



AGENT SALES SCRIPT

Last Updated 10/10/2022

MAPD to MAPD - Inbound call

“Hello and thank you for calling, my name is Agent Name, I am a Licensed Insurance Agent here at (Your Agency Name). We are on a recorded line. You are calling today to review your Medicare coverage options, is that correct?”

(client answers Yes) “Perfect, I am happy to help. To see if I can help you with your Medicare request, what is your current coverage?”

(client answers No) “Well, I am a licensed insurance agent and since you have me on the phone already what questions about your Medicare coverage can I answer for you? That’s a good question, so I can better assist you, what is your current coverage?”

IF CLIENT KNOWS COVERAGE TYPE: Great, so you have (repeat coverage back to them) that is one of the carriers we represent as well. **GO TO CURRENT COVERAGE**

IF THE CLIENT DOESN'T KNOW COVERAGE TYPE: No worries I can still help you with that! **GO TO CURRENT COVERAGE**

IF IN AEP READ BELOW

(Client Name) “First, I want to compliment you on beating the AEP rush. My goal today will be to help you Shop and Compare your current coverage to make sure we are maximizing the benefits that you are entitled in 2023. This means we may be able to lower your copays, add MORE dental, vision, hearing, and even grocery benefits or a flex card. But first I need to verify your information, I have your name as (Repeat Clients full name) and your zip code as: (repeat zip code). What county is that? Or (if you don’t have clients info) What is your name and current zip code? What county is that?”

Create customer profile in SunFire and verify demographic information:

- a.State
- b.DOB
- c.Email address

“Based on your zip code, I see other plans in your area that offer coverage for those additional benefits and that may also cover your medications. If we get disconnected, do you give permission for (your agency name) to contact you at this number provided in the future?” (Repeat number, **need clear YES/NO**)

>Step One: Compliment their plan/Highlight Benefits

- “Remember Like I mentioned earlier, I am licensed and appointed with the top Medicare carriers in your area. That means I will do a DEEP DIVE into your coverage options today to ensure we are maximizing your benefits. Benefits such as MORE dental, MORE vision, MORE transportation, and MORE over the counter benefits.”
- “One thing about Medicare advantage plans is that they change each year. Meaning their copays, out of pocket costs, and even the additional benefits can change. It is extremely important to make sure you shop and compare your coverage each year.”
- “Before we get too excited about these additional benefits let us make sure you are eligible! First, I must read you two disclosures”

>Step Two: Disclosures/Scope of Appointment

PRIVACY STATEMENT:

“We do not offer every plan available in your area. Any information is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all your options. Please be aware that you are not required to give any health-related information; unless this information is needed to determine your eligibility to enroll in the plan. If you choose not to provide the requested health information you may not be able to enroll in the plan. There is no obligation to enroll. Your current or future Medicare enrollment status will not be impacted, and automatic enrollment will not occur. Any information you provide during this call will not affect your ability to request enrollment or your membership in a plan.”

SCOPE: “We may discuss several types of health plan options today, including Medicare Advantage, Medicare Supplement, Prescription Drug Plans, Hospital Indemnity and Dental-Vision-Hearing plans. This will help us find a plan that may fit your specific needs and budget. I need to verify some additional information and read some required disclaimers, and then I’ll be able to provide you a health plan comparison. Please say yes, if I have your permission to discuss such plans with you today, (Today’s Month/Date/Year) (require “Yes”).” (Any acknowledgement works, Ex: Yeah, Sure, etc.)

- "Are you looking for yourself or someone else?"
- "Do you make your own healthcare decisions?" (Client MUST state a firm YES or NO to continue)
- If YES: proceed
- If NO: (If POA must ask to speak to POA before continuing.) Get POA name and relationship
- (If not POA) "(Client name), do you give permission for me to discuss your health-related information with (person's name)?"
- "Do you have Tricare, CHAMPVA, or VA Coverage?"

Sunfire Customer Lookup Transition statement:

- "To get started I would like to get your Medicare Number, DOB and Zip code. I will use this information to look up your current situation and provide the best recommendations."

IF IN AEP: Read statement below, then transition to Step 3.

- (AEP ONLY): "This is the Medicare Advantage and prescription Drug Plan Annual Enrollment Period, so you are automatically qualified to enroll in a plan."

>Step Three: Establish want for New Plan

- "Now that we have that out the way, when it comes to Medicare Advantage, many plans come with dental, vision, hearing, over the counter, and transportation benefits. But what separates these plans are the amount of each benefit you receive and the copays and out of pocket costs."
- "Which of those benefits do you feel are most important to you?" (Client states benefit)
- "Ok great! I will make sure to find a plan that gives you the most (benefit they chose.)"

