



The Sales Workshop

Humana MarketPoint Retail Sales

The Sales Workshop



Welcome to Humana! We're so glad you've made it to The Sales Workshop.

You will be participating in a one week in-residence training event called The Sales Workshop. The workshop will be held daily at Humana's corporate headquarters. The Sales Workshop event is an **"experience lab"**. Much of what you gain, will be from hands-on practice and coaching.

The Sales Workshop has three primary focuses: Compliance Knowledge, Sales Presentation, and Technology, all with Humana Values as the center. You will be expected to demonstrate your knowledge and ability in all three areas during the workshop.

Essentially, you have one week away from the field to develop and practice your skills in presenting the key Humana Medicare product for your market, become comfortable with your computer, iPhone, and use of software needed to excel at your job, develop an in depth understanding of your roles and responsibilities and demonstrate compliance with all that you do. This will be accomplished by listening to guest speakers, attending daily workshops, lots of practice and beginning to develop your own business plan.

One of Humana's values is to Thrive Together. That is what you will do during The Sales Workshop by actively engaging with and supporting others as you travel this journey together. **After successfully completing your 2 week field orientation and The Sales Workshop**, you will be a certified Humana agent! You will be ready to get out into the field and apply what you've learned.

During the Sales Workshop your facilitators will ask you to review the Agenda Topics for each day and complete any learning activities required to be fully engaged with the next day's agenda items.

This document gives you some additional resources that will support your learning during and after The Sales Workshop.





The Sales Workshop Agenda

MarketPOINT Retail Sales Learning and Development

Sales Workshop 2018 – Facilitator Agenda

Monday (Day 1)

Schedule

9:00-9:45 Cohort Groups

9:45-10:25 Welcome, Introductions and Kick-Off Lobby

10:30-11:15 Session 1

Group	Location	Topic
A	Room 1	Mobile Core
B	Rooms 2/3	Sales Kits/Desktop
C	Lobby	10 Step

11:20-12:05 Session 2

Group	Location	Topic
C	Room 1	Mobile Core
A	Rooms 2/3	Sales Kits/Desktop
B	Lobby	10 Step

12:10-1:00 Lunch

1:05-1:50 Session 3

Group	Location	Topic
B	Room 1	Mobile Core
C	Rooms 2/3	Sales Kits/Desktop
A	Lobby	10 Step

MarketPOINT Retail Sales Learning and Development

Sales Workshop 2018 – Facilitator Agenda

Monday (Day 1)

2:00-3:00 Session 4

Group	Location	Topic
A	Room 1	Practice Room
B	Rooms 2/3	Humana Vantage
C	Lobby	Step 7-Medical/EOC

3:10-4:10 Session 5

Group	Location	Topic
C	Room 1	Practice Room
A	Rooms 2/3	Humana Vantage
B	Lobby	Step 7-Medical/EOC

4:20-5:20 Session 6

Group	Location	Topic
B	Room 1	Practice Room
C	Rooms 2/3	Humana Vantage
A	Lobby	Step 7-Medical/EOC

MarketPOINT Retail Sales Learning and Development

Sales Workshop 2018 – Facilitator Agenda

Tuesday (Day 2)

Schedule

8:00-9:00 Cohort Groups

9:00-9:10 Share Agent Voicemail

9:15-10:15 Session 1

Group	Location	Topic
A	Room 1	MAPA
B	Rooms 2/3	Step 7-Drug Coverage
C	Lobby	NEADS/Value Selling

10:20-11:20 Session 2

Group	Location	Topic
C	Room 1	MAPA
A	Rooms 2/3	Step 7- Drug Coverage
B	Lobby	NEADS/Value Selling

11:25-12:25 Session 3

Group	Location	Topic
B	Room 1	MAPA
C	Rooms 2/3	Step 7-Drug Coverage
A	Lobby	NEADS/Value Selling

12:30-1:30 Lunch

1:30-2:00 Guest Speaker

MarketPOINT Retail Sales Learning and Development

Sales Workshop 2018 – Facilitator Agenda

Tuesday (Day 2)

2:00-3:00 Session 4

Group	Location	Topic
C	Room 1	Practice Room
A	Rooms 2/3	Election Pds/Eligibility
B	Lobby	Evaluation Guidelines

3:10-4:10 Session 5

Group	Location	Topic
C	Room 1	Practice Room
A	Rooms 2/3	Election Pds/Eligibility
B	Lobby	Evaluation Guidelines

4:20-5:20 Session 6

Group	Location	Topic
B	Room 1	Practice Room
C	Rooms 2/3	Election Pds/Eligibility
A	Lobby	Evaluation Guidelines

MarketPOINT Retail Sales Learning and Development

Sales Workshop 2018 – Facilitator Agenda

Wednesday (Day 3)

Schedule

8:30-9:10 **Guest Speaker**

9:15-10:15 **Session 1**

Group	Location	Topic
A	Room 1	Tech Check
B	Rooms 2/3	CEM 1/Action Plan
C	Lobby	Medicaid /LIS/SPAP

10:20-11:20 **Session 2**

Group	Location	Topic
C	Room 1	Tech Check
A	Rooms 2/3	CEM 1/Action Plan
B	Lobby	Medicaid /LIS/SPAP

11:25-12:25 **Session 3**

Group	Location	Topic
B	Room 1	Tech Check
C	Rooms 2/3	CEM 1/Action Plan
A	Lobby	Medicaid /LIS/SPAP

12:30-1:30 **Lunch**

1:30-2:00 **Cohort Groups Meet in Lobby Area**

MarketPOINT Retail Sales Learning and Development

Sales Workshop 2018 – Facilitator Agenda

Wednesday (Day 3)

2:00-3:00 Session 4

Group	Location	Topic
A	Room 1	Practice Room
B	Rooms 2/3	All Medicare Options
C	Lobby	Paper Apps / SOA

3:10-4:10 Session 5

Group	Location	Topic
C	Room 1	Practice Room
A	Rooms 2/3	All Medicare Options
B	Lobby	Paper Apps / SOA

4:20-5:20 Session 6

Group	Location	Topic
B	Room 1	Practice Room
C	Rooms 2/3	All Medicare Options
A	Lobby	Paper Apps / SOA

MarketPOINT Retail Sales Learning and Development

Sales Workshop 2018 – Facilitator Agenda

Thursday (Day 4)

Schedule

8:30-9:10 **Guest Speaker**

9:15-10:15 **Session 1**

Group	Location	Topic
A	Room 1	CEM 2/Action Plans
B	Rooms 2/3	Plan Types
C	Lobby	Making the Most of ROY

10:20-11:20 **Session 2**

Group	Location	Topic
C	Room 1	CEM 2/Action Plans
A	Rooms 2/3	Plan Types
B	Lobby	Making the Most of ROY

11:25-12:25 **Session 3**

Group	Location	Topic
B	Room 1	CEM 2/Action Plans
C	Rooms 2/3	Plan Types
A	Lobby	Making the Most of ROY

12:30-1:30 **Lunch**

1:30-2:00 **Cohort Groups Meet in Lobby Area**

MarketPOINT Retail Sales Learning and Development

Sales Workshop 2018 – Facilitator Agenda

Thursday (Day 4)

2:00-3:00 Session 4

Group	Location	Topic
A	Room 1	Practice Room
B	Rooms 2/3	Veterans Initiative
C	Lobby	PA/GTL/Cross-Selling

3:10-4:10 Session 5

Group	Location	Topic
C	Room 1	Practice Room
A	Rooms 2/3	Veterans Initiative
B	Lobby	PA/GTL/Cross-Selling

4:20-5:20 Session 6

Group	Location	Topic
B	Room 1	Practice Room
C	Rooms 2/3	Veterans Initiative
A	Lobby	PA/GTL/Cross-Selling

MarketPOINT Retail Sales Learning and Development

Sales Workshop 2018 – Facilitator Agenda

Friday (Day 5)

Schedule

8:30-9:10 **Guest Speakers**

9:15-10:15 **Session 1**

Group	Location	Topic
A	Room 1	AEP: Best Practices
B	Rooms 2/3	ASU / ARSOS
C	Lobby	MY Humana!!

10:20-11:20 **Session 2**

Group	Location	Topic
C	Room 1	AEP: Best Practices
A	Rooms 2/3	ASU / ARSOS
B	Lobby	MY Humana!!

MarketPOINT Retail Sales Learning and Development

Sales Workshop 2018 – Facilitator Agenda

Friday (Day 5)

11:25-12:25 Session 3

Group	Location	Topic
B	Room 1	AEP: Best Practices
C	Rooms 2/3	ASU / ARSOS
A	Lobby	MY Humana!!

12:30-1:00- Wrap-Up

**MarketPOINT Retail Sales Learning and Development
Sales Workshop 2018 – Facilitator Agenda
Friday (Day 5)**

MarketPoint Organization

ROLES AND RESPONSIBILITIES

Regional Vice President

- Reports to the Vice President of Sales
- Responsible for business results for a multi-state sales region
- Provides input for and then receives sales goals from Retail Segment executives
- Collaborates with direct reports (Sales Directors) to develop a plan for achieving all business goals

Manager of Sales Administration (MSA)

- Is part of the leadership team
- Gives out pay sheets with commissions. If there is an issue, the MSA researches and works to resolve it.
- Keeps Sales Associates informed of changes in enrollment methods or materials
- Serves as the local Compliance Specialist, providing guidance on regulations from Humana, CMS, and HIPAA. Aids in complaint investigations.
- Maintains the supply of sales kits and other sales support materials

Sales Director

- Serves as the liaison between an assigned Market and the regional vice president
- Frequent contact and coordination with other Market Directors in the same region
- Maintains the business plan for Market
- Provides strategic guidance to Sales Managers
- Participates in special corporate or regional business initiatives

Sales and Marketing Support Executive (SMSE)

- Plans and performs the marketing function for the office
- Oversees the development and supply of marketing materials
- Plans and participates in marketing events, such as seminars, health fairs, and expos
- Enters marketing events into the Seminar Maintenance System (SMS)

Sales Manager

- Sales Agent first point of contact
- Day-to-day oversight for assigned Sales Representatives
- Facilitates development of personal sales plans
- Monitors progress on sales plans
- Assigns telemarketing leads
- Observes sales presentations and coaches for improvement
- Facilitates training and communication events
- Evaluates performance
- Recruits, hires, and develops new Sales Representatives

Administrative Services Coordinator (ASC)

- Reports to the MSA
- Provides administrative services for a Market Office

MarketPoint and Care Plus



Humana has two stand-alone sales agencies: MarketPoint and Care Plus.

Care Plus is part of Region 1 and operates in specific areas of Florida, such as Miami, Orlando and Jacksonville. Care Plus products bear the Care Plus name and branding. Care Plus specializes in MAPD HMO products. Humana acquired Care Plus, a former competitor, in 2005.

MarketPoint is a sales agency and is the preferred distribution channel for Humana-branded retail products ((i.e., direct to consumer). Humana manufactures MA, MAPD, Medicare Supplement and PDP products. The products are described as Humana products (not MarketPoint) and bear Humana branding. The MarketPoint name is typically used only within the company. To the public, we are Humana.

Humana Overview

Humana Inc., headquartered in Louisville, Kentucky, is a leading health care company that offers a wide range of insurance products and health and wellness services that incorporate an integrated approach to lifelong well-being.

Humana was founded in 1961. Over the past 50 years, it has developed nursing home and hospital chains. It has provided insurance products and healthcare plans. For Medicare beneficiaries, Humana has offered alternatives to Original Medicare since 1984.



Humana segments:

1. **Retail:** primarily direct to consumer health and financial protection products, with an emphasis on serving the Medicare Beneficiary population
2. **Employer Group:** employer and group sponsored plans, with emphasis on providing health coverage solutions for Commercial businesses and entities such as Group Medicare.
3. **Health and Well-being:** Humana Pharmacy(Rx), Go365™ by Humana, Concentra, and other entities serving health and well-being opportunities.
4. **Government and Other Businesses:** health insurance for active and retired military veterans; Tricare for the nation's Southeastern Region.

More information:

[Humana - Company Profile](#)

About Humana

Humana's Dream:



Humana realizes that we have the potential to make a bigger difference by making resources available that help people with purpose, belonging, security and health. These are the four pillars of well-being.

The heart of Humana's business is health and well-being. We know people's health and well-being starts long before they see a doctor. It matters long before they begin their career, start a family, or retire.

Healthy people make choices every day to eat right, stay active, and exercise their minds. At Humana, we support people in their daily endeavors to live a healthy life, and we are dedicated to creating innovative programs and partnerships that reflect our commitment.

As a new associate, know that your new company, Humana, is driven by a noble aspiration and innovative model for achieving it.

Humana's Enterprise Goal:

Humana is One Team, One Dream, One Humana.

Humana's Enterprise goal is to improve the lives of the people we serve by 20% by 2020. You can learn more about this goal by watching this video [Our Bold Goal](#).

About Humana

Humana MarketPoint Retail Sales:

Humana MarketPoint Retail Sales (i.e., MRS, or MarketPoint) is a division of Humana. Retail sales, to Humana, equates to direct-to-consumer sales; which is different from divisions that focus on sales to employers, groups, the military or other organized entities. MarketPoint is a stand-alone Humana profit center. It was created in 1997, when leaders recognized that Humana could better serve its Medicare Beneficiary market by providing a broader portfolio of insurance and financial products, in addition to traditional Medicare HMO plans.

Additional information is available at [Humana's Retail Segment](#).

Humana also has relationships with independent agents, MGAs and FMOs, and stand-alone agencies to distribute the Humana portfolio of retail sales products. The idea is to meet consumers where they want to be met. Contracted agents enable Humana to expand its reach during peak periods, such as the Medicare Annual Election Period.

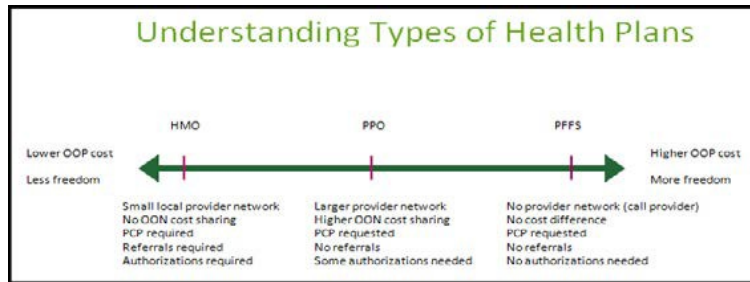
Care Plus is a stand-alone plan and sales organization that is part of MarketPoint Retail Sales. Care Plus designs, administers and markets HMO plans in Florida under the Care Plus name. Humana acquired Care Plus in 2005. Plan sales have expanded since from the Miami/Dade area to many parts of Florida (e.g., Orlando, Tampa and Jacksonville). Care Plus has over 100,000 HMO members. Care Plus agents also sell Humana PDPs and, potentially, other Retail products.

The DMS telemarketing unit (Direct Marketing Services/ DMS) consists of four sites in South Florida, and one each in Arizona, Puerto Rico, Texas and Wisconsin. Telesales specialists are licensed agents who take inbound calls from prospective customers and make certain types of outbound telemarketing calls to states and service areas where Humana does business. They set appointments for field agents.

Humana also establishes relationship with third party call centers to assist during peak periods (e.g., Medicare Annual Election Period) or for special initiatives.

Back office operations (e.g., Billing & Enrollment, Customer Service, IT support, HR, and Training) are provided by personnel primarily located in Louisville and Green Bay.

Plan Types Humana Offers:



Health Maintenance Organization Plan (HMO)

- Replaces parts A,B and sometimes D
- Low cost, emphasis on staying well and preventive benefits, and easy to navigate with the provider directory
- Using non-network providers for routine medical services is NOT covered by the plan
- Most HMO plans require referrals for specialists
- Not all PCPS issue referrals to all network specialists (i.e., there are networks within networks [Ips])
- Emergency and urgent care, plus dialysis, covered out of network per plan qualifications
- If a MA-only HMO, can NOT be paired with a PDP
- Can change PCP as often as monthly by contacting customer service; a new card will be issued with new PCP's name

About Humana

Preferred Provider Organization Plan (PPO)

- Replaces parts A,B and sometimes D
- Flexible network-based plan that allows members to go out of network as long as willing to pay higher member cost-share for out-of-network services
- No referrals
- PCP required but not for the purpose of issuing referrals; instead, to proactively provide services for staying well and preventive services
- If both a local and regional PPO available, prospective enrollee selects by comparing costs and benefits
- If an MA-only PPO, the plan can NOT be paired with a PDP

Plan Types Humana Offers:

Private Fee for Service Plan (PFFS)

- Replaces parts A, B and sometimes D
- Freedom to choose from providers nationwide that are willing to:
 - Accept Humana's payment terms and conditions (i.e., accept Medicare assignment, bill Humana rather than Medicare)
 - See the plan member for that particular visit
- No referrals
- PCP recommended but not for the purpose of issuing referrals; instead, to proactively provide services for staying well and preventive services
- If a MA-only PFFS, the plan CAN be paired with a PDP
- PFFS plans are NOT Medicare Supplement/Medigap plans. Medicare Advantage plans are health plans. A Medigap policy is an insurance policy; it does NOT offer health plan benefits.
- Providers can choose not to accept the plan or the plan member at any time, even on an appointment-by-appointment basis

About Humana

Special Needs Plans (SNP)

- Replaces parts A, B and sometimes D
- Always HMO plans, and SNPs work like any HMO
- Plan design is tailored to assist members with a particular special need. The goal is to improve care, primarily through better coordination and continuity of care.
- Humana offers two SNP types: Dual Eligible (D-SNP) and Chronic Condition Management (C-SNP)
 - D-SNPs improve care primarily through better coordination and continuity. They are available to people at all levels of DE status (QMB, SLMB, QI, Full, and QDI). Benefits may vary based on DE status.
 - C-SNPs focus on monitoring the health status, managing chronic diseases, avoiding inappropriate hospitalizations and helping beneficiaries move from high risk to lower risk on the care continuum. SNP members are required to follow the rules of the SNP plan in that market. Humana offers diabetic and cardiovascular C-SNPs in select markets. Ask your sales leader if your market offers a SNP.

