



Running an Effective Telephonic Consultation

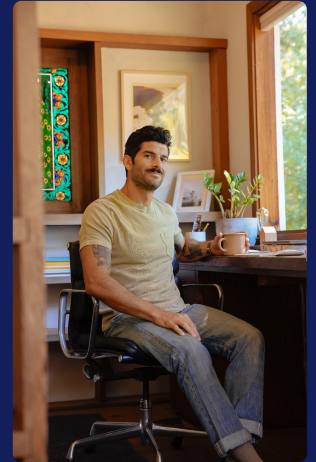


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Agenda

01 Required Need to Know & Disclaimers

02 Appointment Start Types & Preparing

03 Needs Analysis & Plan Selection

04 Plan Recommendations and Enrolling

05 Follow Up

✦ Need to Knows



- Call Recordings- are a **MUST**
 - Marketing, Sales, Over the phone SOA, and Enrollments
 - **Spark offers a Call Recording Program!**
- TPMO Disclaimer
 - **MUST** be read within the first minute of the call
- CMS Approved Script
 - You **MUST** use a compliant Script that has been approved by CMS each year
- You **MUST** introduce yourself as a “Licensed Sales Agent”
- Inform your clients this call will be recording and ask if they are ok with that
 - If they are not- appropriately end the call

Appointment Start Types

Each type of Phone Call has different regulations, requirements, and options when moving through the appointment and enrollment process.



Inbound Call
Wanting Plan
Options/Enrollment



Outbound Call
Lead List
Other PTC

✦ Setting the Appointment- Receiving PTC

SOA- 48 Hour Rule
Applies




- **Call** the prospect within 24 hours of receiving PTC.
 - Inform them how/why you are calling them. "You recently filled out a request to be contacted about your medicare options...."
- **Ask** for the appointment -
 - you filled out the card that you'd like more information about Medicare Plans.
 - Are you available XXX or XXX?"
 - Clients **MUST** call you for the appointment
 - Gather SOA now if possible- minimum 48 hrs prior
- **Ask them** - "Does anyone else help them in making healthcare decisions?"
- **Determine Eligibility** - You can do this on Sunfire for New Contacts!




✦ Setting the Appointment & Preparation


- **SOA** - Tell them you will need the Scope of Appointment signed and sent back.....offer to send immediately and stay on the line to help them complete if needed.
- **Needs Analysis** - Offer to send the Needs Analysis out for them to complete prior to the appointment. If you fill this out ahead of time, it will save us some time at the appointment."
- **Find these items on the Help Center or the Spark Platform!**
 - If they don't want to get together right away, ask them when they would like you to call them back - a week, month, etc.
 - Try different methods of contact if they don't answer calls - try texting or emailing them.
 - Stay in touch with them!






Search...

3

3



Home

Add contact

Beneficiary details

Prescriptions

Providers

Special needs

Opt-out

Contacts

Support

Activity

Dashboards

Back office

Settings

Add contact

* Required field

Data entry

☐ Beneficiary lookup
Must be Medicare eligible

☒ Manual

Contact info

* Preferred name

* Last name

Birthdate

Contact method (one required)

Mobile phone

Home phone

[+ Add another phone](#)

Primary email address

[+ Add another email](#)

Additional details

Preferred language

Note

Need help?

Select an option...

powered by Spark

Terms of service

Privacy policy

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- New beneficiary lookup feature at the top of the “Add Contact” workflow
- This feature is **ONLY** available for NEW contacts (this is a compliance requirement)



SOA & Needs Assessment on Platform

Home

Contacts

Support

Activity

Providers

Dashboard

Back office

Bailey Demolademo Female

(724) 555-5555

Prospect: Needs analysis

11/19/1958 (66)

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Important notes

Edit contact

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Edit contact

Edit contact preferences

Add support request

Add policy

Sign SOA

Send needs assessment

Quote and enroll

Send referral request

Mark as lost

Delete contact

Show more contact details

Olivia Davis

Needs analysis

Gather enrollment information with a **needs assessment** form or manually. When ready, **add enrolled policy** below.

