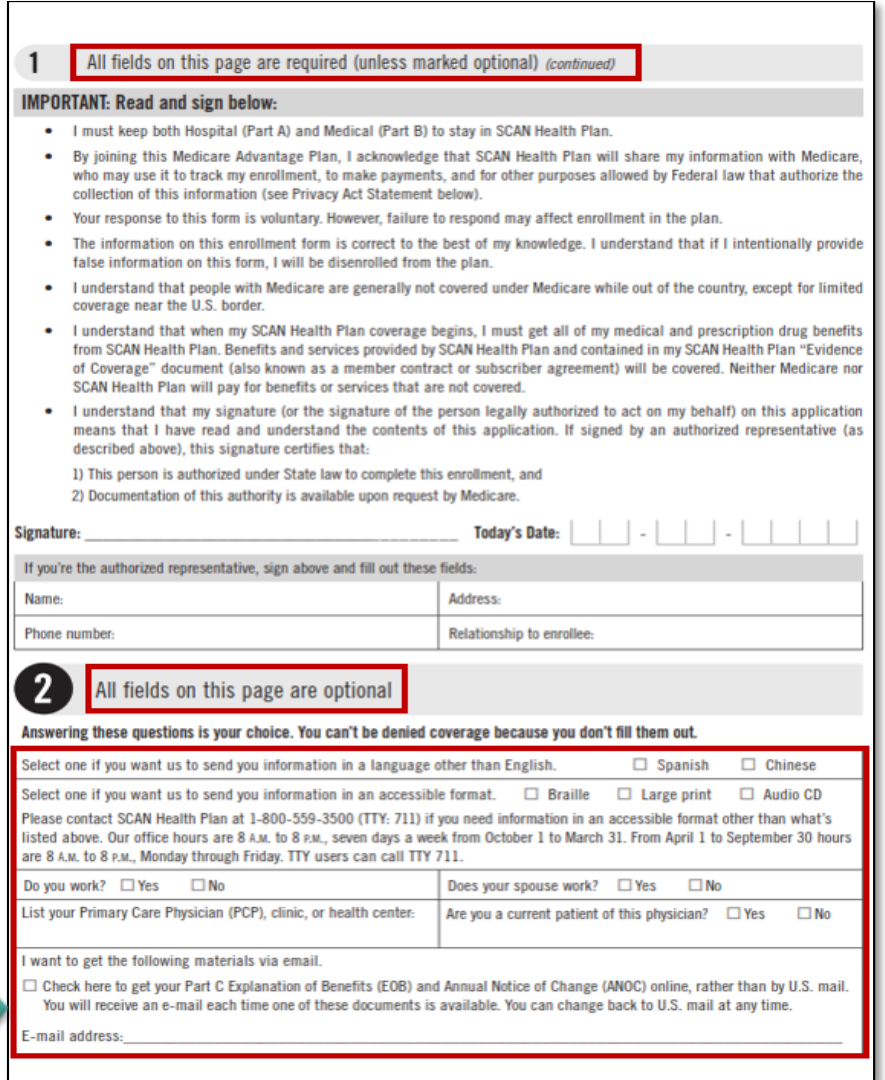
- "Do you or your spouse work"

Changed *to two separate questions in section #2*

- SNP qualifying questions - ***Moved*** to page 3

Place **PCP information** HERE!

Place **E-mail Address** HERE!



1 All fields on this page are required (unless marked optional) *(continued)*

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in SCAN Health Plan.
- By joining this Medicare Advantage Plan, I acknowledge that SCAN Health Plan will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my SCAN Health Plan coverage begins, I must get all of my medical and prescription drug benefits from SCAN Health Plan. Benefits and services provided by SCAN Health Plan and contained in my SCAN Health Plan "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor SCAN Health Plan will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:

  1) This person is authorized under State law to complete this enrollment, and

  2) Documentation of this authority is available upon request by Medicare.

