

Call Recording Job Aid

Job Aid-CPL-ISO-141d



Purpose: Provide regulatory reminders for telephonic sales and best practices to Career field agents related to recording of marketing calls with members and prospective members using the BSG call recording technology. This Job Aid does not replace any required agent training. It is the agent's responsibility to comply with all marketing and communications requirements when conducting activities with prospects.

Note: Call recording requirements apply to use of web-based technology as well, such as Zoom.

Regulatory Reminders

- Use the CMS approved telesales script (available in Mentor and HMU) - [CPL-128-ISO-Script- - Humana Field Agent Multiplan Inbound Sales Enrollment Script](#).
- If a prospect/member indicates they do not wish to be contacted telephonically, agents must honor the request and consider this as a “do not call” record. The agent must update his/her records accordingly to ensure the individual is not contacted via telephone in the future. This request must also be submitted through go/suppress.
- At the onset of the call, advise the member/prospect that the call is being recorded. If the consumer is not comfortable being recorded, discontinue the call and schedule a face-to-face meeting.
- Set the stage for the member/prospect at the beginning of the discussion. The member/prospect will need to on the recorded call with the agent on average 45-60 minutes for a presentation and enrollment.
- Record all ‘chain of enrollment’ calls. Chain of enrollment is defined as the steps taken by a beneficiary from becoming aware of an MA plan or plans to making an enrollment decision. Some examples include:
 - Following up on permissions to contact/business reply cards.
 - Securing a Scope of Appointment (SOA) telephonically
 - Prospects or members calling to learn about plan options.
 - Sales presentations, NEADs assessments, or other conversations reviewing plan details.
 - Telephonic enrollments.
- Protect PHI/PII – Authenticate the member/prospective member each time. To do this, the caller must supply you information to validate. You cannot share any of the caller's personal details proactively until you have validated the caller.
- Secure a valid Scope of Appointment (SOA). An SOA is needed for all marketing appointments. SOA can be secured via paper, telephonically (verbal or IVR), or email (via E-Hub). Training resources on compliantly securing SOAs are available in Mentor and HMU.
- Even if a member/prospective member has extra help/LIS/DE, provide the full cost of medications so the consumer has awareness should they lose their assistance in the future.



- Secure a premium payment method, even if the plan is a zero dollar premium plan. Do not select an option for the member/prospect. You must allow the consumer to decide if they prefer SSA deduction, coupon book, ACH, or direct bill. If it is an existing member of yours, don't assume they want to use the prior payment method. Always follow Payment Card Industry (PCI) compliant practices by not writing down any beneficiary's credit card details, either on paper or electronically. Always submit this information in application tools directly.
- Inform prospective members how enrolling with Humana will impact any existing coverage. Advise the following: *"Your current health care coverage will end once your new Medicare coverage starts."*
- Review all elements within the pre-enrollment checklist (located w/in the Summary of Benefits (SoB)).

Sample:

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-800-833-2364 (TTY: 711)**.

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit [Humana.com/medicare](https://www.humana.com/medicare) or call **1-800-833-2364 (TTY: 711)** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2025.
- Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you may pay a higher co-pay for services received by non-contracted providers.

Best Practices

- Minimize background noise and speak loudly and clearly. If on speaker phone, ensure you are near the phone so the caller can hear you. If on speaker phone, make sure you are in a private space where a beneficiary's personal details will not be overheard by others.
- With existing members, you still must ask permission to query MARx/BEQ to determine eligibility, verify Part A/B dates, determine extra help status, and similar. There is a considerable amount of PHI/PII in those databases and you need permission to access the consumer's personal information.
- If you have met with the client/member previously (i.e., face to face) reiterate the prior interaction on the recorded line so there is a complete picture of what has occurred prior to the recorded telephonic discussion. For example, *"Mr. Jones, we met last week in your home to review plan XYZ and you wanted to think about the plan. You have decided you want to enroll and that is the reason for our call today"*.
- Indicate on the recorded line how the SOA was obtained (if applicable). For example, *"Ms. Smith I mailed you the scope of appointment and you completed the form and returned it to me"*.
- Even if the applicant is an existing member, have the member provide required information for the enrollment application such as address, MBI, email, A/B effective dates, and the like.



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- If utilizing telephonic signature (t-sig) to sign the application, do not advise the applicant to ‘just say yes’ to the voice log prompts. The voice log t-sig is the binding contract/agreement between the applicant and Humana. As such, the applicant needs to listen and understand the terms and conditions of the voice log. If they do not understand some aspect of the voice log, the agent needs to stop the voice log, address the concern, and then continue with the voice log.