

**Date:** Monday, November 14, 2022 11:17:35 AM

**Subject:** Schedule your 2023 Careguide Call Today!!!



## **Hello Valued Brokers!**

*Encourage your new members to take advantage of these important opportunities to learn more about their new Medicare Advantage plan!*

Starting this AEP newly enrolled members will be receiving a Care Guide call from Anthem. In this call the member will receive

- **A Personal Welcome Call**
- **Help with the assignment of PCP /specialist**
- **they will also receive help with scheduling their first appointment.**
  
- **go over the essential everyday extra benefit with the member.**
- **Along with all the digital tool that is available to them.**
- **They also go over all the premium and cost sharing information with the member.**

So there is no surprise on their effective date. Team will call all new members within 30 days of enrollment. When receiving Care Guide caller ID our members will see the applicable brand (caller ID)

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## Submission Success

Now that your customer is on their way to enrolling in a great new plan, help get them ready for the next steps in their journey.

First, Schedule their [Care Guide call preference](#) and then complete their [Health Risk Assessment \(HRA\)](#) form quickly and easily here.

[Let's Get Started](#)

Please provide the applicant with this Application submission confirmation number:

Application for **Anthem MediBlue Dual Advantage (HMO D-SNP)**, with a coverage start on **08/01/2022**

**Plan Premium:** \$0.00/month

**Enrollment Submitted:** 7/19/2022

**Application Control ID:**

If you have questions or need additional information, please contact agent support.

[View PDF](#)

## Schedule the most convenient day and time for a Care Guide Call!

**First Name:** test

**Last Name:** test

**Email ID:**

Our Care Guides are here to help our members get the most from their membership and answer questions about their new plan. [Click here to use our call script.](#)

Please have the member choose a day that is at least 24 hours out from the scheduling of the Care Guide Call.

Primary Phone

2323423423

Phone Type

Select phone type ▼

Preferred Day (Select all that apply)

Mon  Tue  Wed  Thu  Fri  Any Day (M-F)

Preferred Time

Select preferred time of the day ▼

Applicant has given consent for a future call to discuss Medicare Plans. This includes calls made using an automatic telephone dialing system so they can be reached more easily. Applicant understands that they are under no obligation to enroll when called.

I have read and agree to the Terms of Use of this website [Terms of Use](#)

Back

Schedule Care Guide Call

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Email ID:

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✕ from the scheduling

“<Mr./Mrs./Ms. Member Name> now that we have completed your application, we’d like to schedule a call with our Care Guide Team. Care Guide is Anthem’s welcome service. They help maximize your plan benefits based on your individual needs.

All we have to do to schedule a call is pick a day of the week and a time slot (morning or afternoon) that works best for you. Our Care Guides will provide one-on-one consultation to answer any questions and ensure your getting the most out of your plan.”

Back

Schedule Care Guide Call

st Name: MILLER  
mail ID: angela.downey@anthem.com

Primary Phone

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Mon  Tue

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n you call me.

✕

## Thank you for sharing call preferences

Let's continue to complete the applicant's Health Risk Assessment (HRA).

Continue to HRA

## Medicare Health Risk Assessment Form

Select the responses that apply to the applicant.  
The information you provide will help us design the appropriate care plan.

### Member Information

ACN	Requested Effective Date	Medicare ID number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Date of Birth:
<input type="text" value="test"/>	<input type="text" value="test"/>	<input type="text" value="01/01/1951"/>

### Recent Care

- How would you rate your overall health?  Poor  Fair  Good  Excellent
- Have you seen your primary care physician (PCP) in the last 3 to 6 months?  Yes  No
- Have you been hospitalized in the last six months?  Yes  No
- In the past three months, have you gone to an emergency room for care?  Yes  No

### Have you ever been treated for or told you have any of the following?

- Breathing problems, like chronic obstructive pulmonary disease (COPD) or asthma  Yes  No

## Other Scenarios



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Email ID: angela.downey@anthem.com

Primary Phone

Preferred Day/Sec

Mon  Tue

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Thank you for sharing your call preferences. ✕

Our Care Guide agents are looking forward to meeting you! You may now close this browser window.

Ok



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