

VIVA MEDICARE Group Meeting Evaluation Form

Sales Representative: _____ Observer: _____

Date: _____ Time: _____ Facility Type: _____

Name of Facility: _____

Phone: _____ Number of Attendees: _____

1. Setup of Group Presentation

Pass Fail N/A

- ☐ ☐ ☐ Arrived 30-45 minute prior to presentation start time
- ☐ ☐ ☐ Materials on table (Business cards, pens, presentation books)
- ☐ ☐ ☐ Powerpoint Ready (if applicable)
- ☐ ☐ ☐ Group Meeting Sign visible at the location
- ☐ ☐ ☐ Made an introduction with each person
- ☐ ☐ ☐ Name badge visible

2. Probing/Listening

Pass Fail N/A

- ☐ ☐ ☐ How did prospect hear about the plan?
- ☐ ☐ ☐ What interested them about the plan?
- ☐ ☐ ☐ Determined what insurance each person has currently?
- ☐ ☐ ☐ Determined concerns/opportunities (how can our plan benefit them)

3. Presentation

Pass Fail N/A

- ☐ ☐ ☐ Agenda
- ☐ ☐ ☐ Scope of Appointment
- ☐ ☐ ☐ Eligibility
- ☐ ☐ ☐ Viva Background
- ☐ ☐ ☐ Retail Locations
- ☐ ☐ ☐ Enrollment Periods
- ☐ ☐ ☐ Assistance Programs
- ☐ ☐ ☐ Gave a good explanation of the Medicare Parts A, B, C, D and Medigap
- ☐ ☐ ☐ Went over Medicare out-of-pocket expenses
- ☐ ☐ ☐ Explained continuation of paying part B premium
- ☐ ☐ ☐ Went over Medicare Part D
- ☐ ☐ ☐ Star Ratings
- ☐ ☐ ☐ Gave an overview of Viva Medicare Plans
- ☐ ☐ ☐ Thorough explanation of benefits (copayment sheet)
- ☐ ☐ ☐ Explained the One Pager Benefit Page

6. Provider network

Pass Fail N/A

- ☐ ☐ ☐ Explained the role of the PCP
- ☐ ☐ ☐ Explained the member's hospital network choices
- ☐ ☐ ☐ Checked all providers to be sure they accept VIVA MEDICARE
- ☐ ☐ ☐ Explained open/closed networks effectively
- ☐ ☐ ☐ Reviewed out of network process/payment with prospect

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7. Medicare Part D

Pass Fail N/A

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Determined if prospect has current creditable coverage |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Identified if the prospect was dual or LIS and accurately explained their costs |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Explained the RX statements we mail out monthly – if applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Demonstrated how the member could use our formulary |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Checked all prescriptions/Asked about prescriptions if applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mentioned our mail order service for prescriptions |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Made sure prospects pharmacy accepted our plan |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Explained Part D deductible and process |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Explained the initial coverage phase |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Explained coverage during the gap phase |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | the catastrophic coverage phase |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Explained penalty for those refusing Part D |

8. Enrollment

Pass Fail N/A

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assisted prospect with all the correct forms |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Correctly marked the election period |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verified Special Election Period, if applicable, and received proof of SEP |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Explained enrollment procedure (welcome letter, mailing of plan materials) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Explained times of year when beneficiaries can make changes |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Explained effective date of coverage and how to obtain services prior to receipt of an ID card |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Explained how to cancel current coverage or that enrolling in VIVA will end current coverage |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gave the customer member service's phone numbers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Completed enrollment on iPad if service available |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Used client's name in conversation |

9. General

Pass Fail N/A

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Agent was prepared with the proper materials |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dressed and carried themselves professionally |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Used client's name in conversation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Agent controlled the conversation, did not let it get too off course |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Built a good relationship and thanked them |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Identified concerns and addressed them in a courteous way |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Asked open ended questions |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Advised what was best for the prospect |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Handled objections in a professional way |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Agent documented GM correctly |

Did the prospect enroll? _____ If not, why? _____

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Comments:

Signatures

Observer: _____ **Sales Representative:** _____