[Special Needs Plans Pre-Qualification Assessments for Agents](#)

[Special Needs Plans Physician Verification](#)



Plan Types Humana Offers:

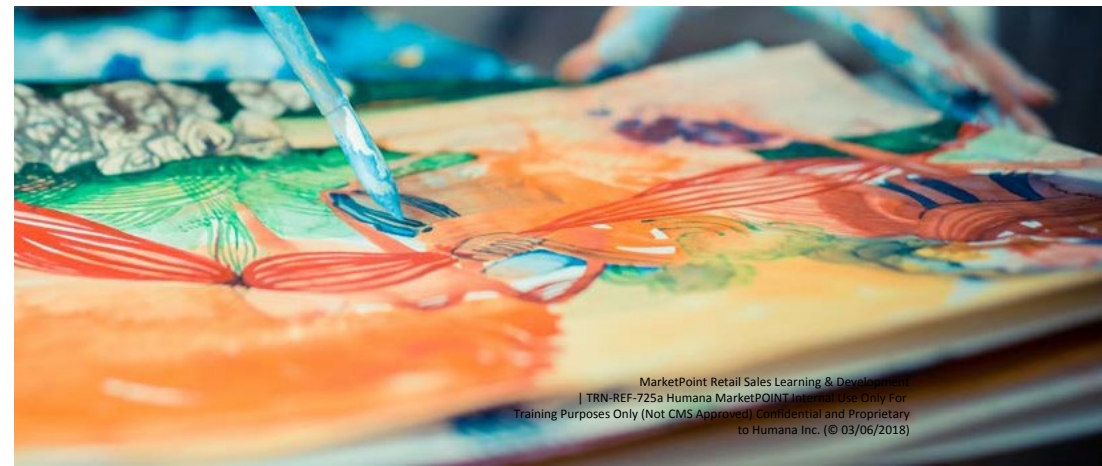
Medigap Policies / Medicare Supplemental Insurance

- Works with Original Medicare Parts A and B to fill in the financial gaps of Original Medicare Parts A and B
- [Many plan types](#) available to fill different gaps
- Have a monthly premium; increases over time
- The policy pays some or all of out of pocket costs depending on the policy
- Can use anywhere that accepts Original Medicare
- Medigap coverage is standardized; what varies between companies includes the premium, extras and service
- No underwriting during age-in period; underwriting afterwards so may not qualify in the future
- Particularly helpful to people who use the medical system frequently and, therefore, have more financial risk than others
- Must get Medicare Part D plan separately
- If a member is moved from a Medigap to a Medicare Advantage, the member must [cancel Med Supp coverage](#) once the MA has been approved.

About Humana

Prescription Drug Plan (PDP)

- Used with Original Medicare Parts A and B and/or Original Medicare
- Pharmacy network of 60,000+ accepting pharmacies
- Humana Pharmacy mail order prescription service
- SmartSummary, an easy to read Explanation of Benefits which includes savings opportunities
- Three different PDP choices to consider: [Humana PDP Overview](#)
- Drug Lists vary between PDPs (i.e., tiers, drugs included)
- 30 and 90 quantities, plus savings opportunities based on pharmacy choice
- In rare instances can be paired with MA only plans, and can NEVER be paired with an MAPD plan



About Humana

Humana's Value Added Services

Humana bundles various Value Added Services (VAS) into Medicare Advantage plans for no extra charge to the member.

- Most VAS are discount programs for items or services such as hearing aids, Jenny Craig Weight Loss, Weigh Watchers, Vision, dental and hearing services, lifeline medical alert and more
- Not all plans contain the same VAS
- VAS are not a guaranteed plan benefit and could possibly be changed during the year
- VAS cannot be disclosed until the person is a member of the plan, having received their member identification card.

To learn more about resources Humana provides members:

[Humana Pharmacy](#)

["Life of a Script"](#) for a closer look at how Humana Pharmacy works

[Silver Sneakers](#)

[Humana SmartSummary](#)

[My Well-Being](#)

[HumanaFirst Nurse Advice Line](#)

[MyHumana Mobile](#)

[Provider Comparison Tools](#)

Care Plus Overview

Care Plus is a stand-alone plan and sales organization that is part of MarketPoint Retail Sales. Care Plus designs, administers and markets HMO plans in Florida under the Care Plus name. Humana acquired Care Plus in 2005.

Care Plus is headquartered in Miami and has over 775 employees in Florida. Care Plus is one of the largest Medicare Advantage Organizations in the State of Florida, only offering Medicare Advantage benefit plans. Care Plus has more than 110,000* members throughout the state of Florida. The counties in the Care Plus service area are: Miami-Dade, Broward, Palm Beach, Hillsborough, Pinellas, Pasco, Polk, Lake, Marion, Sumter, Orange, Osceola, Seminole, Brevard, Indian River, Martin, Okeechobee, St. Lucie and Duval.

The Care Plus Philosophy

Care Plus strives to help their members live active, independent lives and works with doctors who share in this vision to offer the care their members need. Care Plus believes in keeping the health in health care.

Care Plus Promise

Care Plus strives to give you the choices you want, plus the answers you need. Care Plus specializes in Medicare Advantage HMO plans, and has more than 16 years of operational experience in Florida. Care Plus offers a broad choice of benefits plans to meet the different healthcare needs of their members.

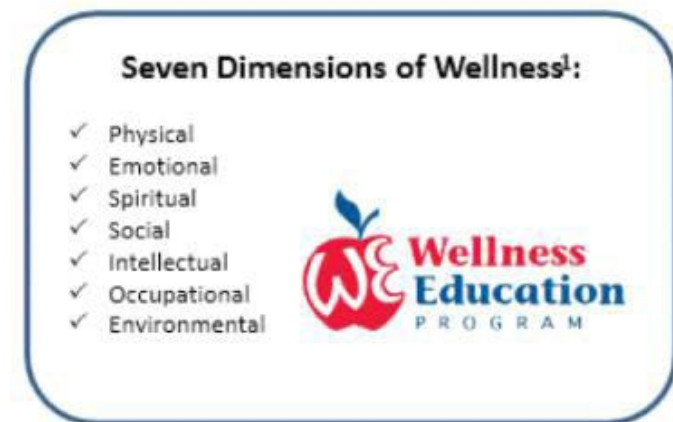
Care Plus has always tried to be a reliable and trusted resource, helping their members make the right choices about their healthcare – and that will never change.

Care Plus Wellness Education Program

The Care Plus Wellness Education Program (WE Program) brings members educational information in a social setting meant to inspire members to keep a healthier lifestyle. The program strives to serve as to help members get closer to achieving lifelong well-being.

Additional information is available at [Care Plus Wellness Education Program](#)

About Care Plus



Social Services – ACCESS[direct]

Care Plus' ACCESS[direct] Unit is in place for Sales Representatives to validate eligibility and entitlement for State and Federal programs. This unit is the bridge between MarketPoint and the Care Plus Social department to prospects interested in applying for State and Federal assistance programs.



About Care Plus

Benefits of Being a Care Plus Member

- You get a local agent – me – someone you can contact for guidance and assistance
- All Care Plus MAPD plans are \$0 premium
- We can save you money through our mail order pharmacy (PrescribeIT)

Receive a 90-day supply for 3 times the copay less \$10

Some plans have \$0 copay for Tier 1 / Tier 2 drugs

Up to \$50 credit for mail order over-the-counter medications

- Transportation is available on all plans for 2017 (number of trips vary by plan)
- Vision coverage is available on all plans for 2017
- Disease management programs that can help you manage certain medical conditions
- Value added services – discount programs – to help you save money

Complementary and Alternative Medicine Services

Dental Discount

Health and Wellness Products (OTC) Discount

Hearing Discount

Jenny Craig® Discount

Lifeline® Discount Program

Me

Delivery Discount

Nutrisystem® Discount

Rx Discount

Safety Equipment Discount

Vision Discount

Affiliations and Accreditations

- Care Plus is part of a Fortune 100 Company (Humana)
- Accredited by the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC)
- Partner with the Florida Department of Children and Families/Access Florida Community Network, as Assisted Service Site
- Health advocacy programs



Humana Acronyms

[Go/MPTaxonomy](#)

Health Issues While at Sales Workshop

Health Concerns

If you have a life threatening health event, dial 911 immediately.

If you have non-life threatening medical or dental concern during The Sales Workshop follow the guidelines below:

If you need guidance regarding how to treat your situation (e.g., treat it yourself or seek medical aid), **call HumanaFirst at 1.800.622.9529**. A Registered Nurse will assist you. **The Humana Health and Wellbeing Center in the Corporate Tower is also an option. Call 502-476-3335.**

If you currently have benefits through a spouse or previous employer, you can use those benefits.

If you do not have benefits or have not yet registered for your Humana health benefits, do the following:

1. **Contact the front desk** at your hotel and indicate the situation you have (e.g., health or dental). Ask them to identify service providers. They may refer you to the Yellow Pages of the local phone book. Select a service provider.
2. **Notify your instructor** that you have a health situation and indicate if you will miss class. If no one is available, leave a message at the front desk to be delivered to your instructor at the start of class.
3. **Write down your Humana Associate Identification Number (AIN)**. It was given to you in a document during your Orientation Session. You will need it later when you contact Humana from the service provider's location.
4. **Go to the service provider**. Depending on your training location, a hotel shuttle may be willing to transport you. If you need a taxi, pay with a credit card or cash and submit the receipt later in an expense report. You will be reimbursed.
5. At the service provider, explain that you are a new Humana employee and have not yet received your benefits information or card. **You may need to provide your AIN.**

Guidance While at Sales Workshop

Guidance for a Good Workshop Experience:

- This is your opportunity to **make an outstanding first impression** with Humana.
- Newcomer or veteran - take the attitude that you can learn more and help others. Training can be a challenge or it can be a good experience – **help make it a good experience for yourself and others** – have an open mind and share your expertise with others.
- **Prepare for the knowledge checks.** Strive to excel rather than take the easy route of simply passing. A brand differentiator for Humana is that our Sales Associates are truly Medicare experts – use your time in Cert School to strengthen your expertise.
- Thrive together. **Seek to learn from everyone in the room, as well as sharing your own expertise.** Additionally, seek to practice your Humana presentation with as many classmates as possible. We learn from every practice experience, whether we are in the agent role or serving as the prospective member. Avoid practicing only with people with whom you feel comfortable. Learn from everyone. You'll never have another opportunity to see other agents do presentations and explain products. Take full advantage.
- **Do healthy things during the workshop** – take walks, enjoy the outdoors, go to the fitness center, or what have you. Past attendees have said they wish they'd done more to be active and healthy.
- Alcohol can be a problem. Trainees have been terminated for not paying bar bills, getting in altercations, missing class the day after, and showing up at class in an unacceptable state. **You're a representative of Humana – act responsibly.** If you drink alcohol, remember that you cannot pay for it with your Humana issued CC, expense it to Humana or charge to your room. You must pay for it yourself and you will not be reimbursed.
- Remain in touch by phone with your Sales Manager and Manager of Sales Administration (MSA). **Start building relationships** with them and making sure everyone is ready to help you get off to a positive start after Cert School.
- **Be on time** at the start of each day and returning from breaks.
- No breakfast or lunch food to be brought into the room when class is in-session. **Eat before class or on breaks.**
- **Do not text or take calls during training.** There are breaks every 60-90 minutes so you will have ample opportunity for personal communication.
- **Clean up** your table or work area at the end of each day, like removing cups, candy wrappers and such.
- **Your trainers serve as your manager during The Sales Workshop so act accordingly.**

Sales Integrity

Doing the right thing at the right time for the right reasons

Humana and your sales leadership team counts on the training team to help you develop a deep understanding of sales compliance and integrity. It is **the way we do our work**, a distinctive part of the Humana culture and brand. **We follow the rules.** We do no harm. We know there are more people out there to help if the solution we're offering isn't right for the person we are with in an appointment.

Ideally, we hope that you will never receive a founded allegation, that your approach is so compliant that it never happens for you. We want you to be highly successful and have a long Humana career of helping people. A compliant approach is the keystone for achieving this vision.

[Sales & Marketing Code of Ethics](#)

Suggestions for achieving these objectives:

- **Listen** when COE material is covered during class; make notations in your 1N as needed to aid your learning
- **Study the COE** outside class
- **Study the Field Evaluation form**, noticing points related to the COE
- **Study the compliance policies** referenced in class
- **Watch the sales presentation videos** noticing how the agent handles matters in a compliant way
- **Practice** the sales presentation many times (3-5 different partners); ask each partner if they noticed any non-compliant or questionable statements or attitudes
- **Ask your instructor or sales manager for additional information** about any COE requirement or compliance policy



Sales Integrity

Integrity Matters Emails

Sales Integrity will send you emails periodically to update you on pertinent guidance.

READ THEM and create an email folder to refer back to them.

Humana Ethics Website

Humana Ethics Guidance

Why go to this site?

- Access Corporate-wide policies
- Access the Principles of Business Ethics
- Ask an Ethics-related question



Allegations

Types of Allegations

What is an Agent Allegation?

An Agent Allegation (formerly known as a Section A) is an allegation of inappropriate or unethical activity on the part of a sales agent regarding the sale of ANY Humana product, including Medicare products (MA/MAPD/PDP/OSB), and Medicaid. An agent allegation can come from CMS, a DOI, Customer Service and/or QA and are investigated by the Agent Investigation unit (formerly Section A). Agent allegations are classified as willful (major) or negligent (lesser). Possible outcomes of an investigation are:

- Founded: evidence clearly supports the allegation with one of two findings:
 - Major Founded
 - Lesser Founded
- Unfounded: evidence does not support the allegation
- Inconclusive: evidence does not support either founded or unfounded

In the event of an allegation, agent are required to complete a written response within five (5) business days. Failure to meet the due date may cause the case to be deemed inconclusive or founded.

Responding to Allegations

Policy for Responding to CMS Allegations Policy for Responding to DOI Allegations

A Section A allegation refers to a complaint filed about agent conduct during an in-home enrollment appointment. Humana's goal is to investigate and, hopefully, establish that the allegation is unfounded because the agent was fully compliant.

A written response is expected within five business days. Contact your Humana sales leader for guidance on responding. A local sales leader WILL help you.

Your response is critical. Responding within five days for a Medicare allegation is mandatory. Providing a robust response is your best and only defense. Your employment status will be impacted if you fail to respond or respond inadequately. Work closely with your sales leader in formulating your response. Thrive together. Your sales leader will work with your Risk Advisor.

This is a sample of what needs to be addressed in your response.

Request for Agent Statement Agent Name: XXXX

Agency:

Market Name: COLORADO

Member State: CO

Member Name: XXX

Summary Of Complaint: XXX

Allegations

Statement should address the following:

1. Date of appointment and how the appointment was set.
2. Detailed description of the presentation and all materials used during the presentation.
3. Directly address each specific allegation(s) made by complainant with detail on each element.
4. Any conversations or documentation that resulted from the meeting(s).
5. Whether any other persons were present and description of their role.
6. Any other observations or comments relevant to the investigation.
7. Supply the Scope of Appointment, temporary proof of enrollment, sales lead information with screen shots and/or attachments, and all other supporting documentation.
8. The statement must be signed or sent directly from the agent's email address in order to be accepted. Replies should be sent to SARRequests@humana.com. Fax Number: 502 -301-5244.

As a Reminder, agent is NOT to contact the member during the course of investigation. Confidential and Proprietary to Humana Inc.



Technology Introduction

Objectives for all new agents:

- Demonstrate fluency in technology systems and the transfer of current knowledge to new technologies and situations
- Advocate and practice safe, legal, and responsible use of information and technology
- Exhibit a positive attitude toward using technology that supports collaboration, learning, and productivity

Basic technology Job Aids and Rules:

[Technology Basic Job Aid](#)

[Humana Password Job Aid](#)

There are 4 basic rules:

• When in doubt, Right Click

It is not always knowing or remember how to do something, it is knowing something can (and should) be done.

• Corollary to this rule: Know how to find help and use resources

Sometimes workshops can be like “drinking from the fire hose” and the amount of information and tips given can be overwhelming. It is important to remember that the most important thing about using technology is knowing that something is possible or exists.

• If you log into a website always remember to log out!

• Always read the screen message

Remember computers are basically dumb, inanimate objects. They get errors or need to ask for specific instructions. The worst thing that can be done is simply hit ENTER without reading the question or error message. The user must discern what the computer should do. The user is in control, not the computer!

Safe, Legal, and Responsible Use of Information and Technology

It is essential that agents practice safe, legal and responsible use of information and technology. This includes ensuring the security of BOTH the information on devices and the equipment itself, in addition to being familiar to the threats and dangerous activities that must be avoided. One resource for remaining current and learning safe practices for individuals, families and businesses is the Microsoft Safety and Security Center <http://tinyurl.com/MSsafetycenter>

Please note that the security of the equipment is the first step to the security of the data.

NEVER store data on an unencrypted flash drive or external hard drive. The information on an agent's Humana laptop is encrypted to protect confidential information. <http://tinyurl.com/compromisedtechtheft>

Technology equipment should never be left in a car, but if it must be locked in a car, make sure it is locked, out of sight, preferably in a locked compartment or trunk.

Be aware of "shoulder surfers", those people who look over someone's shoulder to watch them enter a password or see confidential information. If working in a public location, such as Walmart or a favorite coffee shop, be aware of people who might be able to see the computer screen. The keyboard shortcut Windows + D is a quick and easy way to hide any open windows until the person who may be behind the computer or is asking questions has moved away. Pressing Windows + D will bring back the open windows

Always Lock Computer

If an agent is stepping away from their computer for any amount of time, to protect the information both on the screen and on the device, the computer should always be locked. This will not close any windows or programs, just hide them and require a password to continue working.

Technology Introduction

Technology Introduction

Use strong passwords

Using a strong password is the most important first defense to security:

<http://tinyurl.com/MSpwchecker>

Policy Source

It is essential that associates be familiar with Humana policies, including those for protecting information and technology.

To find these, go to Policy Source.

Go to **Hi > Sites > [Policy Source](#)** the screen that comes up has links to the common docs that touch on security topics.



Technology Introduction



Backup

It is essential that associates keep a backup of their work documents in a secure and encrypted location. Please note most USB drives do not meet the security requirements for document storage!

The BEST place to store (save, maintain, or backup) files is on the user drive maintained by Humana.

On the desktop of the Humana provided laptop is an icon (called HUMVPNLOGON) that will launch a small script that will map the key server locations, including the associate's U drive, a folder located on the Humana server for the associate's personal work.

