AEP Agent Toolkit

The Client Onboarding & Retention Guide

Overview

In this guide, you will find the ultimate framework for an AEP enrollment follow up, tips on how to retain more members, and how to handle situations where they may feel dissatisfied with their health plan.

Use this resource as part of your retention plan for ensuring your enrollments become & remain active clients on your books.

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3-30-60-90 Day Follow Up Plan

Ultimate Follow Up Framework

To truly support your clients, you have to do more than just make a sale! It's your job to help them understand the enrollment process and this allows you to earn their trust over time. The relationship you begin now is the key to a long-term client.

It's important to note compliance when it comes to applying this framework.

If the member asks about other "non-health-related" products, you must let them know that they will need to call you back. You can give them your direct phone number.

It's also important to note that you cannot market the ability to change plans during the Open Enrollment Period. If your client expresses dissatisfaction with the plan they're selected AND it's within the OEP (January 1 - March 31), you may discuss all applicable election periods with your client, such as OEP and SEP, if they qualify for an SEP. We've included tips on how to overcome dissatisfaction & help you retain your clients in this guide. However, if the client initiaties the conversation by saying things like: "I really don't like this plan, can I pick another plan?" or "Do I have to keep this plan until next October or do I have a chance to change it before it?" you can proceed with the OEP opportunity.

The Day 3 Call

"Thank you for enrolling..."

Making a courtesy call to your clients to thank them for enrolling and explain when they'll receive their important plan materials is essential to building trust and helping your clients feel more secure about their decision to work with you.

In this call, you'll want to the conversation to flow similar to this:

Introduce yourself & your agency and confirm you're speaking with the member. Thank the member for enrolling in {Carrier} {HMO/PPO/PFFS/PDP/Medicare Supplement} Medicare plan on {day of the week}. Let them know you'd like to walk them through what they can expect next.

Then do exactly that! Outline exactly what they will receive from the health plan they selected, and when it will arrive. These tiny details help members make sense of the enrollment process. Here are some of the important items to highlight and remind clients they should receive.

- