

QA SCORECARD

Time/Date of Call:		Vendor:
Health Plan Specialist Name:		Call Duration:
QA Name:		Phone Number:
State:		Cust Name:
Outcome (Quote/Sale/Not Eligible):		MM Plan Name:
Submission Path (OnEx/OffEx):		Dental Plan Name:

Num	Introduction	Possible Points
1	Professional Introduction	
	<i>a) Brands the call (mentions BCBSXX, mentions HPS name and speaking with a licensed Health Plan Specialist)</i>	2
	<i>b) Secures the line (mentions speaking on a recorded line and verifies caller's name)</i>	2
2	Ask about current situation	
	<i>a) Ask about current situation/reason for calling</i>	2
	<i>b) Verify individual or family coverage</i>	1
3	Call back number	2
Num	Discovery**	Possible Points
4	Determine SEP/OE. If SEP determine eligibility.	
	<i>a) If OE states OE and provides OE end date</i>	3
	<i>b) If SEP, confirms QLE and determines eligibility accurately.</i>	4
5	Verifying Customer Demographic Information	
	<i>a) Verifies first & last name(s)</i>	2
	<i>b) Collects zip code (and county if there are multiple counties)</i>	2
	<i>c) Collects Age(s) or DOB(s)</i>	2
	<i>d) Verifies gender(s) & pregnancy status (if applicable)</i>	2
	<i>e) Verifies tobacco use within last 6 months (for individuals in which the question is prompted)</i>	2
	<i>f) If on-exchange, confirms eligibility for coverage through a job, Medicaid, CHIP or Medicare</i>	2
6	Premium Tax Credit	
	<i>a) Ask caller if they would like to see if they qualify for a tax credit</i>	2
	<i>b) Accurately collects information to verify tax credit eligibility, confirm the estimated amount consumer is eligible for, and ask consumer if they would like to apply the estimated APTC to their premium.</i>	2
	<i>c) If caller doesn't understand what a tax credit is, Health Plan Specialist offers and provides accurate information</i>	2
Num	Determine Eligibility and Needs	Possible Points
7	Performed Needs Assessment /Asked Relevant Questions	
	<i>a) Collects dr and/or specialist visit frequency for caller/family</i>	3

	b) Confirms if caller/family has any doctor(s) they would like to verify are in network (confirm specific location/address if multiple)	3
	c) Confirms any hospital(s) the caller/family would like to verify are in network (confirm specific location/address if multiple)	3
	d) Collects Rx (names, dosage, quantity as applicable) for caller/family and mention QL and PA if applicable	3
8	Built Value and Accurate Information Provided	
	a) Presents plan(s) based on caller/family's needs (e.g. premium, deductible, doctors, hospitals, Rx coverage)	4
	b) States full plan name(s)	1
	c) If HMO, states referral needed and requirement to stay within medical group	1
	d) Discusses preventative services coverage	1
	e) States copays and/or coinsurance for doctor	1
	f) States copays and/or coinsurance for specialist	1
	g) States copays and/or coinsurance for urgent care	1
	h) States Rx tiers and copays (along with providing the specific tiering and copay for any Rx the individual/family takes)	1
	i) States plan deductible (and family deductible if 3+ applicants); OON deductible if applicable	1
	j) States MOOP (and family MOOP if 3+ applicants)	1
	k) States premium with and without premium tax credit	1
9	Additional Riders/Products	
	a) Offers most comprehensive, BlueCare Dental 1A or BlueCare Dental 4Kids 1A (if member objects or states need for basic dental, offers other plans)	2
	b) Provides accurate premium and a summary of benefits (deductible, annual max and preventative services, basic restorative and major restorative); if child is on plan or Dental 4 Kids plan is given, states out-of-pocket max	1
	c) Mentions waiting period may apply for dental services (1A, 1B and 1C is a 12 mo wait for major restorative, 1C and 1D is a 6 mo wait for basic restorative)	1
	d) Offers dentist lookup and provides accurate network status	1
	e) If off-exchange application with children under 19, mentions requirement for dental coverage	1
10	Handled Objections	3
Num	Application	Possible Points
11	Closes the Sale	
	Asks for the sale by stating "We can get this new plan started as early as _____, would you like me to begin your application?" or similar phrase. OR moves forward if caller states they want to apply. Must be a valid application.	3
12	Data Accuracy	
	a) Spelling of first and last name(s) is/are verified	2
	b) Gender(s) is/are verified	2
	c) DOB(s) is/are verified	2
	d) Spelling of street address is verified	2
	e) Phone number is confirmed	2
	f) Confirms spelling of email address (including .com, .gov. .edu, .net, etc)	2

13	Summary of Purchase	
	<i>a) Recaps full plan name</i>	1
	<i>b) Provides effective date</i>	1
	<i>c) Confirms premium</i>	1
14	SEP Required Documents	
	<i>a) Informs caller of 30 day window for submitting documentation (during SEP/applying with QLE during OE)</i>	2
	<i>b) Provide instructions on how to submit SEP documents.</i>	2
Num	Customer Interaction/Soft skills	Possible Points
15	Professional and Polite Interaction	2
16	Active Listening	2
17	Maintained Call Control	2
Num	CRM & Procedures	Possible Points
18	Next Steps	
	<i>a) Health Plan Specialist provided name and contact information. For applications, provides accurate BCBSXX Member Services phone number. If necessary, also provides other relevant phone number (e.g. Medicaid)</i>	3
Num	Compliance	Pass/Fail
19	Disclaimers & Attestations (including Consumer Consent as applicable)	Pass/Fail
20	OB Call Disclaimer	Pass/Fail
21	HIPAA & Authorized Representative Consent	Pass/Fail
22	Accurately Assess Eligibility (Valid Application)	Pass/Fail
23	Accurate Reporting of APTC Eligibility	Pass/Fail
24	Payment Disclaimers	Pass/Fail

*Discovery section items can be done out of order as long it's in the conversation within the section.

** Information provided must be accurate. Inaccurate information will result in points deducted.

Pass: 85-100

Fail: 84 and below