When this script is run it will map the computer to the network; the associate will have several network drives available, including the U drive identified by the user ID. This drive will be found under Computer when saving the document.



MyAccess

This is critical for connecting to any non-secure or wireless network. When connecting to ANY network away from the office, this should be the FIRST THING RUN after logging into the computer.

MyAccess establishes a secure VPN for transmitting and receiving confidential data.



Workstation ID

This application identifies the critical information about the laptop required for any calls to CSS. It also contains tools for installing approved software, running Psynch, making a service request, updating security (virus protection) and updating software.

Technology Introduction

Which policies govern the use of the Internet at work?

There are a variety of policies and aspects of policies that relate to the use of the Internet at work. Most are related to what you are looking to do on the Internet as opposed to general Internet use, so please understand that this list isn't exhaustive. Consult Policy Source for more policies and information.

[CLICK HERE TO VIEW THE BELOW DOCUMENTS](#)

- Information Protection Acceptable Use Policy
- Social Media Policy
- Solicitation and Distribution Policy
- Humana's Harassment Policy
- Security Review Committee requests

[Go/iPhone](#)

Why go here: a comprehensive Humana site dedicated to providing all the information you need for your phone, including corporate policies, user guides, Humana- specific application FAQs

Buzz group: [iPhone Users, MarketPOINT](#)

Why go here: A group for questions, tips, tricks, and other discussions about using the iPhone to enhance your day-to-day work life.

Core CRM

Resources

[Go/CORE](#)

This site has a hyperlinked list of job aids that will expand your skills. Review these during appropriate phases of training. Systems covered include:

- CORE
- Mobile CORE
- SMSE
- MSS/MSA Job Aids
- MAPA
- Known CORE Issues

[Go/webcore](#)

This is a site to web-based CORE. You can get to your book of business anywhere!

[Go/traincore](#)

This site will allow you to go back to our “sandbox” and practice any time you want.

[CORE CRM Buzz Page](#)

This site will keep you up to date on changes and you can post questions about CORE.

Call ASU for tech issues with CORE and MobileCORE



CORE is a contact management system loaded on your computer and phone. It connects to MAPA, our application system.



Screen Shots

Being able to take screen shots can be a very useful skill. If a member asks where to find something on the website, take a picture of the website, circle where it is found and send them the picture. If you have to report a computer issue to CSS, a picture of the computer screen and/or error is required. If you want proof that you completed a particular task online, take a picture of the screen. Once you begin using screen shots the use for this little skill become endless

Snipping Tool

The Snipping Tool is a built in tool available in Windows on your Twist laptop computer. Use Snipping Tool to capture a screen shot, or snip, of any object on the computer screen, and then annotate, save, or share the image.

Go to the Start button (bottom left corner) and type Snipping Tool into the search box.



Capture any of the following types of snips:

- Free-form Snip. Draw a free- form shape around an object.
- Rectangular Snip. Drag the cursor around an object to form a rectangle.
- Window Snip. Select a window, such as a browser window or dialog box.
- Full-screen Snip. Capture the entire screen.

After capturing a snip, it's automatically copied to the Clipboard and the mark-up window. From the mark-up window, it can be annotated, saved, or shared.



iPhone Screen Shot

To take a picture of the iPhone screen hold the Home button and press the power button at the same time. (If you hold the Home button down too long Siri may ask how she can help)

Community Engagement Model

It is the expectation that MarketPoint Career Field will focus daily on CEM activity and document the results of those efforts.

What is the Community Engagement Model (CEM)?

As leaders in the communities we serve, Humana/Care Plus is expected to be seen as a resource for seniors and providers. We educate and give guidance on matters that are important to people. This role is not a passive one. Community Engagement is more than community based or grassroots marketing activities. It is more than provider relations. It is active because we are more than just a resource of information; we are advocates. We tirelessly seek out opportunities to educate and advocate for people in our communities while growing our network of community partners. This is what the Community Engagement Model is all about.

The CEM Mission Statement :

To develop and inspire advocates who serve the needs of their communities and bring value to consumers, MarketPoint and Humana, creating consumer loyalty and agent success.

We know when people see Humana/Care Plus as a trusted resource and advocate, they will want to put their health and wellbeing needs in our hands. When we are active in the community, and when we do the right thing by people, we all win.

Community Engagement Model

What is the Community Engagement Model?

CEM's Ultimate Goal:

Increase Unsupported Sales and Membership

MarketPoint is putting Community Engagement back at the center of what we do every day. It is vitally important to the future of MarketPoint that we work hard to develop relationships that lead to referrals and sales. It is the expectation that MarketPoint Career Field will focus daily on CEM activity and document the results of those efforts.

- The Community Engagement Model (CEM) includes everything we do under
 - Community Based Marketing and Provider Marketing (where applicable)
- The Community Engagement Model aligns our sales efforts with the organization's focus on healthcare being local.
- With the emergence of value based provider expansion and DSNPs, our ability to engage, brand and influence in the communities we serve is a key to year-round success
- The training is not only about how you improve, but also how to develop relationships and which organizations you choose to improve relationships with.
- The CEM is designed to help bring structure and accountability to our marketing efforts. Because it is not a one size fits all approach, markets have the flexibility to adapt to fit their needs.

What You Need to Do Next:

- Complete the online training in Humana MarketPoint University (HMU)
- Log into HMU via Vantage and launch the CEM course.

All events will be entered and tracked on: [Go/MPEvents](#)

Effective Planning



Execution is everything. That means you have to set priorities, establish goals, and measure performance. You'll need to communicate your vision in a clear, compelling way. A good business plan will help you do just that. You will begin creating your business plan during The Sales Workshop and continue building it after you leave. Your business plan should be an evolving document based on changes in your market and goals you set for yourself and expectations set for you by your leader. Below is a link to access the template for your business plan.

[Career Field Agent-Business Plan Job-Aid](#)

[CEM Action Planning Template](#)

The Sales Presentation Process

The communities we serve will be **20% healthier by 2020** because we make it easy for people to achieve their best health.

Click on each image below to view each document.

Humana In-Home Presentation

Step	To be Compliant	To be Referable
1. Prepare	<ul style="list-style-type: none"> Complete Initial Compliance Sign-off Appointment and prep prior to the beginning of an appointment Check for Sales MIA - Sales brochure, CPG plan rating sheet, Summary of Benefits, and benefit explanation Have drug formulary and paper applications Prepare Technology - Humana HumanaLink video and learn various software and communication tools 	<ul style="list-style-type: none"> Check for success, miss impressions and preparation Be on time and have your sales kit Be on time and have your sales kit Be on time and have your sales kit Be on time and have your sales kit Be on time and have your sales kit
2. Identify Yourself	<ul style="list-style-type: none"> Be On Time Wear your name badge Hand them a Business Card Be friendly and smile Confirm Time and Session for Appointment 	<ul style="list-style-type: none"> Be on time and have your sales kit Be on time and have your sales kit Be on time and have your sales kit Be on time and have your sales kit Be on time and have your sales kit
3. Get Acquainted	<ul style="list-style-type: none"> Use Video Family - Discuss if they have family in the area, relatives, grandparents, etc. Occupation - Ask what they would do as a career Interests - Discuss what they do for fun Life - Ask about your family, interests, and how they spend their time 	<ul style="list-style-type: none"> Use Video Family - Discuss if they have family in the area, relatives, grandparents, etc. Occupation - Ask what they would do as a career Interests - Discuss what they do for fun Life - Ask about your family, interests, and how they spend their time
4. Verify Eligibility and	<ul style="list-style-type: none"> Verify Eligibility - Confirm the Medicare status Verify Eligibility - Confirm the Medicare status Verify Eligibility - Confirm the Medicare status 	<ul style="list-style-type: none"> Verify Eligibility - Confirm the Medicare status Verify Eligibility - Confirm the Medicare status Verify Eligibility - Confirm the Medicare status

Care Plus In-Home Presentation

CarePlus MAPD Presentation Process Plan Year 2017/2018

Step	Action
1	Prepare. <ul style="list-style-type: none"> Complete an SGA. Scope of Appointment must be completed before starting the appointment. Create sales kit. Sales brochure, CMS plan rating sheet, Summary of Benefits booklet, Benefits Overview, drug list, directory insert, physician directory (on computer), and desired optional material. Prep your tech. Browse CarePlus video and MAPD software downloaded and ready.
2	Identify yourself. <p>"Hello, I'm _____, your appointed CarePlus agent. You requested an agent to explain CarePlus coverage options. How's my business card. May I come in and set up your Medicare table to make it easy to see what I'm going to show you?"</p>
3	Get Acquainted. <ul style="list-style-type: none"> Ask questions. Family in the area? What do you do for work? What do you do for fun? Travel often? What would you like to know about me? Or try these conversation starters: visit about 1) what you appear to have in Common, or 2) Current events, or 3) Compliments about yard, home or other observations. Share about yourself. Suggest "why do you do what you do each day?"

Spanish In-Home Presentation

Humana MAPD, PDP y Medigap PY17/18 Proceso de Presentación en la Casa



1	Prepara. <ul style="list-style-type: none"> Completa una SGA. El Formulario de Confirmación del Área de la Casa se requiere antes de la cita. Crea un kit de ventas. El video de Humana, Libro de Información, Calificaciones por el video de Medicare, Resumen de Beneficios, Formulario y materiales opcionales deseados. Prepara la tecnología. Computadora con software y video de Humana bajados.
2	Identifícate. <p>"Hola, soy _____, su agente designado de Humana. Usted solicitó un agente para explicar las opciones de cobertura de Humana. Aquí está mi tarjeta de negocio. ¿Me permite entrar y nos podemos sentar en su mesa para que pueda ver lo que le voy a mostrar con más facilidad?"</p>
3	Familiarízate. <ul style="list-style-type: none"> Haz preguntas. ¿Vive en el área? ¿Qué hace su ocupación? ¿Qué hace para divertirse? ¿Viene a menudo? ¿Qué le gustaría saber acerca de mí? O bien, tratar estos temas de conversación: 1) lo que parecen tener en común, o 2) Eventos, comentarios, o 3) Datos sobre política, casa, o otros observaciones. Comparte acerca de ti. Sugiere "¿qué hace lo que hace cada día?"

Sales & Marketing Code of Ethics

Humana MarketPOINT

SALES & MARKETING CODE OF ETHICS Career Field / Telesales Agents

Plan Year 2018

Medicare Advantage, Prescription Drug Plans, Medicare Supplements and other Humana Products

Humana is committed to providing appropriate guidance to its valued customers. Our company's continued success depends upon the integrity of all partners participating in it.

Each MarketPoint sales agent will subscribe to the following Code of Ethics applicable to the sale of Humana Medicare Advantage (MA), Prescription Drug Plans (PDP), Medicare Supplement plans, Qualified Health Plans (QHP) and any other Humana plan or product. Further, agents agree to comply with all Humana policies, particularly Humana's Principles of Business Ethics, all Centers for Medicare and Medicaid Services (CMS) guidelines as applicable, State Department of Insurance (DOI) regulations and Humana MarketPoint policies and procedures as an expression of commitment to honest and ethical sales and marketing practices.

Your electronic signature, preprinted in the left margin of this document, acknowledges this commitment and that you have read each item of this Code of Ethics in **bold** below. Your signature also attests to your understanding that violation of this Code of Ethics may subject you to disciplinary action up to and including termination and/or possible legal action as specified by state regulations and/or CMS.

1. Agents will conduct themselves with professionalism and integrity and with respect for the rights and marketplace interests of prospective Humana customers at all times.



Field Agent Sales and Marketing Code of Ethics

This document describes the regulatory agency and Humana rules for the marketing and sale of Medicare Advantage, Prescription Drug Plans, and Medicare Supplement Plans. Each MarketPoint Sales Representative must subscribe to the Code of Ethics.

Sales & Marketing Code of Ethics



Field Evaluation

Sales leaders conduct field evaluations with Humana sales representatives. They accompany agents on appointments and evaluate their performance. Four evaluations are required during an agent's first month on the job, and then two annually thereafter.

Why field evaluations? It is Humana's way of ensuring our agents do quality work, follow sales integrity guidance and strive to deliver a perfect experience for every prospect and member. It is also a commitment that Humana made to CMS in its contract to provide Medicare Part C and Part D plans.

[HumanaCare Plus Medicare Sales Compliance Evaluation Form](#)

Code of Ethics and Evaluation Form

A close-up photograph of a hand pouring orange paint from a jar onto a wooden palette. The palette already has some red and blue paint on it. In the background, there are more paint jars and a person's hand, but they are out of focus.

The Sales Process

Step 1 - Prepare

The Sales Process

Step 1: Prepare

Purpose

This unit guides you to prepare for an in-home appointment for a Medicare Advantage, Prescription Drug Plan, or Humana Medicare Supplement Plans.

Consumer

This step is invisible to the consumer. The work is completed by the agent in the office, in preparation for the upcoming appointment.

It's important that you know your consumer. If you've never worked with the senior population, consider taking any portions of this [online training on Senior Dynamics](#) that may fill in any knowledge gaps.

The consumer has the right to expect the agent to be prepared to handle their enrollment in a single visit. The career agent should take everything needed for the appointment, whether on their computer or in their possession.

Sales Integrity

During an appointment for an MA or PDP plan, agents will discuss only those plans as agreed to in the Scope of Appointment. Career agents are only permitted to present other health related products such as Dental, Vision, etc. in conjunction with an MA or Medicare Supplement product discussion/call. Agents are prohibited from cross selling any non- health related products at the same appointment/call for MA or PDP plans. Agents should make every attempt to notify a prospect if they are unable to make a scheduled appointment.

Prior to marketing non-health products to Humana health plan members, career agents must be properly licensed and trained on the applicable products and also ensure a Member Authorization Form (MAF) is on file. In the case of a non- health appointment following a MA presentation, those appointments are to occur no sooner than the next calendar day following the MA appointment. Under no circumstances can the appointment take place immediately following an MA appointment.

Career agents will sell or replace a plan only when it is clearly in the prospect's best interest and without regard for the agent's compensation.

Career agents are responsible for all applicable insurance licenses and any applicable certifications required to sell a corresponding Humana product in all states in which the agent markets such products. Career Agents must have a valid resident or non-resident license and any required appointments issued from the state where the Medicare beneficiary permanently resides in order to market or sell an MA, Med Supp and/or PDP plan.

Before anything else, preparation is the key to success. - Alexander Graham Bell

Step 1: Prepare

Preview

The Basics of Medicare: You have to know this in order to understand the value our products offer!! CMS provides Medicare information to the public through the following valuable resource.

You should download the Medicare & You Handbook:

[Medicare & You Handbook](#)

Steps

- 1. Establish a Scope of Appointment (SOA).** A completed SOA is required prior to every appointment. For Humana provided leads, the SOA is typically included with the lead. If an SOA has not yet been established, Humana has three methods: 1) using Humana's Medicare Advantage Paperless Application (MAPA), 2) on a Humana SOA form, or 3) by telephone on Humana's Scope of Appointment IVR line.
- 2. Review available notes.** Review notes you have for the appointment, such as those in Mobile CORE and/or CORE CRM or with the Scope of Appointment. Determine the product(s) the prospect wants to learn about and where the prospect resides. Print or save any notes needed for the appointment.
- 3. Collect enrollment material.** Collect the materials needed for the appointment. Be certain to have materials for all available Medicare portfolio products including, MAPD, PDP and Medigap. Many career agents have a supply of all their sales material in a "trunk kit", helping to make their car their mobile office. Carry a large supply of business cards
- 4. Collect appointment equipment.** Get the equipment needed for the appointment, such as a laptop or tablet computer and your web-enabled cell phone.
- 5. Generate travel directions.** Plan your route for the day to optimize available time. Use mapping software, if needed, to identify the appointment location. Plan your appointments for the day so that the order enables you to be as productive as possible, even if it means re-scheduling an appointment.
- 6. Prepare for your well-being.** Make sure you have a cooler with water and healthy food to help you get through the day, and to avoid food that undermines your well-being.
- 7. Have a safety mindset.** Ensure someone knows where you are going for your appointment(s).

The Sales Process

The Sales Process

Step 1: Prepare

Best Practices

- Some career agents get help from a spouse or others prepare sales kits for them so that they have a large supply of pre-packaged kits ready to go at all times.
- Turn your car trunk or back seat into a well-organized mobile office. Use boxes or plastic totes. Organize your materials so that it's easy to look over them to see what needs to be replenished.
- Have an extension cord in your car, along with car chargers for your phone and computer. Don't rely on the prospect to provide anything needed for an appointment
- Use a GPS device for directions and travel.
- Call in advance if you're going to arrive late. Never be a no-show - it gets reported to your sales leader.
- Carry your appointment supplies and equipment in a professional bag. First impressions make a difference.

- o Download videos: [Sales Presentations](#)
- o Download SOB for all plans [@Humana.com](#)
- o Download EOC for all plans [@Humana.com](#)
- o Download full formularies [@Humana.com](#)



DMS Leads

The Sales Process

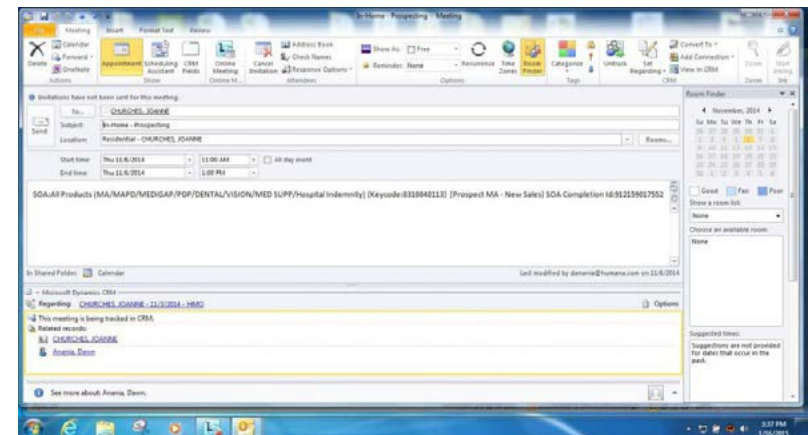
Humana Direct Marketing Services (DMS)

Humana DMS Telesales Agents handle inbound calls generated by direct response marketing (e.g., newspaper, radio, and TV). The agents can give an enrollment presentation if the prospect wishes, or schedule an in-home agent appointment.

