

## MEDICARE PLAN ENROLLEE FOLLOW UP CALL GUIDANCE

This post-effective date outreach guide is a great way to bring consistency to your approach...

**WELCOME THEME:** "Understanding and utilizing your plan"

INT	TRO
	Ask if there are questions about plan benefits
	Ask if they have received their ID Card and explain what to do if they have not received it yet (ID Cards can be ordered through tools like <a href="MyHumana Registration">MyHumana Registration</a> *)
	Confirm New Member Orientation (NMO) date or discuss alternative NMO process
PCI	
	Ask if they have made initial contact with their doctor, encourage contact if not made yet
	Review the importance of using network providers
	Review how to access specialists
PRI	EVENTATIVE CARE
	Ask if they have had their flu/pneumonia shot yet. Let member know if they received it at a location besides PCP, to inform their doctor that they had the shot
	Ask if they have knowledge of their routine vision benefits, review if necessary.
DR	UG COVERAGE
	Review RX guidance tools
	Inform member of the benefits of Mail Order programs
CAI	REGIVER
	Determine if member has a caregiver and if so, send member a PHI consent form for the caregiver (Can also be done on Member Portal like <a href="MyHumana.com">MyHumana.com</a> )
OTI	HER/CLOSING
	Schedule office tour, or carrier local office or Guidance Center tour if applicable
	Explain Health Assessment call to Enrollee
	Remind them of HOS/CAHPS survey (only January – May). Explain the importance of completing this survey.
	Review if they have registered on their carrier portal (e.g. MyHumana.com) and the benefits of doing so
	Ask for referrals, including names and addresses, but do not request phone numbers
	Ask member to call you for assistance if they have any questions or issues using the plan
	Remind member to expect 60 day call



## MEDICARE ADVANTAGE ENROLLEE FOLLOW UP CALL GUIDANCE

INTRO  Ask if any questions about plan/benefits  INTRO  Ask if any questions about plan/benefits	·
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DDUG GOVERN GE	·
DDIIC COVEDACE	erience and plan
DRUG COVERAGE  ☐ Review of member's expe	
☐ Review RX Summary and/or EOBs usage thus far	
PROGRAMS PROGRAMS	
☐ Discuss Plan Rewards OR Vitality programs as applicable ☐ Remind members of all the available to them, including the standard of the standard to the standard of the standa	ng RX Summary
Discuss Value Added Services (Where applicable)  and tools that can help the pocket expenses	and tools that can help them reduce out of pocket expenses
☐ Discuss Telemedicine or Nurse Line resources OTHER	
☐ Discuss Silver Sneakers/Silver Fit where applicable ☐ HOS/CAHPS survey reminded applicable ☐	•
OTHER CLOSING	
<ul> <li>☐ HOS/CAHPS survey reminder (only January         <ul> <li>May)</li> <li>Remind members about S opportunities that their frimal may benefit from</li> </ul> </li> </ul>	
CLOSING Ask for referrals, including	sk for referrals, including names and
Ask member to call you for assistance if they have any questions or issues using the plan numbers.	quest phone
Ask for referrals, including names and addresses, but do not request phone numbers	
Remind member to expect 90 day call	