

# Well Care/ Humana / United Healthcare

**THIS STATEMENT IS REQUIRED AT THE BEGINNING OF THE LIVE TRANSFERRED CALL AS WELL AS THE BEGINNING OF THE INBOUND CALL**

(Customer's Name), before we get started, I have a brief statement required by Medicare. In order to assure high quality and compliance with Medicare and The Department of Insurance requirements, this phone call may be monitored and recorded. You are not required to provide any health information unless used to determine enrollment eligibility.

## MEDICARE ADVANTAGE CHECKLIST

### **Agent Initials Required**

- \_\_\_\_\_ CLIENT VERIFIED NAME AND DOB ON INBOUND CALL (UNITED HEALTHCARE ONLY)
- \_\_\_\_\_ QUALIFICATION QUESTIONS (MEDICARE, MEDICAID, LIS, DIABETES, HEART)
- \_\_\_\_\_ READ MEDICARE DISCLAIMER
- \_\_\_\_\_ ABCD OVERVIEW
- \_\_\_\_\_ PRODUCT TYPE-MED SUP, MED ADV
- \_\_\_\_\_ PREMIUM
- \_\_\_\_\_ DEDUCTIBLE
- \_\_\_\_\_ MOOP
- \_\_\_\_\_ ALL CO-PAY --- PCP-SPECIALIST-HOSPITAL-ER
- \_\_\_\_\_ DRUG TIERS
- \_\_\_\_\_ ASK CLIENT IF ANY PRESCRIPTIONS THEY WANT LOOKED UP
- \_\_\_\_\_ REFERRALS FOR SPECIALIST
- \_\_\_\_\_ PLAN NETWORK TYPE (MENTION OUT OF NETWORK COSTS IF ANY)
- \_\_\_\_\_ DR IN NETWORK
- \_\_\_\_\_ ADDITIONAL BENEFITS
- \_\_\_\_\_ ASK CLIENT IF THEY WANT TO ENROLL
- \_\_\_\_\_ ENROLLMENT ON AN INBOUND CALL
- \_\_\_\_\_ IVR COMPLIANCE STATEMENT (HUMANA ONLY)
- \_\_\_\_\_ APPLICATION/CONFIRMATION ID (HUMANA AND UNITED HEALTH)
- \_\_\_\_\_ HOURS OF OPERATION (Choice Health & \_\_\_\_\_)
- \_\_\_\_\_ CONTACT NUMBERS (Choice Health & \_\_\_\_\_)
- \_\_\_\_\_ MENTION STARTING NEXT MONTH ONLY \_\_\_\_\_ CARD FOR RX & DOCTOR
- \_\_\_\_\_ READ CLOSING STATEMENT / REQUIRED SCRIPTING
- \_\_\_\_\_ THIS ENDS RECORDING

**\*By signing below I acknowledge I have covered and initialed each compliance checklist topic**

Print Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2017

Writing Agent Signature: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Application ID: \_\_\_\_\_