>Step Four: Get Medication first/ Doctors



(MUST ALWAYS GET MEDS FIRST!!!!)

- "Are there any Medications we need to make sure that are covered in this plan?" (IF yes) Great go ahead and grab your medication list and I will add them.
 - **Important Instructions:** properly identify drug, name, correct form, size, dosage.
 - (IF no but they do have medication) "Not a problem. But before we continue, I would like you to know that not all prescriptions are covered by all plans and cost may differ between plans as well. So, if you change your mind and would like me to look something up let me know."



(MUST Always get Pharmacy!!!!)

- "Is there a pharmacy you like to make sure is in Network?"



(MUST Always get Doctors!!!!)

- "Do you have a primary doctor and any specialists that you would like to make
- sure are in network?"
 - (IF yes) "Who are your doctors?"
 - (If no) If a client has no PCP and you are looking at HMOs, offer to find one close to home.

"Now (Client Name) I am going to do my best to ensure that the doctors are covered but as we talked about earlier, we will focus on getting you all the benefits you are entitled to today."

>Step Five: Presenting to the Client

- "So, what I am going to do now is put you on a brief hold while I sort through (Number of plans in the area) so that we can find a plan that may cover your doctors, prescriptions, and gives you the additional benefits you are entitled to." (Put client on Hold)

- "Based on the information you have given me we have found a plan in your area that may cover your doctors, medications, and additional benefits." (Plan name, plan number, and cost)
- (Go over the plan SOB requirement, medication cost breakdown, and doctors.)
- Required SOB portion:
 - Premium
 - Part B premium reduction (If applicable)
 - Medical deductible (If applicable)
 - Part B deductible (If applicable)
 - Pharmacy Part D deductible and tiers (If applicable)
 - Max out of pocket (MOOP) both in and out of network.
 - Acute inpatient hospital care (Must state per day)
 - Mental Health inpatient care (Must state per day)
 - Outpatient hospital care
 - Doctor office visits
 - Primary care provider (PCP)
 - Specialist
 - Preventative care
 - Emergency room (Including the explanation)
 - Urgently needed services (including definition)

The Agent should inquire as to whether the beneficiary is interested in reviewing any other plan benefits. If so, additional benefits should be reviewed (ALL information VERBATIM):

- Diagnostic Services/Labs/Imaging Benefits
- Podiatry Benefits
- Chiropractic Benefits
- Medical Equipment Benefits
- Rehabilitation Benefits
- Dental, Vision, or Hearing
- Skilled Nursing Facility Benefits
- Physical Therapy Benefits
- Transportation Benefits

ANY benefit brought up by the agent or client must be read in its ENTIRETY & VERBATIM

>Step Six: Summarize/Close the sale

- "All right, (Client Name) Based off the information I gathered, we were able to verify that (List the name of doctors that are in network for the plan.)"
 - (If there is a doctor/doctors are in network, Read statement below.)
 - (If doctor/doctors not in network) "Not all of your doctors are in network for this plan but I was able to find (List Doctor Name/Specialties being replace) who are in network with this plan. This will allow you to maximize your benefit, which is great!"
- "We verified that all your prescriptions are covered by this plan."
- "(Client Name), we were also able to find you a plan that offered." (At this point list the additional benefit provided).
- (If applicable list the benefits that apply): \$ Dental, \$ Vision, \$ Hearing, \$
- Lower Maximum OOP, \$ Med cost, Copays, \$ over the counter, etc.
 - Note: Use the actual dollar amount to help paint the picture. (Real numbers)
- "Now (Client name) since we have found a plan that fits your needs go ahead and grab your Medicare card and we can move forward to the last stage of the process."

Client has Medicare card: Start enrollment through Sunfire.

- "It will take me just a few minutes to start the enrollment process for you and I may have some additional questions for you." Complete agent portion of enrollment application.
- **Once agent portion is completed:** "(Client Name), I have the enrollment application completed and ready for your signature. Would you prefer to receive the signature link via email or via text on your smart phone? Great, I have that on the way to you now. Your personal security code to complete the signature is XXXXX."

Transition to Enrollment Script in Sunfire

- "While you're completing the signature process. We have a quick survey also known as a Health Risk Assessment to complete. This helps the plan assess a member's health needs and is used to develop an individual care plan which is shared with your providers. Let's get started on that real quick."

Notes:



About LeadStar

Good leads need to be compliant and delivered when agents need them — allowing them to make a connection to customers who are actively shopping. By taking advantage of LeadStar Marketplace, a private leads platform, agents can better focus efforts on the prospects who are most likely to become Medicare and final expense insurance customers. LeadStar Marketplace platform delivers exclusive, real-time leads as well as inbound and warm transfer calls directly to agents in the field.