

NA CCP/PDP 2021 <Centene> Teledigital Inbound/Outbound Sales Script

Text Color Key

Blue Text = Representative to Customer

Black Bold Italics = *Representative Conditional Statements ("If Statements")*

Black Italics = *Representative Actions*

Red Text and/or < > = Variable Information

<< >> = Content that may be removed, depending on version

Purpose:

This script is intended to be used by Tele-Digital FMOs that are contracted and certified to market/sell all plans under <Centene> telephonically.

This script is broken down into several sections. The first 2 sections are starting points for inbound or outbound calls. The remaining sections will be used regardless of the starting point outlined.

A - Outbound Call Starting Point will only be used to call those beneficiaries who have requested and given consent to have a representative of the contracted Tele-Digital FMO contact them to provide more information telephonically.

B - Inbound Call Starting Point will be used when the contracted Tele-Digital FMO receives a call from a beneficiary who is requesting information about a <Medicare Advantage or Medicare Prescription Drug plan>.

The following sections will all be used after either of the starting points above:

C – Identification of Caller - This section will be used to gather more information about the individual that the agent is speaking with and to gather POA info if speaking with someone other than beneficiary.

D – Eligibility - This section will determine if the caller is currently eligible for Medicare now or in the near future and to determine if the caller qualifies for extra help.

E – Needs Analysis – The agent will give a brief overview of plan types available and determine which type of plans the beneficiary would like to review

F – Plan Presentation - The agent will use this section once the beneficiary determines if they would like to learn more about <MA, MAPD or PDP plans>.

G – Pre-Enrollment – This section covers some of the benefits of the different <MA, MAPD or PDP> type plans and transition to enrollment script.

NA CCP/PDP 2021 <Centene> Teledigital Inbound/Outbound Sales Script

Outbound Calls Starting Point:

A-1	<p>Hello my name is <agent first name>. I'm calling from <Tele-Digital FMO name>. May I please speak with <Mr./Mrs./Ms.> <first name> <last name/ POA name>?</p> <p><i>If yes, continue to Step A-2</i> <i>If no, go to Step A-4</i> If wrong number or do not call request, go to Alternate Close M-1 If language barrier is apparent, verify and document member's primary language If representative who speaks member's primary language is not available in house, offer translation line/language line. If TTY needed, follow appropriate Teledigital FMO protocols.</p>		
A-2	<table border="1"> <tr> <td data-bbox="151 590 938 1457"> <p><i>If PDP MEMBER:</i></p> <p>Hi Mr./Mrs. _____, this is _____ calling you on behalf of WellCare. We are your Part D Prescription provider. Reason for my call today, is that WellCare has asked me to reach out to some members in the _____ (borough/county) area, to see if we can help them, and to make sure they are receiving all of the benefits they may be entitled to with their WellCare plan. We have found many Part D only members may not be taking advantage of all benefits WellCare has to offer. So I'm actually calling you with some good news!! That's a nice change isn't it?</p> <p>Is your address still _____?</p> <p>Ok Great! Some of the enhancement benefits I was referring to before, at no cost to you at all, are things like: free over the counter items, hearing, dental or even vision benefits. Wellcare also offers an Individualized Care Plan, that many members find helpful. Is now a good time to go through this with you?</p> </td><td data-bbox="938 590 1562 1457"> <p><i>IF BRC:</i></p> <p>Recently you requested information about <Medicare Advantage> <Medicare Prescription Drug> plans. As a licensed insurance agent with Diversified Health, I can help you find a plan that will best fit your needs. Is now a good time to go through this with you?</p> <p>If yes, continue to Step A-3 If no, ask: When would it be a good time for me to call you back?</p> </td></tr> </table>	<p><i>If PDP MEMBER:</i></p> <p>Hi Mr./Mrs. _____, this is _____ calling you on behalf of WellCare. We are your Part D Prescription provider. Reason for my call today, is that WellCare has asked me to reach out to some members in the _____ (borough/county) area, to see if we can help them, and to make sure they are receiving all of the benefits they may be entitled to with their WellCare plan. We have found many Part D only members may not be taking advantage of all benefits WellCare has to offer. So I'm actually calling you with some good news!! That's a nice change isn't it?</p> <p>Is your address still _____?</p> <p>Ok Great! Some of the enhancement benefits I was referring to before, at no cost to you at all, are things like: free over the counter items, hearing, dental or even vision benefits. Wellcare also offers an Individualized Care Plan, that many members find helpful. Is now a good time to go through this with you?</p>	<p><i>IF BRC:</i></p> <p>Recently you requested information about <Medicare Advantage> <Medicare Prescription Drug> plans. As a licensed insurance agent with Diversified Health, I can help you find a plan that will best fit your needs. Is now a good time to go through this with you?</p> <p>If yes, continue to Step A-3 If no, ask: When would it be a good time for me to call you back?</p>
<p><i>If PDP MEMBER:</i></p> <p>Hi Mr./Mrs. _____, this is _____ calling you on behalf of WellCare. We are your Part D Prescription provider. Reason for my call today, is that WellCare has asked me to reach out to some members in the _____ (borough/county) area, to see if we can help them, and to make sure they are receiving all of the benefits they may be entitled to with their WellCare plan. We have found many Part D only members may not be taking advantage of all benefits WellCare has to offer. So I'm actually calling you with some good news!! That's a nice change isn't it?</p> <p>Is your address still _____?</p> <p>Ok Great! Some of the enhancement benefits I was referring to before, at no cost to you at all, are things like: free over the counter items, hearing, dental or even vision benefits. Wellcare also offers an Individualized Care Plan, that many members find helpful. Is now a good time to go through this with you?</p>	<p><i>IF BRC:</i></p> <p>Recently you requested information about <Medicare Advantage> <Medicare Prescription Drug> plans. As a licensed insurance agent with Diversified Health, I can help you find a plan that will best fit your needs. Is now a good time to go through this with you?</p> <p>If yes, continue to Step A-3 If no, ask: When would it be a good time for me to call you back?</p>		
A-3	<p>Great! I'll need to ask you a few questions to determine your eligibility. You will not have to provide any health related information unless it's used to determine your eligibility to enroll. All of our calls are recorded and monitored for quality assurance. May I have your permission to record and monitor this call?</p> <p><i>If yes, continue to Step C-1</i> <i>If no, say: I'm sorry, but we are required to monitor and record all calls for quality assurance. Do you wish to continue?</i></p>		
A-4	<p><Individual's name> requested information about <Medicare Advantage> <Medicare Prescription Drug> plans. I'm calling to follow up on that request. May I leave my name and number to have <individual's name> call us back?</p> <p><i>If yes, provide call back number and end call</i> <i>If no, say: Thank you, I'll try again at another time. End call</i></p>		

NA CCP/PDP 2021 <Centene> Teledigital Inbound/Outbound Sales Script

Inbound Calls Starting Point:	
B-1	<p>Thank you for calling Diversified Health, my name is <insert agent's name> and I'm an agent licensed in <state> and appointed with <plan name>. How may I help you today?</p> <p><i>Continue to Step B-2</i></p>
B-2	<p>Great – I'd be happy to help you with that. May I please have your first and last name?</p> <p><i>Continue to Step B-3</i></p>
B-3	<p>I'll need to ask you a few questions to determine your eligibility. You will not have to provide any health related information unless it's used to determine your eligibility to enroll. You will not be obligated to enroll and your current or future Medicare enrollment status will not be impacted and automatic enrollment will not occur.</p> <p>All of our calls are recorded and monitored for quality assurance. May I have your permission to record and monitor this call?</p> <p><i>If yes, continue to Step C-1</i> <i>If no, say: I'm sorry, but we are required to monitor and record all calls for quality assurance. Do you wish to continue?</i> <i>If yes, continue to C-1.</i> <i>If no, go to Alternate Closing – Refused Recording Step H-1</i></p>

Identification of Caller:	
C-1	<p>We will be discussing <Medicare Advantage and/or Prescription Drug> plan options today. Will this be for you or for someone else?</p> <p><i>If self, continue to C-2</i> <i>If someone else, continue to C-3</i></p>
C-2	<p>If we get disconnected may I have your permission to call you back?</p> <p><i>If yes, say: What is the best number to reach you at?</i> <i>If no, document and continue</i></p> <p><i>Document and continue to Step D-1</i></p>
C-3	<p>Do you currently have power of attorney or legal guardianship to make medical and insurance decisions on behalf of the beneficiary?</p>

