



Medicare Advantage: Enrollment Tips

The purpose of this piece is to highlight the sections of Medicare Advantage applications that are often inquired upon or incorrectly filled out. The following enrollment tips will help ensure completeness and accuracy this peak season.

1. Medicare Number

The Medicare Beneficiary Identifier (MBI) is a combination of numbers and upper-case letters. Numbers zero through nine and all letters from A to Z except for S, L, O, I, B and Z will be used. Please be sure that all 11 characters are included.

Name (as it appears on your Medicare card): _____

Medicare number: _____

Is entitled to: _____ Effective date: _____

HOSPITAL (Part A) _____

MEDICAL (Part B) _____

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

Remember, applicants must have both Medicare Parts A and B prior to enrollment in a Medicare Advantage product.

2. Assistance field

Failure to complete the, “I helped the applicant by partially or completely filling out the paper enrollment form on behalf of the applicant,” field will hold up an application. The document is incomplete without this information. Please note that you may only assist the applicant if they explicitly ask for help. You are not allowed to proactively approach the client. If mailing the application to the subscriber, you may fill in the applicant’s name and address and still mark “No.” This also applies to corrections; the agent must place their initials and date next to any corrections. Blue Cross® Blue Shield® of Michigan auditors monitor these responses.

I helped the applicant by partially or completely filling out the paper enrollment form on behalf of the applicant: Yes No

3. Processor information

When submitting applications to TGG Solutions, the “Name of the person entering enrollment information online,” field should be left blank. TGG Solutions will complete this field which is located at the bottom of the signature page.

Name of person entering enrollment information online (print first/last names): _____

First name Last name



4. Additional medical questions

Section five, questions one through five. Please be sure to examine this section thoroughly, making sure that all five checkboxes are marked, and any additional information requested is provided. Blue Care Network applications have a sixth question asking for Primary Care Physician (PCP) information.

Sec. 5 Please read and answer these important questions			
1. Some individuals may have other medical or drug coverage, including other private insurance, TRICARE, Federal Employee Health Benefits coverage, VA benefits, or state pharmaceutical assistance programs. Will you have other medical or prescription drug coverage in addition to Medicare Plus Blue PPO? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please list your other coverage and your identification (ID) number(s) for this coverage: Name of other coverage: _____ ID # for this coverage: _____ Group # for this coverage: _____			
2. Are you a resident in a long-term care facility, such as a nursing home? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please provide the following information:			
Name of institution			
Address			
City	State	ZIP code	Telephone

DN 14863 SEP 15 Page 5 of 7 Mail-White copy Keep-Yellow copy

Sec. 5 continued Please read and answer these important questions	
3. Do you have End-Stage Renal Disease (ESRD)? <input type="checkbox"/> Yes <input type="checkbox"/> No If you have had a successful kidney transplant and/or you don't need regular dialysis any more, please attach a note or records from your doctor showing you have had a successful kidney transplant or you don't need dialysis. Otherwise, we may need to contact you for additional information. Note: If you have ESRD, you cannot enroll in this plan unless you are already enrolled in the Blue Cross Blue Shield of Michigan organization as a commercial member or you were affected by the non-renewal of another Medicare Advantage plan after December 31, 1998.	
4. Are you enrolled in your state Medicaid program? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please provide your Medicaid number: _____	
5. Do you or your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are currently enrolled in a Medigap plan, you must first disenroll from the Medigap plan, because submitting this application doesn't automatically disenroll you. Please contact Medicare Plus Blue PPO at 1-888-563-3307 with questions, if you need information in another format or to be referred to our foreign language line. TTY users should call 711. Call center hours are 8 a.m. to 9 p.m., Monday through Friday (October 1 through February 14, 8 a.m. to 9 p.m., seven days a week).	

5. Applicant and producing agent signature and dates

The applicant signature must be a wet signature, not typed or stamped. This also applies to the applicant signature dates. Please note, the producing agent may not sign the application prior to the applicant. It is the agent's role to ensure that the application is complete before they sign and date the form. These fields are legally binding, and may not be typed.

Signature	Today's date
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Date producing agent accepted paper enrollment from Medicare eligible: //

Signature of producing agent: _____