Next action

Send needs assessment

Policies

+ Add policy

✦ Inbound Call- Gauging Call Topic

SOA- 48 Hour Rule
Doesn't Apply



- **Answering the Call:** "Thank you for calling <Spark Insurance Services/and downlines>. My name is <First and Last Name>. I am a licensed sales agent. Who do I have the pleasure of speaking with?" (Agent to wait for caller to respond).
- **Inform** them of recording
 - If they are not comfortable with recording- you will not be able to continue the call
- **Read TPMO**
 - "We do/do not offer every plan.... Please contact 1-800 MEDICARE or State for all option"
- **Ask them** - "How may I help you today?" LISTEN and GATHER information
 - Reason for calling, zip code, SOA if going into plan benefits



✦ Educate & Find Needs



1. **Lead with education** - ask them how much they know about Medicare
Briefly, go over Medicare A,B,C,D, and supplements if appropriate
 - Tell them you're going to ask some questions to help determine if there's another Plan that fits their needs or if their current Plan is best.
 - If you have sent them a needs analysis ahead of time and they have filled it out, you're going to review. If they haven't filled it out, you're going to fill in as you ask them questions.

 2. **"Our first step is to review what you currently have** - do you have your Medicare Card and any other cards you show at the Dr. or Pharmacy?"
 - "Let's talk about your current Plan. What do you like? What don't you like?"
 - "What are you looking for in a different plan?"
-

◆ Needs analysis

3. **Prescriptions** - if they have filled out the Needs Analysis, review prescriptions, making sure you have all that they take and the appropriate dosages.

If they didn't fill out Needs Analysis, input their prescriptions along with dosages.

- "Where do you get these filled? How do you like that Pharmacy? How much do you have to pay out of pocket when you get them filled? Are there any others close to your house?"

4. **Doctors** - "Who is your Primary Care Dr.?"

How do you like him/her? How long have you been seeing him/her? How often do you see him/her?"

- Specialists, Eye Dr, Dentist, etc. - same questions as PCP



◆ Needs analysis

5. **Other Questions:**

- Do you or your spouse work?
- Are you or your spouse a Veteran? Thank them for their service if they are.
- Do you receive any assistance paying for your prescriptions or your Drug Plan?
- Do you receive any Medicaid or assistance from the State?
- Do you travel often? How long gone?

6. **Summarize Needs/Wants** - ask them if there's anything else they would like to see in a plan.



✦ Needs analysis

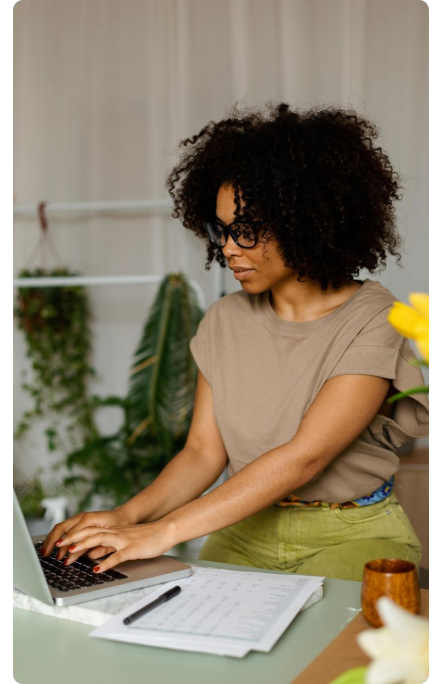


7. Plan Recommendation -

- Go into Q & E tool to look at Plans.
- Make sure Prescriptions are covered, Dr's are in network, and their wants/needs are met.
- Recommend one plan if possible - less choices are better. Can talk about 2 Plans if benefits are close and let them choose.

8. Plan Selection and Enroll

- Go over Summary of Benefits on chosen plan.
- Answer any questions and make sure client wants to enroll.
- Complete enrollment via Sunfire.