NA CCP/PDP 2021 <Centene> Teledigital Inbound/Outbound Sales Script

	<p>If yes, document POA/Guardian's name, phone number, address and relationship and continue to Step C-5 If no, continue to Step C-4</p>
C-4	<p>You must have power of attorney or legal guardianship to enroll a beneficiary into a Medicare plan. I can give you general information about the <plan name> plans in the beneficiary's area, but I cannot discuss the personal health information of the beneficiary with you. Would you like to continue?</p> <p>If yes, continue to Step C-5 If no, go to Alternate Closing – Third Party Step J-1</p>
C-5	<p>If we get disconnected may I have your permission to call you back?</p> <p>If yes, say: What is the best number to reach you at? Document and continue If no, document and continue</p> <p>Continue to Step D-1</p>

Eligibility:	
D-1	<p>May I please have your ZIP code and county in order to pull up the <Medicare Advantage> <Medicare Prescription Drug> plans that are available in your service area?</p> <p>Capture ZIP and pull up plans in that service area in the quoting tool</p> <p>If no plans available, go to Alternate Closing – Not in Service Area Step L-1</p> <p>If MA plans available, say: I see that <plan name> has Medicare Advantage plans that offer medical benefits which may include prescription drug coverage. <<They also have stand-alone Prescription Drug Plans>>. Before we get into the benefit details, I'll need to determine your eligibility. Continue to Step D-2</p> <p><<If PDP <u>only</u> plans available, say:>> <<I see that <plan name> offers stand-alone Prescription Drug Plans in your service area. Before we get into the benefit details, I'll need to determine your eligibility. Continue to Step D-2 >></p>
D-2	<p>Do you have Medicare Part A, B or both?</p> <p>If both A & B, continue to Step D-4</p> <p>If A or B only, or if no, go to D-3</p>

NA CCP/PDP 2021 <Centene> Teledigital Inbound/Outbound Sales Script

D-3	<p>Will you be eligible for Medicare Part <A/B or both> within the next 3 months?</p> <p>If both, continue to Step D-4</p> <p>If A <u>or</u> B, state: You must have Medicare Part A <u>and</u> B to qualify for a Medicare Advantage plan, <<but you may qualify for a Prescription Drug plan which only requires Medicare Part A <u>or</u> B to enroll.>> Continue to Step D-5</p> <p>If no A or B within the next 3 months, state: I'm sorry, you do not meet the Medicare eligibility requirements and are not eligible to enroll in a Medicare plan at this time. I can provide you with information on the plans that are currently available in your area, but I need to tell you that plan availability, benefits and premiums change annually and may be different when you become eligible to enroll. Would you like to continue?</p> <p>If yes, continue to Step E-1</p> <p>If no, state: For more information you may contact Medicare directly at 1-800-Medicare or consult www.medicare.gov (TTY users should call 1-877-486-2048 24 hours a day 7 days a week) Go to Alternate Closing Not Qualified Step K-1</p>
D-4	<p>Do you currently have a Prescription Drug Plan?</p> <p>If no, continue to Step D-5</p> <p>If yes, say: I need to let you know that if you enroll in <plan name> Medicare Advantage Plan, you will be automatically disenrolled from any Medicare plan, including your Prescription Drug Plan. Do you wish to continue?</p> <p>If yes, continue to Step D-6</p> <p>If no, go to Alternate Closing – Not Interested Step I-1</p>
D-5	<p>Do you currently have Medicaid or Extra Help?</p> <p>If yes, state: Medicaid can help you pay for costs and services that Medicare does not cover. Medicare is the primary payer and Medicaid pays second. Continue to D-6</p> <p>If no, Continue to D-6</p>
D-6	<p>I have some questions that will help me understand any coverage you might have.</p> <p>Do you have any existing coverage such as Tricare?</p> <p>If yes, state: If you have TRICARE and you join a <<Medicare Prescription Drug Plan, your Medicare drug plan pays first and TRICARE pays second. If you join a>> Medicare Advantage Plan (like an HMO, PPO or PFFS) with prescription drug coverage, your Medicare Advantage Plan and TRICARE may coordinate their</p>

