

For those consumers who do not want to meet in person or have limited internet access, you can use LEAN's Voice Signature to complete the enrollment application by telephone. Unlike remote signature, the consumer is not required to have an email address.

Before you start, make sure:

- You have completed a Scope of Appointment (SOA) prior to the appointment. Rules for obtaining a SOA have not changed. See your Agent Guide or the Sales Policy Scope of Appointment job aid for more information on SOA rules.
- You can do a conference call or 3-way call with the consumer and phone recording system. You and the consumer must have clear lines and be easily heard in the recording.

Below is an example of how to set up a conference call or 3-way call with the consumer and phone recording system using an Apple iPhone, that is on the ATT system. While your device and carrier may appear slightly different, the process is similar between devices and carriers that offer conference or 3-way calling.

**Step 1** – Call the consumer. Once you have the consumer on the line and have completed the needs assessment, verified all physicians, specialists, medications, and all other pre-enrollment steps, it's time to initiate the call to the Voice Signature process. With the consumer still on the call, press **add call**.



Step 2: On the keypad, dial 800-985-0245 and wait for the system to answer your call.





**Step 3** – When the Voice Signature system answers the call, you'll hear the introductory welcome message and directions to enter your writing ID and press #. If your writing ID includes letters, do not enter those letters. Once you press #, the system will begin recording.

Step 4 With the consumer on HOLD, press merge calls. This icon is in the same location as add call.



**Step 5**– Once you've pressed **merge calls**, both you and the consumer will be able to communicate with the Voice Signature recording system.



When the enrollment is complete, the Voice Signature recording will end, and the Voice Signature recording system will disconnect. You will still be connected to the consumer.



For more information on how to set up a conference call or 3-way call on a Samsung device, please click here.

For more information on how to set up a conference call or 3-way call on an Apple device, please click here.

**IMPORTANT:** Call into the provided toll-free number prior to starting the application. Failure to do so will result in an incomplete application. For assistance with setting up a three-way call with your consumer, please contact your carrier for device/carrier specific details.



#### Step 6- Click Voice Signature MA/PDP on the LEAN home page.

Step 7 - Once the welcome message is complete, click Voice Signature Portal under the directions.

ease note: Infirm you are Licensed. Appointed, and Certified in the Applicant's State and Product		
in Signature Instructions:		
sure the applicant is on the line with you before calling and has agreed to have this application voice recorded.		
1. Call this toll-free number: 1-800-985-0245		
<ol> <li>The voice recording will begin immediately when the call is connected.</li> <li>a. This is NOT a training or testing environment. Please DO NOT initiate a voice recording unless you</li> <li>b. Any voice recording initiated will be submitted as an active application.</li> </ol>	intend to submit an application.	
3. Click "Voice Signature Portal" button.     4. A new window will onen. Click "New Application" and you are expected to read the Telephonic Voice Signature v	ersion of LEAN to the applicant	
5. When you have completed the enrollment press "1" and you will receive a confirmation #. Enter that number or	the Signature page of the enrollment before you submit the	Voice Signature enrollment.
ewing Submitted Voice Signature Enrollments:		
you want to view any Enrollments submitted via Voice Signature you will need to look in the Submitted tab of the My	Applications page in the Voice Signature portal.	
lose		Voice Signature Por



**Step 8** - A new window opens. Click **New Application** in the upper right-hand corner to open a new Voice Signature application and read the Telephonic Voice Signature version of LEAN to the applicant.

PLEASE NOTE: All questions and disclaimers displayed on the screen must be read <u>word-for-</u> word to the consumer during the recording. Agent Notes do not need to be read to the consumer.



Select Yes to Are you a Field Sales agent completing an enrollment via Voice Signature? The Application Type, Script Type and Individual fields will populate and cannot be changed.

UnitedHealthcare   Li	EAN 12.17				New Application	R PIERCE DUCHARME
Intro Script Signature	Authorized Rep	Medicare Information	Applicant	Product/Plan	Questionnaire	Payment
Are you a Field Sales agent comple	ting an enrollment via Voice Sign	sture? -		*) Yes	O No	
Application Type Telephonic Enrollment ~ Select Language			-			
English 👻 Script Type Master Script 👻						

**Step 9** – Continue answering the questions and providing the required information. All items with orange asterisks must be answered to complete the application and the appropriate check box marked. Continue clicking on the orange button at the bottom of each page to advance to the next screen.

If a consumer does not provide their permission to record this enrollment, you must stop the process and enroll the member by another means.

During this enrollment application, Til be reviewing some information and asking you several questions. Please answer clearly with a Yes or No. If you have any questions, please feel free to let me know.		
Do you understand the benefits we covered earlier? •	Yes	O No
Do I have your permission to record this enrollment application?	⊖ Yes	. No
<ul> <li>Thank you. Without your permission to record, I can't complete the enrollment over the phone. You can still apply by completing a paper application or online enrollment.</li> </ul>		
Discard		Continue to Auth Rep Information

#### United Healthcare<sup>®</sup>

The screens on the Voice Signature process are like the screens you are used to seeing on LEAN. On the Medicare Information screen, you will need to ask the consumer to state their Medicare Beneficiary Identifier (MBI) one time during this recorded process.

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Intro Scri	pt	Authorized Rep	Medicare Information	Applicant	Product/Plan	Questionnaire	Payment
Signatur	e						
licare number ne	eds to be obtained verba	Ily by the caller once during the RANCE CARD IN Last Name = Test	e same call				
care Number (M	1BI)*	Sex *					
TD5MK73		Male 👻					
NTITLED TO		EFFECTIVE DATE					
vital (PARTA) cal (PARTB)		10 • 01 • 2020 • 10 • 01 • 2020 •	•				
rd						Contin	ue to Applicant Informati

Continue speaking to the consumer and providing the required information on the LEAN pages. A **Yes** answer may open other fields that need to be completed. While not a required field, please enter the consumer's primary phone number in the Contact Information.

