

	Prospective Member Call Center Phone Script		Call Center Script
	SOLIS Marketing Department		
	Date: 9/7/2018	Ready for Submission	NEEDS APPROVAL

OPENING (Section 1)

- A. Thank you for calling SOLIS Health Plans. My name is [First and Last Name], and I am a licensed sales agent. I hope you are having a great day.
- B. Acknowledge the inquiry by stating: “I’ll be happy to help you with that - Who are we? **We are your neighbors! SOLIS is in South Florida. A new Medicare Advantage Plan close to you!**
- C. **DISCLAIMER:** “Before I continue, I need to let you know that this call is being recorded and/or monitored for training purposes and quality assurance. Please be aware that you are not required to give any health related information unless it will be used to determine enrollment eligibility, and any information you provide during this call will not affect your ability to request enrollment or your membership in a plan.”

(If not a sales call, determine what assistance is needed and **GO TO CLOSING CALL.**)

COLLECT MEMBER INFO

1. Can I have your name please?
2. Very nice to meet you Mr. or Mrs. May I call you by your first name? Plan information varies by county. May I please have your permanent address? (If not in service area **GO TO CLOSING CALL**)
3. Should our call get disconnected, what is the best telephone number to reach you? Is the number provided a cellular phone? (Yes/No). **If NO, continue to D.**
 - a. If YES: “May we have your permission to call your cell phone for marketing purposes, such as letting you know about new or different plan offerings that

could help you save money on healthcare costs or other out of pocket expenses or other offerings such as mail order pharmacy?” (Yes/No)

- b. **If NO**, continue to D.
- c. **If YES**: “Your consent is voluntary and allows us to contact you via text messaging, artificial or prerecorded voice messages, or automatic dialing. You may contact us to change your preferences at any time. Changing your preferences will not affect your eligibility for benefits and enrollment, payment for coverage of services, or the ability to get treatment. Data use charges and rates from your Cellular carrier may apply.”
- d. After collecting/verifying the basic information, state the following: I have a few qualifying questions to ensure you would be eligible for the types of plans available in your area.

QUALIFICATION (Section 2)

Qualify the Beneficiary:

- A. **QUALIFIER 1 – Medicare**: “Do you have Medicare Parts A and B (or will have it within the next three to twelve months)?”
 - a. If yes, go to the next qualifier 2.
 - b. If no Medicare within the next three to twelve months, state: “I’m sorry, but right now you don’t qualify for a Medicare Advantage plan. May we have permission to contact you when you become eligible? You may also give us a call back approximately three months prior to your Medicare benefits becoming effective.” **GO TO CLOSING CALL**
 - c. If planning to apply for Part B - If you give me permission, I will follow up with you in a couple of weeks so we can set up an appointment to discuss health plan options available to you based on the Part B Effective Date Medicare will give you when you sign up.
- B. **QUALIFIER 2 - “Do you have both Medicare and Medicaid?”**
 - a. If no, continue.
 - b. If yes, “Do you know what level of help you are getting? Do you know if you are a QMB or Qualified Medicare Beneficiary, a SLMB or Service Limited Medicare Beneficiary, or QI which is a Qualified Individual?”

C. QUALIFIER 3 – Decision Maker: “Do you make your own healthcare decisions?”

- a. If yes, continue.
- b. If no, ask: Establish party that makes the decisions and method of contact.

D. QUALIFIER 4 - ESRD - (MA/MAPD ONLY): “Do you currently have End Stage Renal Disease?”

If yes, state the following, “When you have been diagnosed with ESRD you can only join a Medicare Advantage Plan (Part C) under certain situations.

“At this time we are unable to help you. You will need to contact Medicare to find out what is available to you. The number is 1-800-MEDICARE or 1-800-633-4227, TTY/TDD users should call 1-877-486-2048. They are available 24 hours a day, 7 days a week.”

GO TO CLOSING CALL

E. IF NO, GO TO MAKE APPOINTMENT

MAKE APPOINTMENT:

Mr./Mrs. _____ if you’d like, and under no obligation to enroll, I can visit you at your earliest convenience to answer any of your questions. I have date/time and date/time available. Any of those dates and time work for you? **(IF NO GO TO ANALYSIS)**

Great, I am looking forward to seeing you then. Is there anyone else who has Medicare or will soon have Medicare who will be joining us at the appointment?

IF YES: I’d like to re-iterate that this appointment will include a sales presentation discussing SOLIS (select one: MAPD or SNP) plan in your area. There is no obligation to enroll and meeting with me will constitute no obligation at the appointment or in the future with either me, your sales associate or the plan.

Response from customer – preferably with a YES or NO

Perfect. I am looking forward to meeting with you on (state date and time).

If, for any reason, you need to reach us, we are available Mon through Sun from 8 am until 8 pm through March 31st at 000-000-0000.

ANALYSIS

Mr. and Mrs., is there anything in particular that you would like to know before I visit you?

PROSPECT QUESTION. (NETWORK, MEDS, ANCILLARY BENEFITS)

BEFORE ANSWERING:

- a) “Any information I provide is not a complete description of benefits. Limitations, copayments and restrictions may apply. Benefits, premium and/or member cost-share may change on January 1 of each year. The formulary/provider directory and/or provider network may change at any time.”

PROSPECT QUESTION REGARDING BENEFITS

- a. SOLIS is a Medicare Advantage HMO organization with a Medicare contract. Enrollment in SOLIS Health Plans depends on contract renewal. You must use plan providers except in emergency or urgent care situations, or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers, neither Medicare nor SOLIS will be responsible for the costs.”

GO TO MAKE APPOINTMENT

- b. If no: Is there anything else you would like me to answer before I visit you?
- c. If yes, continue analysis, if no, **GO TO MAKE APPOINTMENT**

CLOSING CALL

We thank you for calling SOLIS Health Plans. If there is anyone you know that needs help with a Medicare Advantage plan, please give them my name and number and I would be happy to assist them. If you need further

assistance, you may contact our Member Services department at xxx-xxx-xxxx or visit our website www.solishealthplans.com. Again, thank so much for calling SOLIS Health Plans. Have a great day!