NA CCP/PDP 2021 <Centene> Teledigital Inbound/Outbound Sales Script

	<p>benefits. Otherwise, you can file your own claim to get paid back for your out-of-pocket expenses. Continue to Step D-7</p> <p>If no, Continue to Step D-7</p>
D-7	<p>Do you currently have Veteran's Benefits?</p> <p>If yes, state: You may be able to get prescription drug coverage through the U.S. Department of Veterans Affairs (VA) program. You may join a Medicare drug plan, but if you do, you can't use both types of coverage for the same prescription at the same time. Enrolling in other health coverage, however does not interfere with receiving VA health benefits. Continue to Step D-8</p> <p>If no, Continue to Step D-8</p>
D-8	<p>Are you currently covered under an employer group insurance plan?</p> <p>If yes, state: If you currently have coverage from an employer or union, joining a Medicare Advantage <<or Prescription Drug>> Plan could affect your employer coverage. You could lose your employer or union coverage if you join. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help. If AEP/OEP, go to Step E-1 If outside of AEP/OEP, go to Step D-9</p> <p>If no and AEP/OEP, go to Step E-1 If no and outside of AEP/OEP, go to Step D-9</p>
D-9	<p>Since we are currently outside the annual enrollment period, which runs from <October 15th to December 7th> each year, you will need to have a Special Election Period (SEP) in order to qualify for one of our plans. Each of the questions I ask will help determine if you qualify for an SEP.</p> <p>Ask the following questions until you receive a "Yes" response. Once you receive a "Yes" continue to Step E-1</p> <p>Are you new to Medicare?</p> <p>Are you enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP)?</p> <p>Have you recently moved outside of your plan's service area or have you moved and this plan is a new option? If yes, what was the date?</p>

NA CCP/PDP 2021 <Centene> Teledigital Inbound/Outbound Sales Script

	<p>Have you recently been released from incarceration? If yes, what was the date?</p> <p>Have you recently returned to the United States after living permanently outside of the United States? If yes, what was the date?</p> <p>Have you recently obtained lawful presence status in the United States? If yes, what date did you obtain this status?</p> <p>Have you recently had a change in your Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid)? If yes, what date was this change?</p> <p>Have you recently had a change in your Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help)? If yes, what date was this change?</p> <p>Do you have both Medicare and Medicaid or is your state helping to pay for Medicare premiums or do you get Extra Help paying for your Medicare prescription drug coverage, but you haven't had a change ?</p> <p>Are you moving into, live in, or recently moved out of a Long Term Care Facility (example, nursing home)? If yes, as of what date?</p> <p>Have you recently left a Program of All-Inclusive Care for the Elderly (PACE)? If yes, when did you leave?</p> <p>Have you recently involuntarily lost creditable prescription drug coverage (as good as Medicare's)? If yes, what was the date?</p> <p>Are you losing or leaving coverage you had from an employer or union? If yes, What was the date?</p> <p>Do you belong to a pharmacy assistance program provided by your state?</p> <p>Were you enrolled in a plan by Medicare (or your state) and you want to choose a different plan? If yes, what date did your enrollment in that plan start on?</p> <p>Is your plan ending its contract with Medicare or is Medicare ending its contract with your plan?</p> <p>Were you affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) and one of the other statements here applied to you, but you were unable to make your enrollment because of the natural disaster?</p>
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NA CCP/PDP 2021 <Centene> Teledigital Inbound/Outbound Sales Script

