

Reducing Member Complaints Through Clear Consultative Sales Practices

Required Reading and Distribution: *Distribute this bulletin to your internal resources, as well as all agents/agencies in your hierarchy. You are required to ensure that you and your agents are familiar with the information contained in this communication. This Compliance Bulletin is intended solely for licensed agents. Do not distribute to clients, prospects, or any unauthorized individuals. You can find this bulletin and other helpful reminders and policies on Compliance - YourFMO under Bulletins and Other Guidance*

Key Takeaways

Clear expectations and a consultative approach help clients make informed enrollment decisions and reduce avoidable complaints. Please note, these best practices are not an all-inclusive list of applicable requirements.

Assess the Client's Needs

- Complete a thorough needs assessment. Review healthcare needs, providers, prescriptions, costs, current coverage, and expectations before discussing plan options.
- Explain the impact of a plan change. Discuss changes to providers, networks, benefits, costs, prescriptions, and existing Medicare Advantage or employer-sponsored coverage.

Verify Providers and Plan Networks

- Verify the complete care team. Use approved lookup tools to confirm the primary care provider, specialists, facilities, and other regularly used providers.
- Explain network restrictions. Some plans have narrow or limited networks, and some do not allow out-of-network providers. Confirm the client is comfortable using the plan's network.
- Follow carrier instructions. Use carrier rules when identifying a primary care provider; do not select a nurse practitioner or specialist when prohibited.
- Share support resources. Provide approved lookup tools and applicable carrier customer service or new-member support resources.

Present the Plan and Complete Enrollment Properly

- Present the full plan accurately. Explain benefits, limitations, requirements, costs, and disclosures without focusing only on a promoted benefit.
- Set realistic expectations. Clearly explain benefits that commonly generate questions, including OTC, flex, grocery, dental, and Part B giveback.
- Educate and confirm understanding. Address concerns directly, allow the client to make the decision, and do not proceed until the client is ready.
- Document enrollment. Obtain clear consent, provide the confirmation number or applicable confirmation information, and record all required marketing, sales, and enrollment calls, including web-based audio.

Complaint and CTM Requests for Information

- Respond completely and on time. Monitor designated channels and provide requested complaint or CTM information within the stated timeframe; delayed responses may affect resolution and commissions, when applicable.

