HUMANA
CALL CENTER

INSTRUCTIONS • QUESTIONNAIRE

Contact a Humana call center to inquire about a Medicare Advantage Plan and pose specific scenario questions. Calls must be made using CX Group's IVR (Interactive Voice Response) system.

Before You Begin

- Review your shop confirmation
- Know your scenario (background info)
- Know the knowledge question to ask
- Look up a doctor in your assigned area

Don't Forget!

- Record the call through CX Group's IVR
- Know the assigned area to present from
- Ask your assigned knowledge question
- Get the names of the screener/agent

General Requirements

- Read all instructions and the entire questionnaire before you complete the shop.
- Click here for a summary of Medicare and Advantage Plans if you are not familiar with them.
- Check your shop confirmation for the following:
  - ✓ Day and time to make the call
  - ✓ Scenario code of the knowledge question to ask
  - ✓ City, state, zip code, and county to say you live in
- Place the call through CX Group's IVR phone system to record the call (instructions below).
- The call center may store your phone number in their database. To avoid being identified:
  - Always use a different first and last name (an alias) for each shop you complete.
  - If asked about previous calls, say you just got this phone number (new to you), and the information stored in their system must be about the previous owner of the number.
  - If possible, call from a different phone number (ex: use a family member's cell phone) or use blocking technology (e.g., *67).
- Unsuccessful calls: If you cannot complete the call on the first attempt because the call is disconnected at any point, you reach voicemail, the office is closed, or you receive a busy signal, make at least one more call attempt before submitting your report. If you are told the office is closed, your second attempt must be on a different day during allowed call hours.
- Submit your report to shopperhub.cxgroup.com within 12 hours of completing the shop.
- Retain all documentation for six months following your shop.
- You or your immediate family members cannot currently nor have ever worked for Humana.

Scenario (Background Information)

Present yourself as a Medicare-eligible individual looking for a Medicare Advantage Plan with Prescription Drug Plan (MAPD). Individuals become eligible for Medicare at age 65. This shop requires you to be (or role-play to be) an individual who is over 65 and currently on Original Medicare only.

Scenario: Currently on Medicare (65+) and interested in a Medicare Advantage Plan

Present the following as your situation when prompted for information:

- You have Original Medicare (Parts A and B) only, and you were born in 1956.
  - If asked for your date of birth, give the year as 1956. Use your real birth month and day.
  - If asked for your Medicare Part A/B effective date, provide a date that starts on the first day of your birth month in 2021. For example, if your birth date is given as 8/15/1956, then your Medicare Part A/B effective date is 8/1/2021 (the same month as your birth, on the first day of that month, and in the year 2021).
  - If asked for your Medicare card, say you don't have it with you right now and you don't know your Medicare number.
- You do not have a Prescription Drug plan (Medicare Part D) but would be interested in one.
- You do not qualify for Medicaid or state assistance.
- You do not have a healthcare power of attorney.
- You live in the city, state, zip code, and county listed in your shop confirmation.
- You are relatively healthy and see a physician rarely.
  - Be prepared to provide the name of a doctor in your assigned area so the agent may verify if they participate in the plan. If the doctor is not in the plan, indicate you are willing to see a new doctor.
- You take <u>two</u> medications. Choose two of these medications to say you take. The agent may look them up to see if they're covered under the plan.
  - Daily for high cholesterol: Plavix 75mg, Crestor 5mg, <u>or</u> Lipitor 10mg
  - Daily for high blood pressure: Metoprolol 100mg <u>or</u> Bystolic 10mg
  - Daily for Fibromyalgia: Lyrica 75mg twice daily

Shop Instructions

Step #1: Call into CX Group's phone system to record the conversation

- Call into CX Group's IVR phone system at 866-265-6212 (toll free).
- Once you dial into the IVR system, you will be prompted to enter your assignment number. This can be found on your shop confirmation. Only enter the first series of numbers. For example, if your assignment number is 2089568-3658147, you would enter 2089568.
- After entering your assignment number, the system will ask you to dial the phone number you would like to call. Dial the call center phone number found in your shop confirmation, and follow the prompts. Do not dial a "1" before the area code once in the IVR system.

- If you receive a recording/voicemail, the call is disconnected, or you get a busy signal, hang up and call back later the same day (all call attempts must be recorded through the IVR).
- If you get an error message from the IVR when calling the 866 phone number, try calling 617-284-5807 instead (this is an alternate phone number for the IVR).
- You will get an IVR confirmation number. Write down the number and enter it in your report.

Step #2: Request information about Medicare Advantage Plans

- Important! Whenever you are asked for your city, state, zip code, or county, respond with the information found in your shop confirmation.
- You may initially be greeted by a "screener" who will collect basic information (name, zip code, and date of birth) before transferring you to a sales agent to review plans.
    - If asked, provide the date of birth as indicated in your scenario (background information).
    - Get the screener's first name (and last name if possible). If necessary, ask their name.
- Once plan review begins, if the sales agent has not indicated they are a licensed agent, ask them if they are a licensed agent.
    - Get the sales agent's first name (and last name if possible). If necessary, ask their name.
- State that you would like information about the Medicare Advantage Plans available.
    - Do not mention Humana specifically. Let the agent take the lead in the conversation.
    - Answer questions using your scenario (background information).
    - If the agent only provides plan names/costs, ask what the benefits are for the plans.
- Do not provide your Medicare card number, social security number, or full home address if asked for it.
    - If the agent says this information is required, indicate you would still like to continue the call and then enroll at a later date once you've made your decision.
- Do not sign up for a plan or move to the enrollment process. Tell the agent you're continuing to review your options and will contact them if you decide to join.