	<p>Did you have Medicare prior to now, but are now turning 65?</p> <p>In the last 12 months, did you join a Medicare Advantage plan with prescription drug coverage when you turned 65?</p> <p>Are you enrolling in a 5-star Medicare plan?</p> <p>Were you enrolled in a plan placed in receivership?</p> <p>Were you in a plan identified by CMS as a Consistent Poor Performer? If MA/MAPD only, ask: Were you enrolled in a Special Needs Plan but have lost the Special Needs qualification requirement to be in that plan? If yes, when?</p> <p>Is there another reason not mentioned above that makes you eligible to enroll at this time? If yes, What is the other reason?</p> <p>If SEP is determined, continue to Step E-1 If SEP is not determined, state: I am sorry, but you are not eligible to enroll at this time. I can provide you with information on the plans that are currently available in your area, but I need to tell you that plan availability, benefits and premiums change annually and may be different when you become eligible to enroll. Would you like to continue? If yes, continue to Step E-1 If no, state: For more information you may contact Medicare directly at 1-800-Medicare or consult www.medicare.gov (TTY users should call 1-877-486-2048 24 hours a day 7 days a week) Go to Alternate Closing Not Qualified Step K-1</p>
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Needs Analysis:

E-1	<p><i>Go through needs analysis questions to identify what type plan fits the beneficiary's needs. If the information was already obtained through the course of the call, they will not be asked again:</i></p> <p>What type of plan do you currently have? What do you like about your current plan? What would you like to change? What is most important to you? What additional benefits would you like to have that you don't currently have?</p> <p>Ok, so you're looking for a <MA/MAPD/PDP> plan with <list items important to the beneficiary>. Did I miss anything?</p>
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NA CCP/PDP 2021 <Centene> Teledigital Inbound/Outbound Sales Script

	<p><Plan name> has <# of plans in area for LOB determined> <PDP/MA/MAPD> plans available in your area.</p> <p>If member is eligible for MA/MAPD plan, continue to Step E-2 <<If member is eligible for PDP only, continue to Step E-3>></p>
E-2	<p>Do you have a specific primary care physician that you would like to keep?</p> <p><i>If yes, check provider look up tool to determine if the PCP is participating.</i> <i>If participating and MAPD, continue to Step E-3.</i> <i>If participating and MA only, continue to Step F-1</i> <i>If non-participating, say: Your doctor is not part of the <plan name> network.</i> Would you be willing to change primary care doctors? <i>If no, continue to Step I-1</i> <i>If yes, say: Would you to like select a primary care physician or have one assigned to you?</i></p> <p><i>If they wish to have one auto assigned and MAPD plan, continue to Step E-3</i> <i>If they wish to have one auto assigned and MA only plan, continue to Step F-1</i> <i>If they wish to select a PCP, find one the beneficiary would like using the PCP look up tool.</i> <i>If MAPD, continue to Step E-3</i> <i>If MA only, continue to Step F-1</i></p>
E-3	<p>In order to find you the right plan, would you be willing to give me the name and dosage of the prescription drugs you take so I can let you know how much they would cost you on the available plans? Enter drugs and dosage into quoting tool if provided</p> <p>If eligible for Medicare Advantage <u>and</u> beneficiary indicated that he/she has Medicaid, continue to F-1 If beneficiary does not have Medicaid, continue to F-2</p>

Plan Presentation:

F-1	<p>You mentioned earlier that you have Medicaid. In order to determine if you are eligible for one of our Special Needs Plans I'll need to verify your Medicaid level with <plan name>. May I please have your Medicaid ID number, Date of Birth and Medicare ID number? <i>Collect and note, say: Thank you. I'm going to place you on a brief hold while I call <plan name> to verify your eligibility. This should only take a couple of minutes.</i></p>
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NA CCP/PDP 2021 <Centene> Teledigital Inbound/Outbound Sales Script

	<p>Agent to call SPOP line at <WellCare plans 1-866-211-0544/Allwell plans 1-844-202-6811/HealthNet plans 1-800-708-7646> to verify eligibility and to determine members MSP level. Note level and SNP plans member qualifies for.</p> <p>Return to the beneficiary and say: Thank you for holding. I <was/wasn't> able to verify your eligibility level and you <do/do not> qualify for a Special Needs Plan.</p> <p>Continue to F-2</p>
F-2	<p>Depending on the type of plan selected in the Needs Analysis section, the following benefits should be covered. Review the following benefits (in and out of network if available) of available plans with the prospect:</p> <p>If MA only or MAPD:</p> <ul style="list-style-type: none"> • Monthly Premium • Medical Deductible (if applicable) • PCP Co-pay • Specialist Co-pay • Hospital Coverage • Emergency Room Copay • Urgent Care Copay • Max Out of Pocket <p>If MA only, continue to G-1</p> <p>If MAPD, continue</p> <p><<If PDP, state</p> <ul style="list-style-type: none"> • Prescription Deductible (if applicable) • Prescription Drug Coverage (all tiers) • Donut-Hole/Coverage Gap • Catastrophic Phase>> <p>Continue to G-1</p>