Remember when Enrolling

- **Recap Plan Selection**
 - “Based on what we have discussed, it sounds like you’re interested in Plan. Is that correct?”
 - “Is there anything you would like me to review again to ensure your understanding?”
- **Confirm Client Understanding and Complete Consent**
 - Enrollment, plan benefits and rules, Effective Date
- **Plan Requirements/ Disclosures**
 - Medicare eligibility/Part B premium/Federal Contracting statement
 - Detailed explanation of plan type and any rules of the plan
 - Ex: HMO- must use in network provider except in emergency

✦ Wrapping Up Appt



If enroll:

- Thank them for trusting you with their Medicare Plan Choice.
- Tell them you will follow up with them right after their plan goes into effect, but they can contact you with any questions.
- Give them business card, offer to put your contact information in their phone.
- Ask for referrals - "If you feel like I helped you with your Medicare Plan, please recommend me to any friends or family that may need my services. Here's a few of my business cards - feel free to hand them out."

If don't enroll:

- Thank them for their time
- Tell them you will follow up in the future - AEP, etc.
- Ask for referrals!





What Carriers Look For (Telephonic Scorecard)

- TPMO disclaimer read?
- Did the agent represent themselves correctly- not as an employee or representative of Medicare?
- Scope of Appointment appropriately captured?
- Agent does not require and/or pressure the beneficiary to provide MBI or other personal information
- Did the agent conduct a proper suitability assessment to identify beneficiary's needs/wants with no health screening?
- Did the agent ask "Does anyone help you make your healthcare decisions?"
- If the beneficiary said that someone helps them make their own healthcare decisions, did the agent offer to get that person on the line or offer a call back once they're available?
- Did the agent appropriately determine whether the enrollee had an eligible enrollment period?



What Carriers Look For (Telephonic Scorecard)

- Did the agent accurately disclose deductibles, PCP copay, specialist copay, inpatient hospital copay, and any other copays for services/items the beneficiary expressed that they need?
- Did the agent provide accurate information regarding prescription drug coverage?(Their drug costs, deductibles, pharmacy networks, etc)
- Did the agent accurately review provider/specialist network status?
- Did the agent make statements that were inappropriate, misleading, or inaccurate to influence the beneficiary's decision to make a plan selection? (e.g. Made unsubstantiated absolute (e.g. best, highest ranked) or qualified (e.g. one of the best, among the highest ranking) statements)
- Did the agent use “scare tactics” or high pressure sales tactics in order to push beneficiaries to enroll in the plan?



What Carriers Look For (Telephonic Scorecard)

- Did the agent confirm that the prospect wanted to move forward with the enrollment?(First&Last Name, Date, and "Yes")
- Were there any signs of cognitive impairment on behalf of the beneficiary or did the beneficiary express they did not understand the plan information being presented and the agent disregarded or failed to properly address?
- Did the agent read the appropriate CMS enrollment required disclaimers (e.g. Pre-Enrollment Checklist)?
- Did the agent inform the beneficiary of their right to cancel this enrollment?
- Did the agent obtain verbal attestation/consent from enrollee or authorized representative to enroll?
- Did the agent provide a confirmation number after the enrollment?
- Did the agent provide clear expectations for what to expect with transitioning to the new plan?
(When to expect cards/welcome packet, confirming effective date, providing contract information for questions/concerns)

✦ Follow Up

Within a few days of meeting send a handwritten Thank You card

Thank them again for their business, reiterate they can contact you with questions, and ask for referrals.

Stay in touch - check out Spark's Client Retention Program

Personal Touchpoints:

- Right after Plan goes into force - did they get their card, do they need help finding a dentist, eye dr., gym, or help with OTC?
- 30 days - any questions?
- 60 days - provide value - maybe send a flyer about dental, OTC, fitness, etc.
- 90 days - provide value





 Spark

Questions

Upcoming Webinars

We hope you'll join us for another upcoming webinar:

- **7/29/25**- Mutual Of Omaha new Hospital Indemnity Plan
- **08/13/25**- Compliance Do's and Don'ts
- **08/14/25** - AHIP Office Hours
- **08/20/25**- Guide to Quoting Med Supps
- **08/27/25**- Intro to Cross Selling (Ancillary)

View upcoming webinars and register at:
<https://lu.ma/sparkteam>



Thank You

CONTACT

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