Signature: _____ **Today's Date:** ☐☐ - ☐☐ - ☐☐☐☐

If you're the authorized representative, sign above and fill out these fields:

Name:	Address:
Phone number:	Relationship to enrollee:

2 All fields on this page are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Select one if you want us to send you information in a language other than English. ☐ Spanish ☐ Chinese

Select one if you want us to send you information in an accessible format. ☐ Braille ☐ Large print ☐ Audio CD

Please contact SCAN Health Plan at 1-800-559-3500 (TTY: 711) if you need information in an accessible format other than what's listed above. Our office hours are 8 A.M. to 8 P.M., seven days a week from October 1 to March 31. From April 1 to September 30 hours are 8 A.M. to 8 P.M., Monday through Friday. TTY users can call TTY 711.

Do you work? ☐ Yes ☐ No	Does your spouse work? ☐ Yes ☐ No
List your Primary Care Physician (PCP), clinic, or health center:	Are you a current patient of this physician? ☐ Yes ☐ No

I want to get the following materials via email.

☐ Check here to get your Part C Explanation of Benefits (EOB) and Annual Notice of Change (ANOC) online, rather than by U.S. mail. You will receive an e-mail each time one of these documents is available. You can change back to U.S. mail at any time.

E-mail address: _____

2021 SCAN Enrollment Application

INTERNAL OFFICE USE ONLY		
NAME OF STAFF MEMBER/AGENT/BROKER (if assisted in enrollment):		NATIONAL PRODUCER NUMBER (NPN):
EFFECTIVE DATE OF COVERAGE: / /		REC'D DATE: / /
Enrollee's preferred spoken language (if other than English):		☐ EE DUP CONF#
Emergency Contact (optional):	Phone Number:	Relationship to you:

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Enrollment Submissions

Lessons Learned – Avoid these mistakes!

Lessons Learned

Common Reasons for Incomplete Status

- Incorrect MBI
- Invalid Address or Missing Apt, Suite or Lot #'s
  - *Apt, Suite or Lot #'s should be placed in address field 2*
- Inaccurate Dates
  - Date of Loss of SNP Status, EG Coverage, or Date of Move
    - *always use the last day of the month*
- Missing or Incorrect Plan Selection
- Missing Pages
- Missing Applicant Signature
  - POA missing required information

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Lessons Learned

Best Practices and Requirements

- **Use the correct Enrollment forms**
  - You must use the 2020 Enrollment Form for 11/1 and 12/1 effectives
  - You must use New 2021 Enrollment Form for 1/1 effectives

- **Paper Applications converted to Electronic Enrollments should be submitted to SCAN and indicate "EE Dup" on top of application**
  - All these completed paper enrollments are *REQUIRED* to be submitted into SCAN due to HIPPA regulations
  - Do not put any information on the paper enrollment that we did not receive on the EE
    - They are filed away and not reviewed
    - If something was incorrect or needs to be updated, place a coversheet detailing the differences (i.e. COS forms)

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Lessons Learned

Best Practices and Requirements

ELECTRONIC ENROLLMENTS

- The Provider Look-Up Tool is REQUIRED to populate the selected PCP
  - DO NOT copy & paste or type in the PCP information into the EE

- Missing/Incorrect PCP
  - DO NOT Submit A New EE
    - ✓ Send an email to EnrollmentDpt@scanhealthplan.com or
    - ✓ Call Enrollment Department 800-531-4040

    to provide the missing or correct information
    - ✓ ONLY applicable pre- effective date
      - ✓ If after effective date, then have your client call MS

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Lessons Learned

- Clearly select your client's SCAN Plan choice
- All submitted enrollment pages must be in the same language
- If you forgot to mail or FedEx your enrollment in time, FAX or Email your enrollment to prevent late enrollments
  - EnrollmentDpt@scanhealthplan.com
  - FAX#s: 866-951-0713 or 866-951-0815

IMPORTANT: Pictures of enrollment forms are considered a breach of HIPAA – DO NOT email or FAX pictures

- FAX enrollments to reduce delays or errors
  - All Faxes should include a "cover sheet" **for each prospective member**
    - Name and Contact Information of Sender (That's you!)
    - Pages need to be Faxed in the correct order

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Your Sales Support Team

Larry Napier

Britney Jenkins
Supervisor

Valeria Sherlock

MaryAnn Ortega

June Finely

Sandra Cortez

Nicole Williams

Rosio Castro

We're here to Help – Only a Phone Call Away!

Call 1-888-445-2038