Pre-Enrollment:

G-1	<p>We have now completed the overview of the <plan name> plans available to you. Do you have any questions or would you like to review any other benefits before you decide to enroll?</p> <p>If yes, listen to beneficiary and answer questions regarding plan benefits then continue to Step G-2</p>
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NA CCP/PDP 2021 <Centene> Teledigital Inbound/Outbound Sales Script

	<i>If no, continue to G-2</i>
G-2	<p>Would you like to proceed with completing an enrollment into one of these plans at this time?</p> <p><i>Allow caller to respond.</i></p> <p>If beneficiary wants to enroll, ask: Which plan are you interested in enrolling into? <i>Continue to G-3</i></p> <p>If beneficiary does not want to enroll yet, say: I understand that we went through a lot of information today. Since you are not ready to complete an enrollment at this time may I have your permission to call you back in a couple of days after you've had time to think about the plans or would you prefer to call me back?</p> <p><i>Go to Alternate Closing – Not Interested Step I-1</i></p>
G-3	<p>At this point I have all the information I need to begin the enrollment process. <Beneficiary's name> during the enrollment process some of the information that I am going to review with you may be similar to what we have already discussed. I want to make sure that I have captured all of your information correctly so that your enrollment into the <Plan name> is completed accurately to make sure that you don't have any disruptions in your coverage.</p> <p>If inbound call, continue with NA CCP/PDP 2021 <Centene> Teledigital Enrollment Script.</p> <p>If outbound call, say: <Beneficiary's or POA's name,> laws that govern the Medicare program requires that enrollments be completed on incoming calls only and I called you today. Would you mind calling me back so that we can complete the enrollment?</p> <p>Please call me at 1-800-662-2901.</p> <p>I will be waiting for your call. <i>Continue to G-4</i></p>
G-4	<p>When beneficiary calls back, say: Thank you for calling me back. I will now begin the enrollment for you. <i>Continue NA CCP/PDP 2021 <Centene> Teledigital Enrollment Script.</i></p>

Alternate Closing – Refused Recording:

NA CCP/PDP 2021 <Centene> Teledigital Inbound/Outbound Sales Script

H-1	I'm sorry we weren't able to help you today. If you change your mind about being recorded and monitored, please call us back at 1-800-662-2901. TTY users can call 1-800-662-2901. We are available Mon-Thur, 9a.m. to 6p.m.and Friday 9-3:30. Thank you for your time today. Have a good <day/evening>.
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Alternate Closing – Not Interested:

I-1	Thank you for taking the time to speak with me today. If you change your mind, please call us back at 1-800-662-2901. TTY users can call 1-800-662-2901. We are available Mon-Thur, 9a.m. to 6p.m.and Friday 9-3:30. Thank you for your time today. Have a good <day/evening>.
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Alternate Closing - Third Party:

J-1	Thank you for taking the time to speak with me today. If the beneficiary would like more information, please have <him/her> call us back at 1-800-662-2901. TTY users can call 1-800-662-2901. We are available Mon-Thur, 9a.m. to 6p.m.and Friday 9-3:30. Thank you for your time today. Have a good <day/evening>.
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Alternate Closing - Not Qualified:

K-1	Thank you for taking the time to speak with me today. Please call us back if you become eligible at a later date at 1-800-662-2901. TTY users can call 1-800-662-2901. We are available Mon-Thur, 9a.m. to 6p.m.and Friday 9-3:30. We will be happy to assist you then. Thank you for your time today. Have a good <day/evening>.
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Alternate Closing – Not in Service Area:

L-1	I'm sorry, but at this time we do not have any plans in your area. Thank you for calling Diversified Health.
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NA CCP/PDP 2021 <Centene> Teledigital Inbound/Outbound Sales Script

Alternate Closing – Wrong Number/Do Not Call	
M-1	Sorry for any inconvenience, we will remove your number from the system. Have a good day.