	Contact Information	
	Primary Telephone	Alternate or Institution Telephone
	(561)746-6201	000000000
Would you like to receive plan materials by email?	🔾 Yes 🕓 No	
	Email Address	

Once you have selected a plan, you must read the reminder to the consumer and check the box.

you have chosen to enroll in the IND - Preferred Choice Palm Beach (HMO) (MAPD) with an effective date of 10/1/2020. Is that correct? *	Yes	O No
As a reminder, this is a Medicare Advantage plan, NOT a Medicare Supplement plan. This Medicare Advantage Plan has a contract with the Federal Government. With this plan, you'll receive your Medicare health benefits through UnitedHealthcare instead of Original Medicare.		
Are you enrolled in <b>FL's</b> Medicaid Program? ★	⊖ Yes	No





Read each of the payment statements to the consumer.

OR AGENT USE ONLY - DOES NOT HAVE TO BE READ TO THE CONSUMER		
lan	Plan Premium	
ND - Preferred Choice Palm Beach (HMO) (MAPD)	\$0	
otal Monthly Premium	\$0.0	
The monthly premium for this plan is \$0 in addition to your Part B Premium,if you have one.		
If you receive any Extra Help, Medicare will pay all or a portion of your drug premiums. We'll bill you for any remainder.		
For information on Extra Help, contact the Social Security Administration.		
If you didn't have creditable prescription drug coverage when you first became eligible for Medicare, you may have a late enrollment penalty. If this applies to you, we'll send you a letter.		
For those with incomes above a certain level, Medicare may apply an extra amount for Part D. If this applies to you, Medicare or the RRB will bill you or withhold it from your Social Security c	reck.	

If the plan has a premium, you will be required to select a payment option.

Plan	Plan Premium	
IND - AARP MedicareRx Preferred (PDP) (PDP)	\$79.8	
Total Monthly Premium	\$79.8	
g) The monthly premium for this plan is \$79.8 in addition to your Part B Premium if you have one.		
If you receive any Extra Help, Medicare will pay all or a portion of your drug premiums. We'll bill you for any remainder.		
For information on Extra Help, contact the Social Security Administration.		
If you didn't have creditable prescription drug coverage when you first became eligible for Medicare, you may have a late enrollment penalty if this applies to you, we'll send you a letter.		
How would you like to pay your premium?	Direct Pay (Monthly Statement)	
	Deduction from Social Security	
	Deduction from Railroad Retirement Board	
	Electronic Funds Transfer (EFT)	
We will bill you directly until the Social Security Administration approves the deduction. Once we notify you of the approval, you may stop making your monthly payment. It could take up to 90 days after the approval for the first deduction to occur and it could be for up to infree months of premium. For those with incomes above a certain level. Medicare may apply an extra amount for Part if this applies to you, Medicare or the RRB will bill you or withhold it from your Social Securit	D. ly check	
Discard		Continue to SOU Signature >

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The last page of the Voice Signature application is the Signature page. Once you read each of the Statement of Understanding statements to the consumer, ask **Do you understand and agree to the information we've discussed during the enrollment today?** If the Consumer replies Yes on the signature page, press 1 on your phone keypad.

You will receive a confirmation number verbally from the recording. Enter that number into the **Voice Signature Confirmation Number** field. If you need the number repeated, you can press 1 on your keypad to have the Confirmation number repeated up to three times. If you do not press 1 to have the number repeated, the call will end.

Voice Signature Confirmation Number  12345678		
	Beneficiary/Authorized Rep Signature	Applicant's Name
	Applicant Accepts Telephonic Application	n Test Test
	Medicare Number	Applicant Signature Date
	1EG4TD5MK73	09/29/2020
	Agent Signature	Agent Name
	5	Agent Signature Date
	NC15246774	09/29/2020
Would you like me to send you an unsecure email to confirm your enrollment today? It will contain your name, confirmation number and the plan you selected. *	⊖ Yes	No
Agent note: Unsecure means the email contents have not been hidden while en route to the consumer's email box.		
Agent Note: Check here if person on the phone will be completing an application for another enrollee in the same plan.	O Yes	No
Discard		Submit Application

Click Submit Application to submit the application.

Click **Start HA** to immediately begin a Health Assessment (HA) or you can start the HA from the **My Applications** page of this Telephonic Voice Signature version of LEAN. The Health Assessment will not be recorded. For more information on completing the Health Assessment, please see the Health Assessment in LEAN job aid in Learning Lab > Content Library > Health Assessment.

🗉 🚺 UnitedHealthcare'   LEAN' 1.2	17	New Application
	The application has been submitted.  Agent Note: Does not have to be read to Consumer LEAN reference ID: T-5207800002920	
	Your enrollment application for the IND - Preferred Choice Paim Beach (HMO) (MAPD) is complete and has been submitted. Once approved by Medicare, your plan will start as of 10/1/2020.     Your confirmation number for this enrollment is your Medicare Number.     In the next 7-14 days, clease watch for important information in the mail. Once your application has been approved.	
Completed Applicat	you'll receive your member ID Card and other information velcoming you to the plan The number for Customer Service is 1-566-231-7201. From now on, you can call Customer Service if you have any questions. On Summary Display Receipt. Close Application	
Sartisk		

A Voice Signature call must be completed in its entirety. If a call is interrupted, a new call will need to be made and a new enrollment filled out.

**Note: There is no practice environment for the Voice Signature process.** Any voice recording initiated will be submitted as an active application so don't start the Voice Signature process until you are ready to submit a live application.