In 2016, there are ~1,000 telesales agents. They work from call centers located in Miami, Tampa, Madison, Puerto Rico, San Antonio, and Phoenix. Humana uses contract call centers during AEP to handle PDP calls. In 2014, DMS received 4.2 million calls and generated 562,000 leads.

Here's the way the process works in getting a lead to you, the field agent:

1. A prospect calls a toll-free number obtained from a Humana direct response marketing campaign (e.g., the "Sam" MAPD infomercial or a newspaper).
2. If the caller requests an in-home appointment, the agent types into their Humana database all pertinent prospect information (e.g., permanent residence, date of birth). The agent asks questions to verify eligibility, the election period, and product preferences. The telesales agent completes a Humana Scope of Appointment. The agent sets a proposed date and time for the appointment.
3. The opportunity (i.e., lead) is then automatically transferred to a field sales leader who is responsible for the field agent's that service the zip code area where the prospect resides. The leader determines agent availability to the date and time. The leader assigns the opportunity to an agent, electronically transferring it to the agent.
4. The opportunity appears as a meeting request in the agent's Outlook calendar. It looks like this:



The Sales Process

In-Bound Prospecting Leads

Humana.com has an option for online shoppers to request an appointment. When the prospect completes the online form, it generates a lead sent to local area managers, and they forward these leads to sales representatives.

When you are assigned an In-Bound lead it will appear as a phone call, and you will have three tries to call the member to set up an appointment. You will need to try to contact the member within 2 days. When you call and they agree to an appointment, you can add in a 3-way IVR SOA call. These leads will show up on mobileCORE also as a call.

My Activities

Search My Activities

Activity Type	Subject	Regarding	Priority	Start Date	Due Date	Owner	Categories
Phone Call	Prospecting/ Open Appointment Scheduling	Winters,Susan ...	High	Sat 2/20/2016 6:05 AM	Sat 2/20/2016 6:05 AM	Steller, Tammy...	

1 - 20 of 20

Page 1

Prospecting/ Open Appointment Scheduling

Comments

Phone Call

Regarding: [Winters,Susan - 2/18/2016 - HMO](#)

Start Date: 2/20/2016 6:05 AM

Due: 2/20/2016 6:05 AM

Agent: [Steller,Tammy L.](#)

Created On: 2/18/2016 11:20 AM

Original Date / TL: 2/20/2016 6:05 AM

Phone Call Allowed

Reason Call Not A...

Age In Lead key...

Priority: High

Priority Order: 1,006

Duration

Campaign

Disposition

Disposition Detail

Age in Lead Dispo...

Is Telesales Only

Notes

to set up appt

2/18/2016 Steller, Tammy L.

Latest 1 Note of 1

Verizon 5:53 AM 62%

Humana

calls priority name type

Susan Winters

Prospecting/ Open Appointment Scheduling

3 attempts remaining — due 2/20

Curfew Disposition Talking Points Product Details Notes

The Sales Process

SOA

Think of the Scope of Appointment as a permission slip.

You need to get the beneficiary to sign off on it before discussing CMS-regulated products.

How can I fill out an SOA?

- MAPA is the preferred method because it connects to the application, but it must be done in person.

There is an electronic course in your homework to guide you through this process

- IVR (3-way call) - good for getting the SOA when you're not face to face

i. [JOB AID: How to Use Humana IVR Scope of Appointment CARE](#)
PLUS ii. [JOB AID: How to Use Humana IVR Scope of Appointment HUMANA](#)

- Paper - in the enrollment book or get individual copies from your MSA (don't photocopy them)

What do I do with SOAs after the appointment?

- Complete the bottom of the SOA after the appointment
- Cross-reference the application to the SOA
- Ensure the SOA is retained for 10 years (turn paper SOAs in to your Market Office)

What does Sales Integrity say about SOAs?

- So MUCH! Here are two documents to review
 - [CPL-021 - Scope of Appointment Policy \(MKPT\)](#)
 - [SOA Job Aid FAQ](#)

The Sales Process

Step 2 - Identify Yourself

The Sales Process

The way you position yourself at the beginning of a relationship has profound impact on where you end up

- Ron Karr

Step 2: Identify Yourself

Preview

The step, **Identify Yourself**, begins when you arrive at the consumer's home and ends when you are seated and ready to begin getting acquainted. Your job in this step is to create a positive impression, give a compliant introduction, steer the appointment to an appropriate location (e.g., kitchen or dining table), and start to relieve the tension typically present when greeting a new acquaintance.

1. Make sure your vehicle is clean for a **positive first impression**
2. Park on the street to avoid blocking others from coming or going from the home
3. **Have your material organized** and ready before arriving so that you can exit your vehicle promptly. Avoid sitting in your car for an extended period on the phone or having to rifle through your vehicle to collect sales material. If you need to do that, do it out of sight of the home.
4. When approaching the home, smile toward the door and possibly even give a friendly wave toward the house.
5. **Display your name badge prominently.** Use your observational skills to notice things about the house or property that might be a good conversation starter or to establish something in common.
6. Knock on the door. When the person opens and greets you, say:

"Hello, I'm ___, your appointed Humana agent. You invited me to come explain your Humana choices for ___ (Medicare Advantage, Medicare Part D, and/or Medigap) coverage. Here's my business card. May i come in? Thank you. Could we visit at your kitch table?"

The Sales Process

Step 2: Identify Yourself

Exceptions

IF:	Then:
No one is home	<ul style="list-style-type: none"> •Attempt to call the person. •If you had an appointment scheduled, you can leave your card and a voice message saying you stopped by and how to reach you to reschedule. •Take a picture of your business card at their address and text it to your manager.
There is an aggressive pet	Attempt to call the person about the pet. Or, at the door, ask the person to control the pet. Do not enter until you feel the situation is safe
You feel unsafe in the neighborhood or general situation	<ul style="list-style-type: none"> •NEVER put yourself in an unsafe situation. No sale is worth it. •Notify your leader of the situation and ask for guidance. •Attempt to call the person to ask for assistance from your vehicle to their home. •Consider attempting to reschedule and asking the person to meet you at a nearby location, such as a restaurant.

The Sales Process

Step 3 - Get Acquainted



The Sales Process

No one cares how much you know, until they know how much you care - Theodore Roosevelt

Step 3: Get Acquainted

Consumer

When you arrive at an in-home appointment, you have only basic information about the consumer from the Scope of Appointment form or your interactions when setting the appointment. The consumer, for their part, may feel anxious about a stranger coming to their home or wary of being 'sold' something. Your job is to defuse any tension and create a positive dynamic, setting the stage for good two-way communication during the appointment.

Humana is one of the few companies that provides its Medicare members with an agent. In that capacity, you will grow to be a trusted advisor on health coverage and well-being. So, take time to get to know the person and to help them get to know you. You are planting seeds for a long-term relationship, and for the person to recommend you to others.

Sales Integrity

Career Sales Representatives will disclose their name and the Humana name at the start of every appointment/call and will provide all clients a business card that identifies them (as applicable). In addition, agents will clearly disclose at the onset of the appointment the purpose of their visit and the products to be discussed. Career agents will make no assertions other than to explain the appropriate Humana product, its benefits, limitations, the offering company and how to enroll/apply. Misrepresentation of the purpose of the agent's visit/call is strictly prohibited.

Agents may not ask Medicare beneficiaries for referrals during an MA/PDP marketing event or personal appointment.

Career agents will assure, to the best of their ability, that the prospective enrollee is of sound mind and capable of thoroughly understanding their Humana plan or product. If, at any time, the agent doubts the enrollee's mental ability to comprehend, the agent will discontinue the enrollment until such time as an agent can meet with someone with appropriate legal authority to enroll the prospect.

Career agents may indicate that the Humana MA/PDP plans meet criteria specified by government agencies. They will never imply that their visit is in any way connected with the government, endorsed by the government or approved by a particular government agency or official, or portray themselves as a representative of Medicare or any other government agency.

The Sales Process

Step 3: Get Acquainted

Preview

The Get Acquainted step begins when you have taken a seat at the kitchen or dining room table. It ends when you have established positive communication and a comfortable level of rapport, putting the person at ease. You also will have learned things that make the person more to you than just another name on your schedule.

Steps

1. Humana. How did you learn about Humana?
2. Visit. Chat. Avoid taking out your computer or even writing paper at this point. This is the time to demonstrate your listening skills and customer focused nature.
3. Use a structured method to get the conversation going, such as:

Using the FORM questioning sequence: Family in the area? What was your Occupation? What do you do for Recreation? Let me share a bit about Myself. Let me share a little about Humana.

Best Practices

- Avoid taking notes during this phase. Later, when you take out your notebook or device, you can make notes about what you learned when getting acquainted. Some agents do it after they leave the home.
- How long does this step take? As long as it takes. Sometimes it happens in a matter of moments. Other times it may take 10-20 minutes. It depends on the consumer and their reaction to you and the situation.
- Make a game of it: how much can you learn about the person in, say, 10 minutes? Can you comfortably learn more than other agents they have seen? If so, you're probably the one they'll remember. You might be the only one who seemed genuinely interested in them as a person. Another thought:

"We have two ears and one mouth so that we can listen twice as much as we speak." -Epictetus quotes from BrainyQuote.com

The Sales Process

Step 3: Get Acquainted

Exceptions

IF:	Then:
Someone serving as a Power of Attorney is handling the enrollment	You still, and possibly even more so, want to establish a good relationship and set the stage for effective two-way communication during the appointment. So, use the prescribed approach in getting acquainted with the POA.
Mental incompetence or other issues are indicating the consumer can't or won't understand the information you are there to share	<ul style="list-style-type: none"> • Ask if someone helps them with their important decisions. If someone does, ask if that person can join you today. • Politely disengage. Then, based on circumstances, leave or call your Humana leader for guidance on handling the situation. • Never enroll someone who cannot or does not understand the plan or how to use it.
Someone other than the prospective enrollee is participating (e.g., guest, advisor, relative).	<ul style="list-style-type: none"> • Clarify the role of anyone else who is participating: 1) loved one, 2) power of attorney, 3) advisor, 4) another prospective enrollee, 5) other? • Feel your way through the situation. Remember, the goal is to have a positive interaction with the prospective enrollee. If getting acquainted with others they've asked to participate is part of it, then take the time to do it.
The person seems to want you to move on and not waste time.	Read the situation. Is this a smokescreen for someone who is uncomfortable with you or the situation? Or, is there a valid reason for promptly moving on to the next step? React per your best judgment, continuing with rapport building or moving to the next step.
You know the person already.	Use your good judgment. You understand the goal of the step. Just make sure you're in a good place for the desired level of communication.

You are expected to learn about your prospect and enter relevant information about the person/appointment in Mobile CORE or CORE CRM.

The Sales Process

Step 4 - Verify Topic, Eligibility & Election Period

Step 4: Verify Topic, Eligibility & Election Period

Have Medicare?
Permanent Resident?
Do you have ESRD?



The Sales Process

If people like you, they'll listen to you, but if they trust you, they'll do business with you.

- Zig Ziglar

Consumer

The consumer wants to meet to discuss their situation because they believe they are eligible to enroll. Consumers, however, are not experts in election periods and eligibility requirements. It is important for you as their agent to review these topics and confirm their eligibility before continuing.

Keep in mind that most people do not speak the language of Medicare, so it is important for you to use terms that are easily understood. You will use questioning skills to determine their eligibility and the election period to be used.

Be observant of how the person is feeling as you go through the step and respond appropriately to keep from confusing or upsetting the consumer. When asking the necessary questions, your mannerisms should keep the person at ease.

Sales Integrity

Career agents understand that it is a violation of CMS regulations and are strictly prohibited from discriminating against any Medicare eligible prospect for enrolling in a MA and/or PDP plan based upon their health status, except as permitted by CMS. Any personal information the agent may obtain about a prospect as a result of discussion/application for any other product distributed by Humana MarketPoint, will in no way be used to discourage the prospect's enrollment in a Humana MA and/or PDP plan. Additionally, any such personal information will be treated in full accordance with all HIPAA regulations regarding use of personal information.

Should a client express interest in a Medicare health plan other than what was agreed to via the Scope of Appointment in advance of the appointment, the agent may complete a new Scope of Appointment reflecting the new product and continue with the sales presentation. This provision is not applicable for telesales agents.

Career Agents will not involve themselves in providing legal advice concerning the need for Healthcare Power-of-Attorney, facilitating the execution of Healthcare Power-of-Attorney documentation, disenrollment from another plan, medical referrals (as applicable) or any other activity that could be viewed as unethically influencing an enrollment.

Step 4: Verify Topic, Eligibility & Election Period

Best Practices

After verifying that they have Medicare, ask them to leave their Medicare Card or notification letter out. Later, when they decide to enroll, you will use the information to complete their application. enroll, you will use the information to complete their application.

Have the Social Administration (SSA) on your phone's speed dial. If the person doesn't have their Medicare card or letter, you can call the SSA to determine the person's Medicare eligibility at 800.772.1213.

Exceptions

IF:	Then:
You see a letter other than "A" at the end of their Medicare Claim number	<ul style="list-style-type: none"> •The letter has no bearing on their eligibility •The letter is a CMS code that indicates how the person has qualified for Original Medicare. For example, if they are getting it based on their spouse's work record rather than their own, the letter at the end will be a "B", not an "A"
The person doesn't meet the eligibility requirements or doesn't have an election period that applies to their situation today.	<p>Determine whether to give the presentation for non-enrollment purposes or to reschedule when they become eligible or have an election period.</p> <p>Or, perhaps you have another solution in your portfolio that will be helpful to them. For example, if they are not yet 65, perhaps an individual major medical policy would be of interest.</p>
A Power of Attorney is handling the enrollment.	You must still confirm that the prospective enrollee is eligible. The person with the POA should be able to supply everything needed. Work directly with the POA, not the prospective member.
Already has a solution and is switching to a Humana plan.	<p>Verifying eligibility and the election period to be used often goes faster for seasoned Medicare beneficiaries than it does with those who are going through initial eligibility.</p> <p>Avoid aggravating seasoned, well-informed Medicare beneficiaries by treating them as newcomers or taking them through an extended process of verifying Medicare eligibility. Example: "Yes, I already have a Medicare Advantage Plan (or a Medigap). Of course I'm eligible."</p>

Step 4: Verify Topic, Eligibility & Election Period

Preview

You begin the Confirm Eligibility step after getting acquainted with the person. The step ends after you have verified the meeting purpose, the consumer's eligibility and the election period to be used.

Verify key information before going into the detailed presentation. No agent wants to give a lengthy presentation only to find at the last minute that the person is ineligible for a plan. This step enables you to confirm that the person is qualified to enroll in the plan if they decide it is right for them.



The Sales Process

Steps

1. Confirm the product the prospect wants you to present today, per your [SOA](#). Say something like,

“My notes indicate you want me to discuss (blank type of plan) is that still correct?”

a. If yes, continue.

b. If no, discuss and resolve the difference in opinion. If your SOA says it is a PDP appointment and:

- i. **They ask you** to present MAPD, and then you can proceed after writing a new SOA for a Medicare Advantage appointment.
- ii. **You suggest** they should consider a MAPD and they agree, you must then fill out a new SOA to present their Medicare Advantage choices.

2. Next, verify that the person has [Original Medicare](#). Ask to see their Medicare card or Medicare eligibility notification letter. Confirm that they have the required parts of Medicare.

a. Medicare Parts A and B for Medicare Advantage

b. Medicare Part A or B, or both, for Medicare Part D

3. **Ask if there are any other cards the person uses in their current coverage arrangement** when they go to the doctor, hospital or pharmacy. If so, ask to see them. This may reveal that they receive some form of assistance or have a Medigap policy. It helps you better understand their complete situation.

4. **Ask the person if they have End Stage Renal Disease (ESRD)**. It's the only health question that affects eligibility. People with ESRD are eligible only for Original Medicare and a PDP. If the beneficiary is unsure if they have the disease, use this decision tree.

5. **Ask the person if they are a permanent resident in the plan service area**. That is, do they vote, get their mail, have their driver's license, and/or pay taxes here; they are not somewhere else more than six months per year.

The Sales Process

Steps continued...

6. **Identify the [election period](#) to be used.** You may know the election period to be used from your appointment notes. If not, use questions to determine what prompted them to contact you for an appointment. Was it, for example, because they are new to Medicare, have a change in circumstances, is it the annual election period or is there a special circumstance? By identifying the election period to be used, you will know which election period to select when completing the applicant's enrollment form.

Election Periods

Election Period Guidance (includes SEPs)	Election Period Job Aid
Medicare eligibility	Eligibility calculator on Medicare.gov
What makes someone Medicare eligible if they are less than age 65?	Eligibility answer on Medicare.gov
Original Medicare eligibility and enrollment	Enrolling in Original Medicare

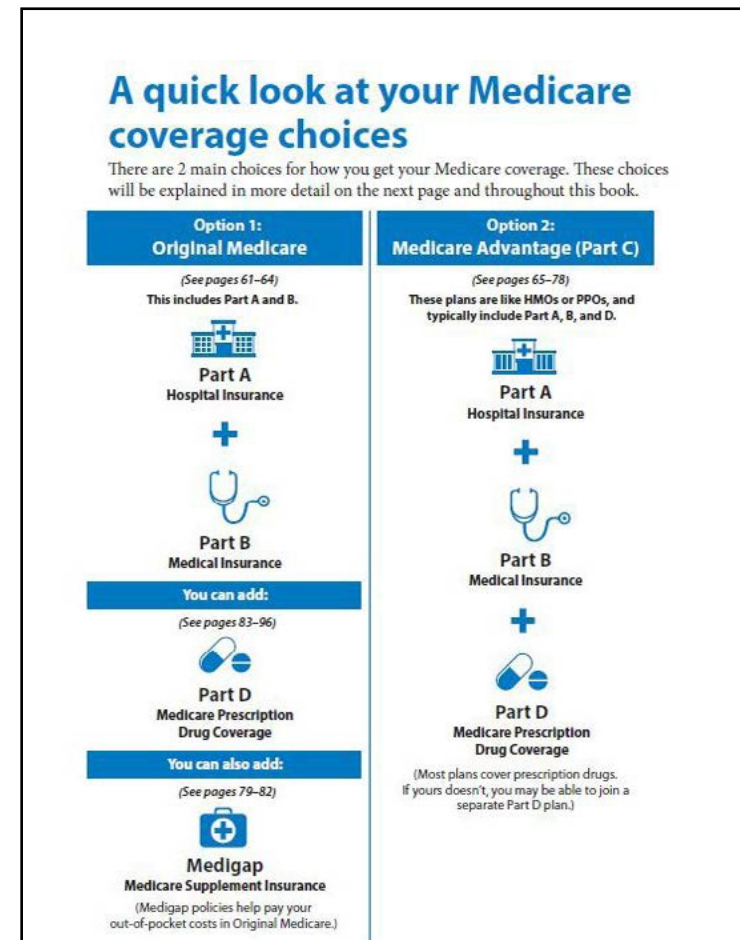


Step 4: Verify Topic, Eligibility & Election Period

Best Practices

- At this time, share an agenda for the rest of the appointment. This will allow you to maintain control of the appointment. They'll know you're going to look-up prescriptions and doctors during step 7.
- [Using the chart on page 4 from Medicare and You](#), explain all options they may have. (This can also be done at the end of step 7), whichever makes the most sense to you. Most important, make sure they know what their options are.

