<u>Call Script Cliff Notes:</u>

1. Introduction
    a. Outbound call disclaimer (**Compliance P/F**)
    b. Call back number
    c. Why calling in …. Ind or Fam plan
2. Discovery
    a. SEP or OE (get firm date on QLE) (**Compliance P/F**)
    b. Names of everyone on the policy
    c. DOB and gender for everyone on the policy
    d. Any females pregnant?
    e. Zip code/county
    f. Tobacco usage full question
    g. Other coverage full question
    h. Premium Tax Credit (household size, gross income, consent to apply savings) **Compliance P/F**
3. Needs and Plan Presentation
    a. Frequency of doctor visits
    b. Look up doctors
    c. Look up hospitals
    d. Look up medications (including dosage
    e. Present one plan ideally
        i. If HMO (referral/medical group)
        ii. Preventative Services
        iii. Doctor and Specialists copays
        iv. Urgent care copay
        v. All Drug Tiers
        vi. Deductible and Max Out of Pocket
        vii. Premium (before/after tax credit if applicable)
    f. Dental (present 1A from script and use brochure for other coverage options)
4. Application/Enrollment
    a. CMS Consent if on-exchange enrollment only (**Compliance P/F**)
    b. **Spell back** to customer (not just state) name, DOB, gender, address (street), phone number and email address (<u>*you have most of this information from Discovery so simply spell back*</u>)
    c. Play appropriate disclaimer/attestation recording (customer states full name, today's date and agree/yes) (**Compliance P/F)**
    d. Read second CMS Consent form and ask customer if they'd like to enroll (**Compliance P/F**)
    e. SEP documents if needed (30 days and how to submit)
    f. Summary of purchase – Full plan name(s), effective date and premium (before/after tax credit if applicable)
5. Next Steps
    a. Full name of agent, work number and BCBS Member Services number
    b. Payment if possible (play appropriate payment disclaimer/attestation with customer stating full name, today's date and agree/yes) (**Compliance P/F**)

- HIPPA/Authorized Representative Consent – Outbound call disclaimer, obtain 3 PII and gain consent; Never repeat back information Tier 1 provides … must ask customer (**Compliance P/F**)

Enrollment Pathways by Carrier and Lead Type for ACA

- **BCBS Telesales** -White Label showing BCBS only plans HealthSherpa (inmot email address)
- **BCBS Dental Only Telesales** - PDF application found on HealthGuys Agent website
- **David Lance/Referral** - Referral ONLY for BCBS, Cigna, Oscar and Anthem BCBS
- **BSW Referral** - Referral ONLY for Baylor Scott and White (BSW), Molina, UHC and Ambetter
- **Get Covered Illinois Telesales and Referral** - tax credit eligible customers or off-exchange enrollments

BCBS Paper Application AOR Information:

For the Agent of Record information on BCBS PDF Applications, you will fill in the following information and add the correct Agent ID based upon customer's state of enrollment:

- **Agent Signature:** Joe Talarico Esign
- **Agent's Printed Name:** Joe Talarico
- **Agent ID:**
- TX - 107891995
- OK - 107891994
- IL - 107891993
- NM - 107971127
- MT - 107901329
- **Agent's Phone:** 817-778-8759
- **Agent's Email:** Joe.Talarico@healthguys.com

RingCentral Dispositions:

- **Sold** - submitted an application
- **Quoted** - emailed a proposed plan (keep it to 1 or 2)
- **Needs Follow-up** - something is needed before enrolling, such as SEP docs
- **Ineligible** - no way we can sell them (Medicaid, invalid citizenship status, etc.)
- **Open Enrollment** - Need to wait until the next OEP
- **No Answer** - (outbound) call just rings forever
- **Voicemail** - (outbound) left a GOOD message to call you back
- **Bad Number** - (outbound) number doesn't work
- **Completed** - (tasks manager) you completed the task
- **Service** - use sparingly ... call is a service need and not sales related (cards, claims, etc.)