Step #3: Ask your assigned knowledge question before ending the call

- Check your shop confirmation for your assigned knowledge question scenario code (A or B).
    - Ask your assigned knowledge question at a natural time in the conversation.
    - Do not lead with the question, as it will sound out of place.

Scenario	Question to ask	Correct response/action
A	I see commercials about Part B Giveback and how some plans give you money back. How does that work, and are there any plans like that in my area? Does this require that I enroll in a Medicare Advantage Plan, or is it added on to my Original Medicare?	If the member enrolls in a Part B premium reduction plan, the member will receive a ($$) rebate on their monthly Medicare Part B premium. As a result, the monthly Social Security check will increase by the designated amount. The member does not have to complete any paperwork to receive this benefit. This rebate is refunded monthly and paid to Social Security by Humana/the plan. The agent should then confirm if there are any plans in your zip code.

B	I have heard about doctors being in and out of network. Tell me what that means and how that may affect me.	Providers who are in network are typically covered by the health plan fully or require the member to pay a copay/coinsurance. These will typically not require an authorization. Providers who are out of network are not covered in HMO plans or will require authorization and will typically have higher copay/coinsurance or member cost sharing in PPO plans. For example, an in-network PCP may have a $10 copay while an out-of-network PCP may cost the member $45.

QUESTIONNAIRE

Shop date:

Start time:

End time:

Compliance

1. Which of the following, if any, applies to your shop?

[ ] I was unable to reach a live person after two call attempts
[ ] The call was answered, but I was told no licensed agent was available for my area
[ ] The call was answered, but I was told no plans were available for my area
[ ] The call was answered, but I was disconnected before I could speak to a licensed agent (after two call attempts)
[ ] None of the above

2. Date and time of the call:

This is the date/time you spoke to an agent about plan information. Correct format: MM/DD/YYYY HH:MM AM/PM (example: 11/16/2022 3:45 PM).

3. Was your call transferred, or did the person who answered the call provide the information?

[ ] I was transferred to another person
[ ] The first person I spoke to provided the information
[ ] N/A – I was unable to complete the call successfully

4. If you were transferred to another person, enter the name of the first person you spoke to:

First name is required (also include the last name if possible). This is the greeter/screener who transferred you.

5. Did the sales agent who assisted you identify himself/herself by name without you asking?

[ ] Yes
[ ] No
[ ] N/A – I was unable to complete the call successfully

6. Name of the sales agent:

First name is required (also include the last name if possible). This is the agent who provided plan information.

7. Did the agent state they are a licensed agent without you asking?

The agent should not imply they work for the plan sponsor (health plan).

[ ] Yes
[ ] No
[ ] N/A – I was unable to complete the call successfully

8. Did the agent ask open-ended questions to better understand your needs before providing information or guidance?

[ ] Yes
[ ] No
[ ] N/A – I was unable to complete the call successfully

9. Did the agent at any time state that your Medicare ID, Social Security Number, or full home address is required for them to provide benefits information, allow you to ask questions, or obtain information on available plans in your area?

[ ] Yes, the agent would not provide local plan information without it and denied my request to continue without this information (call ended)
[ ] Yes, but upon my request to continue the call, the agent provided local plan information without this information (call continued)
[ ] No, the agent did not state this and provided local plan information
[ ] N/A – I was unable to complete the call successfully
[ ] N/A

10. If yes, explain what you were told was required in order to continue:

11. Did the agent ever act unprofessionally, use high-pressure tactics ("you can switch plans anytime") or use misleading phrases ("this is an add-on" without clarifying Medicare Advantage enrollment is required), or fail to respond to a question you asked?

[ ] Yes
[ ] No
[ ] N/A – I was unable to complete the call successfully
[ ] N/A

12. If yes, what statements were made?

13. Did the agent review the Summary of Benefits?

- *Answer Yes if the agent discussed all 5 of these topics: 1) Monthly premium; 2) Deductible; 3) Maximum out-of-pocket; 4) Physician visit costs (primary/specialist), and 5) Hospital Stays.*
- *Answer No if the agent did not discuss all 5 of these topics.*

[ ] Yes
[ ] No
[ ] N/A – I was unable to complete the call successfully
[ ] N/A

14. Did the agent offer to look up specific physician network status (in-network vs. out-of-network)?

[ ] Yes
[ ] No
[ ] N/A – I was unable to complete the call successfully
[ ] N/A

15. Did the agent offer to review coverage details for any medication?

The agent should inquire as to what medications you might be on and share pricing and tiering details. This may be referred to as looking up your medication on the formulary to confirm coverage.

[ ] Yes
[ ] No
[ ] N/A – I was unable to complete the call successfully
[ ] N/A

16. What knowledge question did you ask the agent?

Type the question as it appears in the instructions.

17. What did the agent do or say in response to the knowledge question?

Be specific when describing what the agent did or said.

18. Did the agent recap the information discussed and clearly explain the next steps available if you chose to continue?

[ ] Yes
[ ] No
[ ] N/A – I was unable to complete the call successfully

19. Did the agent communicate in a friendly, conversational way and make the information

easy to understand?

[ ] Yes
[ ] No
[ ] N/A – I was unable to complete the call successfully

Overall

20. Provide an overall summary of the shop and specific information about what material was covered:

Be specific when describing the conversation that took place with the agent. Include any information the agent provided, questions they asked, etc. If your call was unsuccessful, explain why, and include the date/time of all call attempts.

21. What time zone did you make the call from?

[ ] Eastern Time Zone
[ ] Central Time Zone
[ ] Mountain Time Zone
[ ] Pacific Time Zone
[ ] Hawaiian Time Zone
[ ] Alaskan Time Zone

22. Enter the area code of the phone number you called from:

23. Enter the zip code you provided to the agent:

Enter N/A if you did not provide a zip code.

END OF QUESTIONNAIRE