The Sales Process



Subsidies

Extra Help with Medicare Prescription Drug Costs (Low Income Subsidy (LIS)) from the Government

Prospects whose income falls below a predetermined amount may qualify for help with Medicare premiums and cost shares. It may also qualify them for a Dual Eligible SNP (Medicare/Medicaid Special Needs Plan) if one is available in your market or LIS.

- Beneficiaries who receive Extra Help (LIS) or are dual eligible for Medicare and Medicaid qualify for a Special Election Period.

- Beneficiaries who receive Extra Help (LIS) or are dual eligible for Medicare and Medicaid will never go into the coverage gap.

- Beneficiaries who receive Extra Help (LIS) or are dual eligible for Medicare and Medicaid - if they have been assessed a late enrollment penalty for not having creditable drug coverage - will have the LEP penalty forgiven.

If you have a beneficiary that may qualify for subsidies, use the Care Plus social services department to begin qualifying them. You'll receive the case number and can help them with a plan once they have qualified.

The Sales Process

ACCESS[direct] Unit – Expedited Referral



- You may call the ACCESS[direct] line at:



Humana	844-3ACCDIR	844-322-2347
CarePlus	844-5ACCDIR	844-522-2347
External	844-7ACCDIR	844-722-2347

- Give the ACCESS[direct] specialist the applicant's demographic information such as: Name, Medicare HICN, SSN, DOB, Address, Phone Number
- The ACCESS[direct] specialist will then pre-screen the applicant, record consent for Social Services assistance, generate an electronic referral and transfer the call to the Social Services Department (SSD)
- A Case ID number will be provided to the Agent upon completion of the SSD referral for their records and future reference



This presentation was created for internal use only and is not available for distribution

The Sales Process

Understanding Subsidies

The information below is a resource for you to begin understanding subsidies. For specific information on your state and market, ask your manager, MSA, or mentor for help.

[Understanding LIS](#)

[Income limits to qualify for assistance](#)

[Different levels of subsidies](#)

State Pharmaceutical Assistance Programs (SPAPs)

Some states offer help paying drug plan premiums and/or other drug costs. To find out if your state offers help, click on the link below and chose your state.

<http://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx>

Medicare Subsidy Programs

States have programs for people with limited income and resources that pay some or all of Medicare's premiums and may pay Medicare deductibles and coinsurance. This assistance varies by state. deductibles and coinsurance. This assistance varies by state.

<http://www.medicare.gov/Contacts/staticpages/msps.aspx>

Humana provides information about additional resources that may be available.

<https://www.humana.com/pharmacy/individual-and-family/tools/assistance>

Federal application for Part A and Part B premium waivers:

<https://www.ssa.gov/benefits/medicare/prescriptionhelp/>

The Sales Process

Future Request to Contact

If the beneficiary does not qualify to enroll in a plan today, it's important to complete the Future Consent to Contact form so you can provide the option for a Medicare Advantage plan when they become eligible.

These forms allow agents to contact non-members about MA products only. These forms DO NOT give an agent permission to discuss other products. These forms are for a specific event. They do not give the agent permission to repeatedly contact.

Humana Forms

[Humana AEP Future Consent form - English](#)

[Humana AEP Future Consent form - Spanish](#)

[Humana SNP/SEP Future Consent form - English](#)

Care Plus Forms

[Care Plus Future Consent form nnbb](#)

[-English Care Plus Future Consent form-Spanish](#)

The Sales Process

Step 5 - NEADS Suitability Analysis

Step 5: NEADS Suitability Analysis

Have a conversation > Take notes > Identify coverage > Propose a Solution

Purpose

This unit teaches you to conduct a [consultative conversation](#) with your prospective enrollee. This approach allows you to determine the person's needs and wants and to identify the specific solution (e.g., PPO, SNP) that may meet those needs.

Using Humana's consultative conversation process, leads your prospect to be comfortable making a decision. During the NEADS Analysis, you use a proven, structured, systematic line of questioning and conversation to gain insights about the person. You help them articulate what they want in a solution. When finished, you are able to propose a solution you believe best meets the person's self-described needs and wants. Then, after your presentation, the consumer can decide if the solution is right for them today.

Many people have never had anyone help them articulate their needs and wants. That is why enrollment decisions are often based largely on price, treating health coverage as a commodity. By having the consultative conversation with the consumer, you are providing a valuable service and establishing yourself as a credible, valued advisor. You are consulting with them rather than simply trying to close a quick sale.

Medicare prescribes that agents must do a Suitability Assessment. This means agents assess whether a Medicare Advantage plan is the right solution for a prospect. They do not assume that Medicare Advantage is right for everyone. Humana's NEADS analysis process is our version of a suitability assessment. We seek to understand the person's situation and then explain the Humana solutions that best deliver per their stated NEADS. Our approach is consultative and we maintain a do-no-harm mindset.

The Sales Process

We have two ears and one mouth so that we can listen twice as much as we speak.

- Epictetus



Step 5: NEADS Suitability Analysis

The Sales Process

NEADS

- **Now** - Why did you want to see me today and what coverage do you have NOW?
- **Enjoy** - What do you ENJOY about your current coverage - what do you like?
- **Add/Alter** - What would you ADD to have a better coverage situation, or alter?
- **Decision Maker** - If the plan is right for you today, will you make the decision yourself?
- **Summarize** - Let me SUMMARIZE what you've shared so far to make we've got the complete picture.

Preview

The NEADS analysis step starts after you have congratulated the person on being eligible for a plan. You have finished the step when you have documented their response to NEADS in the format Humana prescribes.

Steps

1. **Explain** that you are going to ask a series of questions that will help you understand what they need and want in a solution. You will then be in a position to recommend the Humana plan option that should work best for them.
2. **Perform the NEADS analysis** by asking NEADS questions and pausing on each one to ask clarifying questions or to discuss for deeper understanding. For more information, see the NEADS Analysis sub -page.
3. **Take notes as you listen.** Write them in large capital block letters that are easy for the consumer to read. You are simply acting on their behalf by writing down their responses. Your notes must be legible. Transfer them to CORE after the appointment
4. **Discuss your notes and insights with the prospective enrollee.** Is there anything else the person wants you to know? As you wrap up this step, you should be clear on the 1 -3 most important considerations for the member (e.g., particular hospital or doctor, that the plan covers a particular medication). You should also know if the person is a candidate for Special Needs Plans or other alternatives offered in your market.

Step 5: NEADS Suitability Analysis

The Sales Process

Note 1:

The key to overcoming most objections is to help the beneficiary understand the value of the plan and how it meets the needs they've expressed. Many beneficiaries choose the plan after seeing the overall value it provides.

Note 2:

If you find that a person has health or drug benefits from a Group or retiree plan, counsel the person to consult their plan administrator before enrolling. Enrolling could jeopardize their existing coverage or other aspects of their or their loved ones benefits in the Group or retiree plan.

Note 3:

- If the prospective enrollee is a retired military and has Tricare for Life coverage, enrolling in a plan offered by
- Humana offers no benefit.

Many veterans who are Humana members select MA only plans to have the convenience of medical coverage without the wait.

Note 4:

Some prospective enrollees are better served by a Medicare Supplemental (Medigap) policy than by a Medicare Advantage plan. Never move someone from a Medigap to a Medicare Advantage only because it is to the agent's advantage. Likewise, if the person is aging-in to Medicare and may be better served by the protection of a Medigap policy based on circumstances, offer that counsel. Humana offers Medigap policies that can be paired with a Humana Medicare Part D drug plan.

Step 5: NEADS Suitability Analysis








Best Practices

- Secondary questions and clarifications are often important to clearly understand. Some agents ask “As you consider your options, what are the most important factors for you to consider?”
- Quantify the person’s current monthly spending for health and drug coverage, then multiply by 12 to annualize their spending on plan premiums.
- The NEADS analysis steps are mentioned later in the formal presentation. When mentioned, don’t feel awkward or repeat the process.
- Simply point out that the two of you have already answered the suggested questions. Perhaps ask if the person has thought of anything else to add to their story.
- If you haven’t shared all options they have **using the chart** from the [Medicare and You Handbook](#), be sure to do it now.

The Sales Process

A quick look at your Medicare coverage choices

There are 2 main choices for how you get your Medicare coverage. These choices will be explained in more detail on the next page and throughout this book.

Option 1: Original Medicare	Option 2: Medicare Advantage (Part C)
(See pages 61–64) This includes Part A and B.	(See pages 65–78) These plans are like HMOs or PPOs, and typically include Part A, B, and D.
 Part A Hospital Insurance	 Part A Hospital Insurance
+	+
 Part B Medical Insurance	 Part B Medical Insurance
You can add: (See pages 83–96)	+
 Part D Medicare Prescription Drug Coverage	 Part D Medicare Prescription Drug Coverage
You can also add: (See pages 79–82)	(Most plans cover prescription drugs. If yours doesn't, you may be able to join a separate Part D plan.)
 Medigap Medicare Supplement Insurance (Medigap policies help pay your out-of-pocket costs in Original Medicare.)	

The Sales Process

Exceptions

IF:	Then:
<p>The person already knows what Humana plan they want. Examples:</p> <ul style="list-style-type: none"> •“I want the HMO plan.” •“I want the Walmart drug plan.” 	<p>This is your opportunity to get to know other needs the beneficiary may have and verify that the plan they want is the right plan for them. Take time to do this right.</p>
<p>The person qualifies for a Special Needs Plan (SNP) but wants the standard HMO or some other plan, not the SNP.</p>	<ul style="list-style-type: none"> •Clearly explain the advantages of a SNP, such as increased care coordination between providers, higher outreach and the highest level of personalization Humana offers, as well as possibly tailored, cost-saving benefits. •The final decision is theirs. They can have whatever plan they qualify for and want.
<p>The person’s decision will be based on whether a particular doctor, specialist, hospital or other provider accepts the plan.</p>	<p>Take the time during this step to do the required research to get an answer. Ask the person to consider ALL the value the plan provides and suggest that a provider change may be worth it if the person places sufficient value on other plan features. It is important NOT to use pressure tactics when influencing on this topic.</p>
<p>You have doubts about the person’s ability to understand and use the information you will be sharing today, as evidenced by observations during the NEADS Analysis process.</p>	<ul style="list-style-type: none"> •Never enroll someone in a plan if you have concerns about their mental competency. Politely disengage. Contact your sales leader for guidance or to update them about the unusual situation. •Remember, too, that no other person can enroll someone unless they have the appropriate authority, such as a Power of Attorney.
<p>The person has a Medigap or will be better served by a Medigap but wants a Medicare Advantage plan.</p>	<ul style="list-style-type: none"> •The final decision is theirs. They can have whatever plan they qualify for and want. •A guiding principle is “Do No Harm.” Never steer someone out of a Medigap if it is the best solution for their situation per your NEADS Analysis insights. •If you’re not sure who is best served by a Medigap policy rather than a Medicare Advantage plan, discuss the topic with your Humana sales leader.
<p>The Scope of Appointment is for Medicare Part D but a Medicare Advantage Plan would truly help the person.</p>	<ul style="list-style-type: none"> •If they initiate the request to learn about a Medicare Advantage Plan, you can create a new SOA on the spot and continue. •If you initiate the request to consider a Medicare Advantage Plan, then you can fill out a new SOA. You must, however, leave and return no sooner than 48 hours later to give the MA presentation.

The Sales Process

Step 5: NEADS Suitability Analysis

Why are notes so important?

- Build a relationship. Your notes help you respond to their contacts as a friend, someone who remembers or knows them.
- Allegation Defense. Having good notes enables you to remember your contacts with the person and to provide specific information if an allegation is investigated.
- Create SETS. By using notes wisely, you can group members of your BOB into SETS.

A close-up photograph of a hand holding a paintbrush, dipping it into a jar of teal paint. The paintbrush has a wooden handle and white bristles. The jar is white with a teal label. In the foreground, a wooden palette with various colors of paint (blue, red, yellow, green) is visible. The background is blurred, showing a wooden table and some papers.

The Sales Process

Step 6 - Solution

The Sales Process

The Right Solution for You

Step 6: Solution

Consultative Selling

Purpose

This unit prepares you to guide the prospect in selecting the Humana solution they want you to present today.

Consumer

The consumer is at a key decision point. It is now time to decide which plan they want you to present to them. Some consumers know the plan they want before the agent arrives. Others, they want the agent to help them explore their options.

During this step you provide guidance based on the information the prospect shared during the NEADS analysis. The consumer decides which solution they want you to explain in detail.

A critical part of this step is that the consumer makes the decision about their preferred plan, not the agent.



The Sales Process

Step 6: Solution

Steps To Guide Prospect to a Decision

1. Based on what you just said about your situation and preferences, it sounds like a ___ (HMO, PPO, PFFS, Medigap, PDP) is a good choice because ____ .

NOTE: *some customers already know the Humana solution they want (“I want the HMO that’s advertised on TV. Several of my friends have it. That’s what I want.”). If that is the case, your role here is simply to ensure they know their choices and then move ahead.*

NOTE: *If available, show the Benefits at a Glance or Market at a Glance sheet to give a quick synopsis of the choices. You can share a recommendation backed by your NEADS analysis notes. It is up to the prospect to decide if they agree or wish to consider a different solution. Another option is to use Humana’s online plan comparison tool.*

2. Do you agree? Thoughts, question or reaction?

3. So, which plan would you like me to present in detail?

Use Two Way Communication throughout the Appointment

The process feels like a structured conversation, not a one-way presentation

- [Trial closes](#) are used all along the way
- Transition statements are used between booklet sections and categories of benefits. Click below to hear an example of a transition statement between benefit categories.
- Materials are positioned to form a triangle between the consumer and the agent. They are NOT facing the agent or creating a barrier between the agent and the consumer
- [Assumptive close](#). Assuming the sale is a proven closing method. It works. Use the approach described above.
- [Ask for the sale](#). Inexperienced agents get to this point and often overlook inviting the person to enroll. They continue talking about the plan or making small talk. Earn more enrollments by using the fully compliant and effective assumptive closing method described above.
- If the consumer hedges, it does not mean the appointment is over. It is acceptable to ask probing questions to better understand the person's rationale. You can also attempt to offset or neutralize unfounded concerns or objections, as long as you are not applying pressure.

The Sales Process



The Sales Process

Exceptions

IF:	Then:
Likes the plan but doesn't want to enroll today.	Gently question to determine the person's reservation. Answer questions or provide information as needed. Do NOT use any form of pressure to influence the prospect to enroll.
Wants to consult a loved one, friend or advisor before making a final decision.	Okay. You can invite them to join the current meeting in person or by phone. Or, you can offer to send them all the plan information. If this becomes a common response when you ask for the enrollment, there's a good chance you're missing the mark in the way you get acquainted, warm up and do the analysis.
Primary Care Physician, specialist or a preferred hospital or service provider is out of network.	This may be a showstopper. On the other hand, many people realize that the benefits of the plan make it a great investment to switch to a Humana provider.
The plan premium is not the lowest of the plans the person is considering	<p>Humana provides value. Humana may not offer the least expensive plan premium. On the other hand, we provide the member with an agent, with chronic condition management programs, with strong drug lists and networks, and much more.</p> <p>I rarely buy the cheapest item on the shelf for anything. Why would anyone do that on a matter as important as their healthcare and drug coverage? Learn more about Humana to appreciate the total value.</p>

The Sales Process

Step 7 - Presentation

Step 7: Presentation

Presentation Video > Plan Materials > Look-up medications and physicians

Purpose

This unit prepares you to give the approved Humana presentation for the plan of they have chosen.

Consumer

The consumer is eager to learn about the plans Humana offers. After all, that is why they invited you to visit. They want you to start getting into specifics.

Be prepared for questions about doctors and medications. Remind them of the agenda and that you will be able to answer those questions once you present the benefits the plan offers.

The Sales Process

Always bear in mind that your own resolution to succeed is more important than any other.

- Abraham Lincoln



Step 7: Presentation

Sales Integrity

Career Agents agree to use the CMS approved Humana Sales Presentation in its entirety, including the applicable sections of the Summary of Benefits, and in published order when presenting a Humana MA and/or PDP plan to ensure full disclosure of all plan benefits, limitations, and cost sharing to all prospective enrollees and will present all required CMS disclaimers/disclosures during the sales presentation. Agents will not modify or alter approved materials/scripts for their use in marketing/sales of MA and/or PDP plans. Willful violation may subject the agent to disciplinary action up to and including termination.

Career Agents will base their sales presentations on the merit and quality of the respective plan or product and will not disparage competitors or their plans.

Absolute statements (e.g., “the best”, “highest ranked”, “rated number one”) are prohibited unless they are substantiated with supporting data and approved by Humana and/or CMS. Agents shall not use any form of pressure, scare tactics, coercion, deception, sympathy, appeal, or other unethical sales tactics in their presentation.

Career Agents will always give clear, thorough and accurate information regarding all Humana plans or products. Agents are prohibited from making false, misleading, half-true, or exaggerated statements.

Career Agents will sell or replace a plan only when it is clearly in the prospect’s best interest and without regard for the agent’s compensation.

Career Agents will use only Humana and CMS or State approved materials/scripts, as applicable, to market to prospective enrollees. In addition, all communications to current members, e.g. letters, flyers, mailers, etc., must also be approved by Humana and CMS or the state DOI prior to their use. Agents will not modify or alter approved materials/scripts for their use in member communications or the marketing and sale of MA and/or PDP plans. Should the agent become aware of any other agent engaging in the use of unapproved materials; the agent agrees to bring it to the attention of sales management.

Career Agents may neither give nor offer a gift or payment of any kind to a prospective MA and/or PDP member as an inducement to enroll in a Humana plan. Agents may not offer any form of incentive, e.g. cash, gifts, etc., to a member as a reward for referrals provided by the member. An offer of a rebate in any form is strictly prohibited. CMS permits the use of gifts of a nominal value, defined as an individual item having a value of \$15 retail or less, or aggregate items throughout the year worth \$50 or less, where prices are based on the retail purchase price of the item. Such items cannot be readily converted to cash. Agents may not provide meals of any value during promotional or sales activities.

Career Agents will assure, to the best of their ability, that the prospective enrollee is of sound mind and capable of thoroughly understanding their Humana plan or product. If, at any time, the agent doubts the enrollee’s mental ability to comprehend, the agent will discontinue the enrollment until such time as an agent can meet with someone with appropriate legal authority to enroll the prospect.

The Sales Process

The Sales Process

Step 7: Presentation

Preview

The step, Give the Presentation, begins when you start the presentation video and ends when you have finished explaining the entire Summary of Benefits and demonstrating how to look up prescriptions and physicians.

Steps

1. Set the stage for the step. Explain that the next phase of your appointment is to educate the person about a few general Medicare ideas and the specifics of the Humana plan being considered.
2. Play the video for the product type selected. Pause a time or two to engage the consumer. If there are technology challenges, use the table-top flipchart.
3. Present the sales brochure. Give a brief tour of the brochure, identifying the information it contains. Indicate that you will come back later to the drug coverage graphic to explain how the drug benefit works. This step should take 3 -5 minutes. Explain the **Additional Information** section that describes additional supplemental benefits such as [Silver Sneakers](#), Personal Health Coaching, Well Dine Meal Program and more. Remember to point out the **interpreter/foreign language options and non-discrimination disclosures** Humana has available that are listed at the back of the brochure.
4. Present the [Summary of Benefits](#) booklet for the medical benefits. Be sure to state the plan name and number. Take a brief tour of the booklet, identifying the various sections by name. Then, present each section. Use [trial closes](#) and address questions and concerns as you go through the booklet. Remember, the prospect can write or highlight in the booklet, not the agent.

Step 7: Reviewing the Summary of Benefits Booklet (SB)

The Sales Process

- **Use the correct SB.** Confirm you are using the correct one by checking the plan name and number on the cover.
- **You must present the SB in its entirety.** Agents must give full plan disclosure - every benefit - what it is and how it works, plus help with any questions. This is a crucial part of sales integrity. Present the benefits in the order in which they appear in the booklet. Even if the prospect says they only need to know about a few benefits (e.g., drug, hospital, doctors and specialists), you must present the entire plan. A word to the wise is to assume every prospective member or observer is a secret shopper evaluating your presentation. Explain all the benefits.
- **Agents work from a printed SB.** They start at the first page and go cover to cover. They use a capped pen to guide the prospect's eye and attention to various parts of the SB. **Agents can personalize the presentation by giving more attention to benefits connected to NEADS analysis findings or other insights.** Another good practice is to encourage the prospect to write notes in the booklet or to highlight information that is important to them. It keeps prospects actively involved and provides insights for the agent. Agents can NOT alter approved marketing material in any way.
- **Adapt your pace to the prospect.** First time MAPD enrollers may need you to go a little more slowly and to be their educator. On the other hand, veteran MAPD enrollers (e.g., someone switching from a competitor plan to a Humana plan) may absorb the information faster, enabling you to move more quickly. Your warm-up and NEADS analysis will help you decide how to proceed.
- **Paraphrase the benefits when explaining.** Seasoned agents know the benefits so well they can give full disclosure when speaking about them. They don't read the benefit or booklet to the prospect. Any agent who reads excessively is viewed by prospects and sales leaders as not having done the work needed to understand their plan. The idea is to have a conversation about the benefits, not a one way reading or presentation of the facts.

Step 7: Reviewing the Summary of Benefits Booklet (SB)

The Sales Process

- **Make it interesting.** Let them “feel” those benefits that you are passionate about. Additionally, use stories or other information on occasion in explaining or illustrating a benefit. Use your voice as an instrument by using intonation and inflection to hold the person’s attention. Have fun.
- **Use the Evidence of Coverage (EOC) online booklet.** Cross reference the EOC as needed to provide more detail or answer questions. Most agents work from an electronic EOC on their tablet. The member receives one with their Welcome to Humana kit. You can find your plan’s EOC on Humana.com.
- Use the CMS [Medicare and You handbook](#) to answer questions comparing the Advantage Plan to Original Medicare
- Use trial closes along the way. Use trial closes as you go through the SB. Your goal is to listen and observe deeply to learn about the prospect and to flush out any questions or concerns as you go rather than at the end of the presentation.

Examples of trial closes:

- How do you feel about that part of the plan? What do you think of that benefit?
- Does this benefit sound good to you?
- That’s a good benefit, isn’t it? I like that benefit. Don’t you?! I love this benefit - it really makes me proud because it helps so much.
- I noticed a frown. What thoughts are you having? You’re shifting in your seat. Is there
- something on your mind about that benefit or something I’ve said?
- You’re smiling. Tell me why!
- [Offer to look-ups Prescriptions.](#)
- [Look up Providers.](#)

Step 7: Presentation

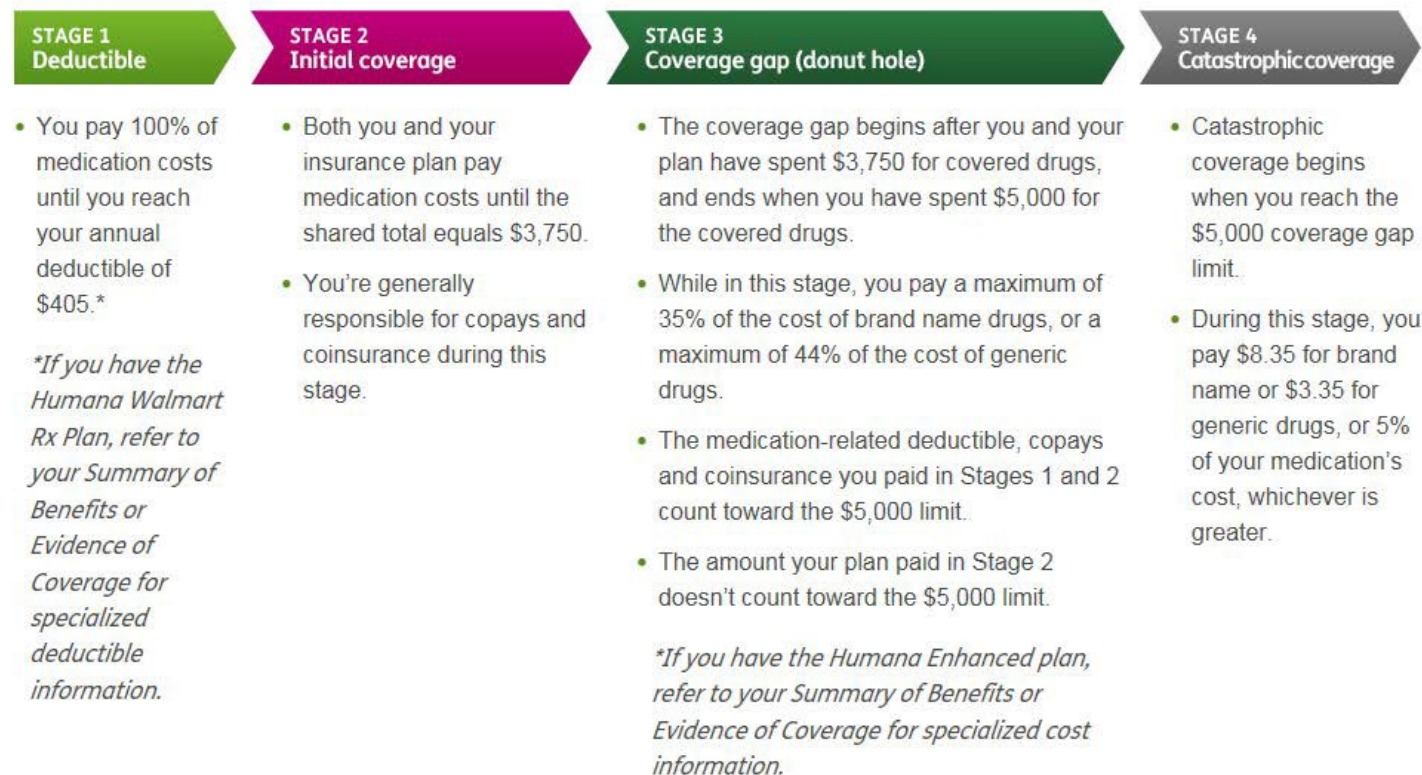
The Sales Process

Steps

5. Go back to the brochure and clearly explain how the drug stages work using the page as a visual. [Humana.com](https://www.humana.com) explains Part D stages.

Medicare Part D 2018 Plan Year Stages

Medicare Part D prescription drug plans typically have four coverage stages. How you're affected depends on your prescription drug plan and medication costs. If your plan has a deductible, you start at Stage 1. If your plan doesn't have a deductible, you start at Stage 2. The dollar amounts listed below may change each year.



The Sales Process

Step 7: Presentation Continued...

6. Present the [Summary of Benefits booklet](#) for the drug benefits. Address any questions they may have about the drug benefits.

7. Using the paper drug formulary, review the key terms they need to know in front of the book and demonstrate how to use the formulary in the back of the book. Do not ask what medications they take but you may say “Are there any medications you’d like me to look-up for you?”

Also demonstrate how to look up medications using the online RX tool.

Understanding Drug Lists

- Drug lists limit the drugs that the plan will cover
- Not all drugs are included in the plan's drug list. [CMS excludes certain medications](#) (such as lifestyle drugs like erectile dysfunction medications)
- Drug lists divide drugs into tiers (not all plans will have all tiers. Some plans may combine tiers)
 - Tier 1: **Preferred Generic** contains the lowest cost generic drugs
 - Tier 2: **Non-Preferred Generic** contains the next lowest cost generic drugs
 - Tier 3: **Preferred Brand** contains the least expensive brand drugs
 - Tier 4: **Non-Preferred Brand** contains the most expensive brand drugs
 - Tier 5: **Specialty** contains the most expensive drugs in the drug list

8. Ask if there are any doctors they’d like you to look-up, again do not ask which doctors they go to. Look up the physician(s) and be sure to note the PCP number for their primary care physician.

9. Present the [CMS Plan \(Star\) Rating](#) and explain what it means.

About Care Plus

Care Plus Overview

- Care Plus plans are owned by Humana, but they operate under different branding as a separate entity from Humana
- Care Plus plans are offered only in Florida
- Plan information can be found [Here](#).

Procedural Differences:

- Care Plus representatives use **888-685-8606** to complete a Scope of Appointment via IVR
- Care Plus representatives use Physician Finder to find providers
 - [To look up physicians](#) online select **“Find a Provider”** Use the paper Provider Directory (PDFs of directories and drug lists are available on the Care Plus website by searching plans. Look for the links on the bottom of the page under Additional Resources)
- Care Plus representatives DO NOT use the Humana presentation videos.

Use these Care Plus Presentations:

[English](#)

[Spanish](#)

[Creole](#)

- Click on the link above and click the Clip Info/Download button
- Right click on the “HD MP4 file” from the drop down file and select “Save Target As”
- Make sure to save it to the desktop for easy access.

About Care Plus

Care Plus Overview

- Care Plus ensures beneficiaries are enrolled into the plan they requested and understand the rules applicable to that plan will be done **via direct mail**. **Care Plus Beneficiaries DO NOT receive a Verification Call**. Care Plus will mail a verification letter to beneficiary within fifteen (15) calendar days of receipt of the enrollment request.
- Care Plus representatives DO call ASU for tech support for iPhones, MAPA, and CORE
 - Care Plus representatives have access to dedicated eligibility verification support, including Medicare and Medicaid verification
 - Call Care Plus Verification Services at **1-844-630-0695**
- Care Plus representatives DO NOT use ARSOS for plan support and enrollment issues
 - Call Care Plus Member Services Department at **1-800-794-5907**
- Care Plus representatives DO use the Agent Portal for AHIP and recertification
- Email Signature
 - Use the template below to create an email signature for your email

Your Name | Licensed Sales Representative Care Plus Health
 Plans Street address | city, state zip
 Office ##### | Mobile: #####
 Fax: ##### | email yourname@domain.com

Go365

If a plan you are presenting includes the Humana Vitality Program, you can describe Vitality during the enrollment appointment. Vitality is another way that Humana encourages members to engage in healthy behaviors.

Go365 is a wellness and rewards program. Go365 is deeply rooted in behavioral economics and actuarial science to motivate and reward members for taking steps to improve and continue their healthy behaviors. As of January 1, 2017 the program will serve more than 5.5 million members nationwide with over 105 million members' months of data. By integrating rewards with health, Go365 provides the tools and support to help members live healthier lives and reduce healthcare costs. For more information about Go365, please visit the company's website at Go365.com.

The Sales Process



 A collage of four screenshots from the Go365 mobile app interface.

- Top Left:** A login screen with a background image of a man in a blue shirt. It includes fields for "Username" and "Password", a "Forgot username or password?" link, a "Sign in" button, and a "Register now for Go365" link.
- Top Right:** A screen titled "Unlock activities and rack up rewards". It features a central graphic with icons for "Get a flu shot", "Complete a workout", and "Complete an athletic event".
- Bottom Left:** A screen titled "Earn it. Spend it. In the Go365 Mall". It shows a circular progress indicator with "Your Bucks 9,250" in the center. Surrounding the circle are icons for "GIFT CARDS", "MOVIE TICKETS", "CHARITY DONATIONS", "FITNESS DEVICES AND GEAR", and "TABLETS & MORE!".
- Bottom Right:** A screen titled "Start by understanding your health". It displays a "Go365 Age" of 39, compared to the user's "Your age" of 42. It includes a "How do you feel?" section with a smiley face icon and a "How much's do you go?" section with a running icon.

Member Assistance Program (MAP)

MAP is available to Humana MA/MAPD members.

MAP is a Humana Medicare Advantage benefit that connects members to **trained MAP counselors and resource specialists** to help with life's emotional challenges.

This service is available at no additional cost to the member.

MAP web resources include articles, videos, and webinars on topics such as housing options for older adults, self-compassion, and stress. Members can access this website by logging into www.Humana.com and looking under Coverage and Benefits.



Member Assistance Program

Humana's Member Assistance Program (MAP) provides tools to help members stay emotionally strong and healthy. Members of Humana Medicare Advantage plans can use MAP to make life easier. They have quick access to the listening ear of MAP counselors, resource specialists, and a website of videos, articles, and webinars to help them deal with life's challenges. This is all available at no additional cost to members.

MAP's support now includes Humana members who are caregivers – for adults or children.

MAP resource specialists will listen to members' concerns and needs around caring for loved ones, and refer them to appropriate local resources to help address those needs.

MAP can help with many types of concerns, including:

- Emotional or relationship concerns
- Loneliness
- Dealing with change
- Taking care of others
- Grief and loss
- Transitioning to retirement

MD Live

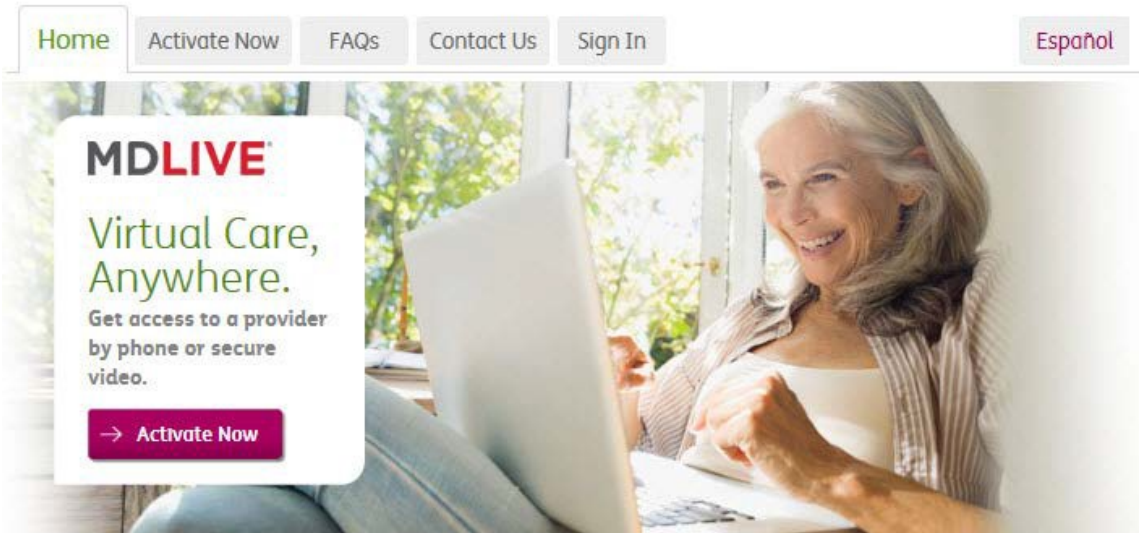
**See a doctor anytime or anywhere
you need one, 24 hours a day.
7 days a week**

Skip the waiting room. Get convenient care for minor illnesses like a cold, sinus infections, allergies and other non-emergency medical conditions - without having to leave your couch.

**A convenient option when you can't
see your regular doctor**

- Talk with a doctor from the comfort of your home, office or while traveling, 24 hours a day.
- No appointment needed and you can connect to doctors within minutes!
- Visits with a doctor are just a \$10 or less copay.
- Prescriptions sent to your preferred pharmacy, if medically necessary.

Humana.



MDLIVE App

Provider's visits are easier than ever
with the new MDLIVE Mobile App



How It Works In 3 Steps

- 1 Activate**
Sign up by phone, online, or download our app
- 2 Select**
Choose from a large network of board-certified providers
- 3 Consult**
See a provider anytime, anywhere
Visit this easy guide on how to get started

IDV and OSBs

IDV (Individual Dental and Vision)/Optional Supplemental Benefits (OSBs)

- IDVs and OSBs are insurance riders that members elect to purchase.
- Available IDV/OSBs vary by market, and often cover vision and dental.
- IDV/OSBs have a monthly premium that will be collected at the same time and in the same manner as the Advantage plan premium.
- Members do not need an election period to begin or end IDV/OSB coverage.
- Contact your MSA or MSS for information specific to your market.

Information on Humana.com about [Optional Supplemental Benefits](#) (Medicare Advantage)

Explaining Optional Supplemental Benefits

- Ask the prospect if they want to learn about vision or dental coverage that can be added to their plan for a small additional premium. It's a way for prospects to tailor their plan to their specific needs and preferences.

- Explain the basic benefits listed in the booklet.

o What's the difference between the dental plans? Read the description. In short, one is better suited for a person seeking a plan primarily to cover preventive dental services. The other is chosen by people who have more extensive dental needs, like extractions and crowns.

- Members can add IDV/OSBs at any time during the year, not just during the initial enrollment appointment.

The Sales Process



The Sales Process

Physician Finder Plus

Compliance for Finding Physicians

- Take the homework Course about finding physicians and assigning providers . It contains critical information about assigning providers compliantly.

Tools for Finding Physicians

- **Provider Directory (paper)** – from Market. Best to always have one with you as a backup, but know that these become outdated quickly.
- **Provider Directory (pdf)** – from Humana.com or www.care-plus-health-plans.com/. **Download a paper Provider Directory to your laptop (and set a calendar reminder to re -upload current versions daily)**
- Humana - Go to Humana.com and click on "Find a Doctor" link on bottom of page. Scroll down and click on View Physician Lists link. Select State. Use Manager/MSA guidance to determine which directories go with your plans.
- Care Plus - Go to care-plus-health-plans.com/ > **Enter zip code > Show me plan details > scroll down to links.**
- **Physician Finder Plus** - most reliable and accurate. Requires an internet connection.
- **Humana Agents** - Go to Humana.com and click on Find a Doctor link on bottom of page. Can also be found on **Hi > Sites > View full site directory > Well -being > Physician Finder**
- **Care Plus Only** - most reliable and accurate. Requires an internet connection. Go to providers. <http://www.care-plus-health-plans.com/> > **Enter zip code > Get Started > Next to search for**

NOTE: record PCP selection and other physician look -up results in your CORE notes after the appointment.

The Sales Process

Rx Quoting Tool

Why do we need to look up prescription medications?

Often potential members need to know:

1. If their current medications are included in the plan's drug list, and
2. If there are any limitations surrounding the prescription
3. What their expected cost would be.

Questions you need to think about:

- Why are there so many different costs for the same prescription?
- How can you explain this to the member?
- What can you recommend to bring costs down?

In order to provide this information accurately, you have to know a LOT of information about Tiers, Limitations, stages, pharmacies, and length of refill.

Tier 1 - Preferred Generics

Tier 2 - Generic

Tier 3 - Preferred Brand

Tier 4 - Non-Preferred Brand Tier 5 - Specialty

TIERS

First, Prescription drugs are classified into 5 tiers in Drug Lists.

Different plans are paired with different drug lists, so a medication could be classified differently on different plans. Don't think because you looked it up once for one plan that it's the same for all your plans. Also, drug lists can change throughout the year, so don't stop looking drugs up!

Rx Quoting Tool

Limitation

Second, some prescription drugs have limitations. You can read more about them in your plans' [Prescription Drug Guide](#)

- **Step Therapy** - requires beneficiaries to first try lower tier drugs to treat the condition
- **Part B vs. D** - some drugs are covered under medical benefits instead of prescription benefits
- **Quantity Limits** - some drugs are limited in the amount a member can receive at one time
- **Prior Authorization** - some drugs require Humana's approval before they are filled
- **Transition Policy** [English](#), [Spanish](#), [Puerto Rican Spanish Chinese](#)

Stages

Stage 1 - Deductible

Not all plans have a deductible, and most deductibles apply to higher tier drugs.

Members stay in the Deductible stage until they pay the full deductible amount out of pocket.

Stage 2 - Initial Coverage

Traditional cost sharing that differs based on drug tier (the higher the tier, the higher the cost share) Members stay in Initial Coverage until Total Drug Cost (TDC is the combined cost that member and Humana pay for all prescriptions for the year) reaches \$3310 in 2016.

The Sales Process

Stage 3 - Coverage Gap

Cost sharing in the Coverage Gap is limited. Members pay a percentage of the cost of brand drugs. Additionally, manufacturers provide a 50% discount on certain brand drugs that count toward the member's TRoOP.

Members stay in the Coverage Gap until their True out of Pocket (TRoOP is the amount of money that the member pays and Drug companies discount in the Gap) reaches \$4850 in 2016.

Stage 4 - Catastrophic Coverage

Members pay 5% coinsurance or \$2.95 for generics or \$7.40 for brand drugs, whichever is greater. Members who reach Catastrophic Coverage will stay in this stage for the rest of the year.

The Sales Process

Pharmacies

Where a member chooses to fill their prescription impacts the price. Humana has a network of over 60,000 pharmacies. It's important for members to understand the difference between Preferred Cost Sharing Pharmacies (PCPS) and Standard Cost Share Pharmacies.

Preferred Cost Sharing Pharmacy

Prescription drug costs may be less at a preferred cost sharing (PCPS) pharmacy because it has agreed with the plan to charge less on at least some drugs. Members may pay lower out-of-pocket costs for some prescription drugs if they get them from a preferred cost sharing pharmacy instead of a standard cost sharing pharmacy.

- o All pharmacies in the Wal-Mart family of pharmacies are preferred cost sharing pharmacies for PDP plans NOTE: If no pharmacy is selected in the Quoting Tools for Agents, PDP plans default to PCPS pricing.

- o Humana Pharmacy is the preferred cost sharing mail order provider

Standard Cost Share Pharmacy

A network pharmacy that offers covered drugs to plan members that may be at a higher out-of-pocket cost than what the member would pay at a preferred cost sharing pharmacy.

[Click here](#) for more information about access to preferred cost sharing pharmacy locations:

LENGTH

Finally, the length of the prescription factors into the cost. For maintenance medications, members can choose between the following options:

30 day refills - can be filled at Standard Cost Share Pharmacies

90 day refills - can be filled at Standard or Preferred Cost Share Pharmacies

Looking up Prescription Drugs

Now that we understand the factors, it's time to look up drugs. The preferred method to look up prescriptions is the Quoting Tools for Agents (or Rx Calculator).

Humana agents will receive the website in the Sales Workshop. **MAKE SURE TO SAVE THE SITE AS A FAVORITE.**

Care Plus agents use www.Care.Plushealthplans.com

Use PDFs only as a backup.

Important notes when using Rx Quoting Tools:

- The estimated cost of any prescription is based on the most current drug list information available.
- Members' actual drug costs are determined by CMS mandates, prescription drug benefits, the quantity, strength and/or dosage of the medication, the pharmacy they use and how many prescriptions have been previously filled.
- When discussing prescription coverage with prospective members be careful to avoid implying guaranteed savings or specific estimated savings.
- Many factors come into play over the course of a year that affect prescription costs and savings a member could complain to CMS if they thought a Sales Associate "told me I would save \$X" and they didn't.

Below are some drugs for you to practice using the look up tools. Use this Job Aid for assistance with the tool.

Medication	Plan	Tier	Brand/Gen	Limitations	Deductible	IC-30day \$	IC-90day \$	IC-90 mail order \$	GAP \$	Cat Cov \$
Emvitria 200 MG CAPSULE										
levocetirizine 5 mg tablet										
lisinopril 10 MG TABLET										
CRESTOR 10 mg										

The Sales Process

The Sales Process

Challenging Situations

If a medication is not on the formulary, here are some options:

- If you are not using Rx Calculator for the drug look-up, then move to Rx Calculator. It offers the most complete and up to date list of covered plan medications.
- Indicate that the plan covers medications for every drug category required by Medicare. If the person's current medication is not covered, there may be a suitable alternative that IS covered by the plan. AND, if the alternative is from a lower drug tier, there may be an opportunity for cost saving.
- If the person takes a brand name but Humana only covers the generic equivalent, indicate the medications the plan DOES cover. The person can choose the generic or talk with their physician to see if switching is viable. If so, there is likely to be a cost savings.
- Refer to the introductory subject matter in the drug list booklet that explains transition supplies and exceptions. Go through it with your prospect. Avoid implying that exceptions are easily granted; they are not.

If a medication is more expensive than they prefer, here are some options:

- If the plan drug list shows that the plan covers lower tier medications as an alternative to the more expensive one, share this information. Working with their physician, they may be able to switch. This allows them to get the plan and save money on their medication.
- Remind them of the overall plan value that you have pointed out throughout your presentation. In total, the plan may bring sufficient benefit that it is worth paying the price specified for the medication.
- See if another plan you offer in the area covers the medication at a better cost share.
- Demonstrate ways to shop for the lowest possible cost on a medication using online cost comparison tools. They consumer may be able to use shopping for best price as a way to reduce the cost of the medication. If a medication is available for a lower price from any network pharmacy, the member pays the lower of the two costs.

The Sales Process

Step 8 - Enrollment Decision

The Sales Process

The way to get started is to quit talking and begin doing.
- Walt Disney

Step 8: Enrollment Decision

Facilitate the enrollment decision > Are you ready to enroll today for a proposed effective date of?

Purpose

This unit prepares you to guide the consumer in deciding whether to enroll in a Humana plan.

Consumer

After analyzing their own needs and then learning about Humana's plans and what they offer, the consumer is now ready to make an enrollment decision. There should be no surprises. You have used relational skills and trial closes throughout the presentation. You should be pretty clear on their intentions as you wrap up the presentation.

When you bring up enrollment, you will experience the full spectrum of responses, from consumers who want you to start the application immediately to those who decide a Humana plan is not right for them today. Others will hedge in making a decision and you may need to answer additional questions or concerns.

Why do consumers hedge?

- **Premium.** Possibly a competitor offers a lower plan premium.
- **Network.** A preferred primary care physician, specialist or hospital might not be part of the Humana network.
- **Benefits.** It could be that certain benefits do not align with their preferences.
- **Trust.** Another reason is that they do not trust the agent. They want to make a decision but the agent's conduct makes them feel wary and, therefore, they don't feel comfortable with the plan or Humana. An Effective warm-up and NEADS analysis often mitigate this challenge. Regret. They worry that someone will criticize their decision or they will feel they didn't research enough or made a bad decision, causing them to question themselves or feel badly, leading to buyer's remorse.

If the consumer hedges or appears hesitant, remember that you **MUST NOT** use any form of pressure to guide the consumer to select a Humana plan. Coercing or putting pressure on the beneficiary is against CMS regulations. You can clarify concerns or reservations and address any misunderstandings, but never use pressure-based closing tactics to achieve a sale.

The Sales Process

Step 8: Enrollment Decision

Preview

The Enrollment Decision step begins after giving a full presentation with complete disclosure. It ends when the consumer has made a clear decision regarding whether or not to enroll.

If the person hedges, use your relational skills to clarify the concern or unresolved issue, attempting to address the issue and clear the way for a decision. The step is completed when the person announces their final enrollment decision for today, yes or no.

Steps

1. Invite the consumer to enroll. “This seems to be a good plan for you. If you are ready to enroll, all I need is your Medicare card. Your proposed plan effective date is (e.g., January 1) .”

2. If the person wants to enroll, reinforce their decision and move to the next step, Complete the Enrollment Application.

3. If the person hedges:

- [Use questioning skills](#) to gain insight on the reason for their hesitation. Provide information or respond appropriately.

- Refer back to the NEADS analysis notes to compare the plan features to stated needs and wants.

- Use methods like the pros / cons technique to help the person think through their decision.

- Reinforce the advantages of the plan and being a Humana member without applying pressure.

- Determine if there is another Humana solution that might be a better fit.

4. If the person decides not to enroll.

- Use questioning skills to gain insight about their rationale. Provide information or respond appropriately. Do NOT use pressure tactics to attempt to reverse their decision.

- Maintain the relationship in hopes of returning another day or having the person recommend you to others.

5. Reinforce the person's decision.

Application

Purpose

This unit prepares you to complete an application to aid the consumer in getting a Humana plan.

Consumer

Filling out the enrollment form accurately and completely is critical to ensuring the application can be processed promptly. Consumers typically are not familiar with the enrollment form and will want help filling it out.

You also may notice some apprehension or confusion about why an application is required. After all, you assured them earlier that they qualify. Put their mind at ease by anticipating this concern and addressing it as you prepare to complete the form.

Calling the form an “application” is really a legacy from the insurance industry, where it is common for people to apply for a policy to see if they qualify. However, you have already confirmed their eligibility. The only reason the consumer would not receive this plan is if there is a discrepancy between the information they provide and the corresponding information CMS has in its databases (e.g., permanent address, birthdate, Medicare qualification, ESRD).

The Sales Process

“Believe you can and you're halfway there.”

—Theodore Roosevelt

Application

The Sales Process

Sales Integrity

Career Agents understand that only a competent enrollee/applicant or their appropriate legal designee can sign an enrollment form or application. Agents will not sign the enrollee's name, with or without their permission, on any enrollment form, application or any other document. They will not knowingly accept a signature other than the enrollee's on an application for any product, except in the case of an authorized Power of Attorney (POA).

Agents may not knowingly/willfully accept a signed incomplete application. Additionally, agents are not to complete or accept an application when a prospect is uncertain if they want to enroll in the plan.

Career Agents are responsible for ensuring that all information on any application, form or any other document used in the enrollment/application process is complete and accurate to the best of their ability, and will not alter, remove, replace or misrepresent any information obtained from the prospect.

Only licensed agents who present the benefits of the plan and confirm the enrollee's intent to enroll may sign the application as the selling agent of record. The exception to this is enrollments that occur at Medicare Group enrollment seminars where multiple agents are participating in the enrollment seminar.

Career Agents are prohibited from charging beneficiaries additional marketing fees for enrollment beyond the base premium.

Career Agents will not involve themselves in providing legal advice concerning the need for Healthcare Power-of- Attorney, facilitating the execution of Healthcare Power-of-Attorney documentation, disenrollment from another plan, medical referrals (as applicable) or any other activity that could be viewed as unethically influencing an enrollment.

Career Agents are prohibited from providing any form of cash or payment to a beneficiary/applicant to assist them in the payment of their premium, copayments, pharmacy copayments, plan coinsurance, etc. on any Humana plan or product.

Career Agents must not accept paper applications, email applications and/or wet signature applications prior to the start of the Annual MA / PDP Enrollment Period.

Career Agents should upload electronic MA/PDP applications and/or mail, overnight or fax paper applications within 24 hours of taking possession of the application to ensure meeting required CMS application handling timeframes.

The Sales Process

Application

Overview

The step, Complete An Application, starts when the consumer decides to enroll in a Humana plan. It ends after the application is completed and you have provided the consumer with an enrollment receipt. If not completed previously, this step may also include the task of facilitating the selection of a network Primary Care Physician. The PCP's Humana ID number is required for the application.

Application Steps

The Sales Process

1. Decide which enrollment method to use. MAPA is the preferred method because it reduces the risk of application errors and is the most rapid method for application processing.

2. Collect some ID. Ask the person for their Medicare card and, if available, their driver's license. These two forms of ID provide several pieces of information needed for the application.

3. Complete the application. The agent fills out the application. The consumer then signs and dates it.

• **Note 1:** if the person is simply changing from Humana plan to another (e.g., from an HMO to a PPO), it is acceptable to use the Humana Abbreviated Enrollment Form (AEF) but not required.

• **Note 2:** if the application is being completed during the annual pre-AEP period (10/1-14), a paper application must be used. The agent can write their agent ID number but must not put a date in the agent section. The application must be left with the consumer to submit during the AEP.

• **Note 3:** if the enrollment is being handled by someone holding an active Power of Attorney, the POA signs their own signature, not that of the Medicare beneficiary.

• **Note 4:** invite to complete the authorization fields/forms - good news to share, Humana Pharmacy, and PHI release consent.

4. If not completed already, identify a Primary Care Physician and record the PCP ID number on the enrollment application.

5. Remind the consumer that the effective date is proposed, not guaranteed.

• When an application is submitted by Humana to CMS, CMS will compare the consumer's application to the information on file about the person in CMS and Social Security Administration databases. If there is a discrepancy, it must be researched, which could delay or prevent the person from getting the plan.

• However, it is uncommon for CMS to discover application discrepancies, so this will not impact the majority of applicants.

Application Steps

The Sales Process

- 6.Ensure the member chooses a payment method. Social Security Deduction is the preferred method of payment. Make sure to read the disclosure about a possible initial delay in payment deduction. Do NOT collect any money for the initial premium. A coupon book is the best approach if the person wants to pay for the entire year in a single payment (e.g., \$10/month plan = \$120 for year; member may to prefer to pay it off in a single \$120 payment).
- 7.Provide a receipt. This is the prospective new member's proof of application and temporary plan ID. There is a receipt in the Sales brochure. If using a paper application, give the applicant the "member" copy.
- 8.Explain what happens next:
- Refer to the sales brochure and review the points describing what happens next.
 - Locate the verification call card in the Sales brochure, fill it out, explain its purpose and provide to the member.

Special situation: there is a "Reg D - for savings deductions" ... if have six automatic deductions on savings account, cannot add any more. Federal banking regulation. So, if their request for a savings deduction does not go through, this may be a reason to investigate when troubleshooting.

Best Practices

Pre AEP applications -If you'd like to **leave** a completed paper application with the beneficiary, fill it out but DO NOT DATE or SIGN the application. **Leave the application with the member to sign their name and mail on or after October 15th.**

Exceptions

IF	Then
You make: two or more mistakes in filling out a paper application.	Discard and start a new application.
You have no option other than to have the consumer complete a telephonic application.	The sale will be credited to the telesales agent who handles the call.
The person already has a Humana plan and is simply changing to another Humana plan.	Use the Humana "Abbreviated Enrollment Form".

Completing Applications - Paper or MAPA

MAPA

You will use Humana's Medicare Advantage Paperless Application (MAPA) for most enrollments. It is the preferred method of enrollment.

SOAs created in MAPA are linked to the application and completed during the electronic application process.

MAFs and Consent Forms can also be completed when filling out the application.

Technical Resources for Application

If errors were made on enrollment forms, use the links below to make corrections. Send these forms to ARSOS.

[Medicare Advantage Agent Error Correction Form \(AP-554\)](#)

[Medicare Supplement Agent Error Correction Form \(AP-555\)](#)

The Sales Process

PAPER

Paper applications may be used due to a technology issue or handling a crowded seminar with many applicants at once.

If paper applications are used, agents must return to the SOA to finish filling it out and cross- referencing it to the application.

To complete all required Medical Coverage information you'll need information in this link:

[Humana Medicare Group & BSN Map](#)

Complete this section for plans with Medical Coverage

If you have selected a PPO, HMO, or PFFS plan, please provide the plan information below which can be found in your Summary of Benefits. **Agents:** Refer to document AP-502 in the Agent Workbench to determine the correct Group and BSN or contact the Agent Support Unit for assistance. A valid and correct Group/BSN is necessary for Enrollment processing.

CONTRACT* PBP* SEGMENT GROUP ID* BSN*

OPTIONAL SUPPLEMENTAL BENEFIT (OSB) YOU ARE ENROLLING IN:

Please fill in the ovals for the OSB's you want to enroll in. If you're currently enrolled in an OSB, you MUST choose it on this form to continue receiving this benefit. Not all OSB offerings are available in all areas. Please review the OSB options below and your Summary of Benefits to verify that yours are still offered and available.

Enrollees must continue to pay the Medicare Part B premium and the Humana plan premium plus the OSB premium.

☐ MyOption* Platinum Dental ☐ MyOption* Enhanced Dental PPO ☐ MyOption* Plus
☐ MyOption* Dental - High PPO ☐ MyOption* Enhanced Dental HMO ☐ MyOption* Fitness
☐ MyOption* Vision

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07152015



MarketPoint Retail Sales Learning & Development
 TRN-REF-725a Humana MarketPOINT Internal Use Only For
 Training Purposes Only (Not CMS Approved) Confidential and Proprietary
 to Humana Inc. (© 03/06/2018)

Completing Applications - Paper or MAPA

MAPA

Medicare Advantage Paperless Application (MAPA) is an electronic tool used to create applications on your computer and electronically upload them.

Resources

[MAPA Manual](#) - this manual contains in- depth information for all MAPA functionality.

[Go/CORE](#) and MPU have learning resources for MAPA.

Call ASU for tech issues with MAPA (no plans showing, etc.)

Topics for After the Workshop

- Medicare Supplement Application
- Group Application
- Abbreviated Enrollment Form
- Optional Supplemental Benefit Form
- Free Standing Benefit

The Sales Process

Topics for the Workshop	MAPA Manual topic (use the index on page 142 to find these topics)
Creating a Desktop Login	Getting Started with MAPA
Connecting to Humana	Connect to Humana
Synchronizing with Humana	Synchronize
Downloading information from CORE	Download
Creating a Scope of Appointment (SOA)	Creating a Scope of Appointment
Creating a Medicare Advantage Application from an SOA	Creating a Consent Form
Creating a Consent Form or Member Authorization from an Application	Protected Health Information From Member Authorization Form Humana Pharmacy
Copying an Application for a beneficiary in the same house	Copying vs. Cloning and Application
Cloning an Application to create a different Application	Copying vs. Cloning and Application
Uploading Applications to Humana	Uploading Workaround if unable to Upload before 12 Upload Status Report
Accessing MAPA Reports	Application Status Report
Troubleshooting	Common Errors that Pend an Application Troubleshooting

Authorization Forms and Receipt

Member Authorization Forms (MAF)

Invite the member to complete the "Some exciting news for you" form, also called the [Member Authorization Form \(MAF\)](#). Completing the form is voluntary. It allows Humana to share information about other ways Humana can help.

This form is NOT permission for the agent to make follow up calls. Follow up calls are allowed even without this form being completed. The only time follow up call are not allowed is if the person is on the Do Not Call (DNC) registry or indicates to the agent that they do not wish to be called.

The form is part of the electronic enrollment method, MAPA. If using paper, this is a partial screenshot of the form.

[Instructions on Completing the MAF](#)

[English MAF](#)

[Spanish MAF](#)

[Polish MAF](#)

Some exciting news for you
to *share*

Thank you for having a Humana plan. Did you know we also have insurance products and services not related to health that are designed to meet your needs, including your financial well-being? In addition, these products and services meet the needs of other family members of all ages as well.

While we are excited to tell you more about these products and services, we need your written permission to do so due to federal privacy laws enacted to provide security and privacy to individuals' health records.

If you'd like to know more, the next step is easy. Just provide the information below:

Thank you for your consideration.

Yes, I'd like to receive information on the following products and services not related to health (please check all that apply)

Humana Pharmacy Consent Form

Your member has the opportunity to save money with Humana Pharmacy. This form allows Humana Pharmacy to contact the member.

The Sales Process

Learn more about Humana Pharmacy™

You may be able to save money on the medicines you take every day since the plan you're considering includes Humana Pharmacy. Humana Pharmacy offers preferred cost-sharing and mail-delivery services.

If you'd like to learn more or register with the pharmacy, we need your written permission to have them contact you. Provide your information below and Humana will send it to the Humana Pharmacy so they can call you.

Consent:
Yes, I would like to hear more about Humana Pharmacy. I understand I don't have to sign this authorization and Humana can't condition treatment, payment, enrollment or eligibility of benefits on whether I sign this authorization.

Please print the following information:

**Required*
First Name:* Last Name:*
Address:*

Authorization Forms and Receipt

The Sales Process

Humana PHI Consent Form

Invite your new member to complete the Consent for Release of Protected Health Information (PHI) form. While completing it is voluntary, it allows the member to authorize Humana to share information with specified individuals about their health plan and usage.

These forms are part of the electronic enrollment method, MAPA. If using paper, this is a partial screenshot of the form.

Consent for release of protected health information (PHI)

This form is used to authorize consent for Humana to communicate PHI to the person or organization below.

Member information (person whose information will be released):

Name: _____ Date of birth: _____ / _____ / _____
 Address: _____
 Street City State ZIP
 Member ID: _____ Group # (if applicable): _____ Phone #: _____
☐ Home ☐ Cell

I understand that this authorization will allow Humana and its affiliates to use or disclose the protected health information described below. (Please check only one box)**

☐ Full Disclosure: Any protected health information Humana and its affiliates maintains, including mental health, HIV, health status or substance abuse records. This also includes sharing information on mail-order pharmacy, wellness products, and health programs with the person being authorized.**

☐ Limited Disclosure: You specify what PHI to share. Ex. condition or treatment information, a specific date range, or product type. Unless you limit by product type, information will apply to all products and services. _____

If Limited Disclosure was selected please indicate which product(s) apply: ☐ Medical and/or Prescription ☐ Vision ☐ Dental ☐ RightSource (becomes Humana Pharmacy in June 2015) ☐ HumanaVitality

This information may be disclosed to, and used by, the following person or organization (such as nursing home or care provider) to assist me with the Humana-owned products or services for which I am providing consent to disclose information: _____

Paper Receipt

A receipt is REQUIRED, especially when applications are taken in MAPA.

Your new member can use as proof of insurance when seeing providers until they receive their ID card.

Temporary Proof of Membership in Humana's Medicare Plans

Application ID number: _____

Member name: _____

Proposed effective date: _____

Plan name: _____

Primary care physician (PCP): _____

PCP phone (if applicable): _____

Copyment: PCP _____ Specialist _____ ER _____

Humana Medicare Plans 4776851E

Medicare plan: _____

Contract-PBP: _____

GR: _____ Rx plan: PCN: 03200000

BN: _____ BN: 610649

(Agent signature) _____

(Date) _____

(Member signature) _____

(Date) _____

Customer Care: 1-800-457-4708 (TTY: 711)

8 a.m. - 8 p.m., seven days a week Oct. 1st - Feb. 15th, and 8 a.m. - 8 p.m. Monday - Friday, the rest of the year.

24-hour authorization: 1-800-523-0023 (TTY: 711)

Doctor and hospital: HMO and PPO plans require authorization for all non-emergency and non-urgent services. Notification is requested for PFFS plans.

Providers can call 1-866-291-9714 for PFFS plan terms and conditions.

Humana is a Medicare Advantage organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in a Humana plan depends on contract renewal. Benefits, premium and member cost share may change each year.

Name of optional supplemental benefit (OSB) you are enrolling in:

☐ MyOptionSM Dental - High PPO ☐ MyOptionSM Vision

☐ MyOptionSM Enhanced Dental PPO ☐ MyOptionSM Fitness

☐ MyOptionSM Enhanced Dental HMO ☐ MyOptionSM Platinum Dental

☐ MyOptionSM Plus

Humana. Humana.com

The Sales Process

Step 9 - Wrap Up

Step 9: Wrap Up

Share final instruction > Say Goodbye

Consumer

The consumer knows the appointment is winding down. The person wants to know what will happen next, plus when they can start using the plan. They will want guidance on how to use the plan when they go to their doctor or pharmacy. Some agents make a mistake at this point in the process. They apologize that the appointment is taking so long (e.g., 1.5-3 hours). Do not. It devalues the importance of their health coverage. This may be one of the more important decisions they will make, considering the health and financial implications. Don't apologize for the time required. This is important work related to an important decision. The time it takes is time well invested.

The enrollee made a big decision and should feel good about it. The consumer wants to feel good, not fearful that they will later regret it. It is important for the agent to reinforce the enrollment decision and welcome the person to their Humana plan.

The Sales Process

You don't close a sale; you open a relationship if you want to build a long-term, successful enterprise.

—Patricia Fripp

Step 9: Wrap Up

The Sales Process

Sales Integrity

During an appointment for an MA or PDP plan, Career agents will discuss only those plans as agreed to in the Scope of Appointment. Agents are only permitted to present other health related products such as Dental, Vision, etc. in conjunction with an MA or Medicare Supplement product discussion/call. Agents are prohibited from cross selling any non-health related products at the same appointment/call for MA or PDP plans. Agents should make every attempt to notify a prospect if they are unable to make a scheduled appointment.

Career Agents that have been made aware of a prospect, client, or Humana member who wishes to have their name removed from a direct marketing list will act on that request. Agents are to forward the Do Not Contact Request to sales management/Direct Response Unit for proper handling. No additional contacts of any kind are permitted to be made to the person making the request.

Career Agents may not ask Medicare beneficiaries for referrals during a MA/PDP marketing event or personal appointment.

Career Agents must use their Humana email address for all company business. The use of personal email accounts are prohibited in communicating with members and prospects.

Career Agents may neither give nor offer a gift or payment of any kind to a prospective MA and/or PDP member as an inducement to enroll in a Humana plan. Agents may not offer any form of incentive, e.g. cash, gifts, etc., to a member as a reward for referrals provided by the member. An offer of a rebate in any form is strictly prohibited. CMS permits the use of gifts of a nominal value,

provided by the member. An offer of a rebate in any form is strictly prohibited. CMS permits the use of gifts of a nominal value, defined as an individual item having a value of \$15 retail or less, or aggregate items throughout the year worth \$50 or less, where prices are based on the retail purchase price of the item. Such items cannot be readily converted to cash. Career Agents may not provide meals of any value during promotional or sales activities.

The Sales Process

Step 9: Wrap Up

Overview

The button-up step starts when the consumer receives an enrollment receipt and ends when the agent exits the home.

During this step the agent explains what happens next, reviews a list of questions that confirm the agent covered all required points, the Career agent explains what happens next and how to use the plan, and the Career agent then asks the person to complete a member authorization form and to recommend the agent to others. Finally, the Career agent indicates when to expect a call, welcomes the person to the Humana family, and says goodbye.

Steps

1. Invite the person to complete the Member Authorization Forms for Humana and Humana Pharmacy or PrescribIT, which is voluntary. It allows Humana to provide information about additional products and other member opportunities.
2. Invite the person to complete the PHI Consent form, allowing Humana to share information with their designee.
3. Explain to the beneficiary their responsibility to [cancel any current IMM or Med Supp coverage](#) once the MA has been approved.
4. Explain that you will contact them by phone at approximately 10, 30, 60 and 90 days to ensure they have received their plan information and to otherwise be of service as their agent.
5. Ask the person to recommend you to others. Provide extra business cards.
6. Thank the person for joining the plan, selecting you as their agent, and joining the Humana family.
7. Leave the sales brochure, summary of benefits booklet, CMS plan rating sheet, and the drug list booklet, and receipt.
8. Pack your supplies, say goodbye, and leave the appointment.

[Member Authorization Form](#) (Some exciting news for you to share)

This link provides access to the in-home and seminar question and answer sheets. Additionally, the member authorization form.

[This link](#) describes the communication items members receive from Humana after joining a Humana plan.

The Sales Process

Step 10 - Post-appointmnt Tasks

Step 10: Post Appointment

1. Update the contact record.

- Add appointment notes to CORE. Shred your original, handwritten notes. If you made notes in MAPA,
- they will automatically transfer over

Create a Policy screen if the application was paper

2. Schedule follow up activities.

In CORE schedule follow up actions with the contact.

Tip: schedule a return visit about two weeks from the appointment date (i.e., during the non -AEP period). The appointment will head off customer service issues.

4. Submit the application and complete recordkeeping tasks.

If using MAPA, upload the enrollment within 24 hours. If an SOA and/or MAF was completed during the appointment via MAPA, those are automatically submitted with the application.

If paper forms were used, then follow this guidance:

Paper Document	Action
SOA, MAFs, and Consent Forms	<ul style="list-style-type: none"> • Cross-reference SOAs to Application • Close out unsold SOAs in Vantage • Submit paper SOAs, MAFs, and PHI forms periodically (e.g. weekly)
Enrollment application	Submit by fax or overnight mail within 24 hours. Keep original form in secure file or send to market office (i.e., your manager or MSA specifies that sending to the office is the local practice).
Notes	Enter into CORE, then shred

The Sales Process

After leaving an appointment or when back at your office, there are administrative tasks to perform.

See your manager for instructions on:

- Checking the CMS accretion date for an application
- Checking the status of a commission
- Accessing MAPA reports

Ask peer mentors for suggestions regarding:

- Records to keep about sales and sales administration. Find out about their recordkeeping practices. Ask about their folders for paper records - while folder names? What about for emails, what folders?
- Ask how they've set up their office workspace and their car, what tips they can share.
- Get them to show or tell you about apps they've downloaded for the iPhone or tablet that help with sales work.

Support Network in the Market

On Your Team

Market Manager - Always your first point of contact and trouble-shooting resource for all issues

MSA - Rely on your MSA for assistance with compliance-related questions and concerns

SMSE - Rely on your MSS for marketing materials and ideas

ASU - Agent Support Unit ... a secondary resource primarily for technical support and questions, or CORE/MAPA issue for which you do not have an answer.

Phone 866-921-6245
Email AgentSupport@humana.com

ARSOS - Agent Retail Service Operations Support ... assist agents in resolving member issues when members contact the agent for assistance with a customer service issue.

To understand when to use ARSOS and ASU, rely on this [job aid](#).

MRLAD (Training) - The training team will provide you with on the job training at [go/all](#) or other training opportunities at [go/trainingnewsroom](#). We will be here to support you through recertification and to provide on-going support throughout your career.

Corporate Marketing - Agent Online Application - Provides a vanity URL for marketing that you can add to your email signature, brochures, and business cards. The link will direct them to a Humana page that is yours where they can request a Medicare Consultation with you. You'll receive an auto-generated email with the heading "Medicare Lead" that looks like the screen shot below. Request the AOA from your MSS.

The Sales Process

Perfect Experience / Great Agent



The Sales Process

Click the below link to access Humana's Perfect Service page.

[Distinguish yourself.](#)
[Deliver Perfect Service. To](#)
[learn more about Perfect](#)
[Service:](#)

ner Service

Agent Support Unit (ASU)	866-921-6245 AgentSupport@humana.com
Humana Agent Retail Service Operations (RSO) Support	AgentRSOS@humana.com
Humana Pharmacy Critical Customer Service Issues	Rightsourcecriticalinquiry@humana.com
IVR for SOA - Humana	800-903-5493
IVR for SOA - CarePlus	888-685-8606
Agency Management IVR Line Certain commission and compliance information 24 hours a day, seven days a week.	855-330-8128
Humana Access [direct]	844-322-2347
CarePlus Access [direct]	844-522-2347
CarePlus Member Services	1-800-794-5907
Humana Medicare MAPD Customer Service	1-800-457-4708 (Rx issues for MAPD plans call 1-888-666-3319)
Humana Medicare PDP Customer Service	1-800-281-6918
Humana Medicare Supplement Customer Service	1-800-866-0581
Humana Billing Issues	1-800-992-2551
Humana Claims Issues	1-888-666-0716
Humana Enrollment Issues	1-888-319-2865
Humana Dental/ Vision Customer Service	1-877-877-1051
Humana Individual & Family (IMM) Customer Service	1-800-833-6917
Billing and Enrollment Hearing Impaired TTY/TDD	1-800-833-3301
Member Assistance Program (Humana MA/MAPD only)	1-800-767-6171
Mailing Enrollment Forms	Humana Medicare Enrollment Overnight Address: 2432 Fortune Drive Lexington, KY 40509 *All Applications Must Be mailed in with-in 24 hours
Faxing Enrollment Forms	Fax: 877-889-9936 *All Applications Must Be faxed in with-in 24 hours
Disenrollment/Reinstatement	Fax: 800-633-8188
Correspondence/Enrollment/ Disenrollment/Reinstatement	Humana PO Box 14168 Lexington, KY 40512-4168
Humana Pharmacy	800-379-0092 Fax: 800-379-7617
Humana Specialty Pharmacy	800-486-2668
Humana Pharmacy Customer Care	800-845-1265
CMS/Medicare	800-633-4227

Business Contacts

Load these contacts into your phone and/or Outlook

Travel or hotel needs

- Altour Travel 812-206-5220 or 888-752-8664

Workshop Contacts

- Victoria Bailey: 301.523.7236
- Ben St. Clair: 502.386.1646
- Joy Imperatrice: 602.317.4363

vbailey1@humana.com
bstclair@humana.com
jimperatrice@humana.com

Other contacts

- Tonya Shown, Training Coordinator, 1.800.486.2620, ext. 3516

- Humana (toll free): 1.800.486.2620

- Humana HQ switchboard: 1.502.580.1000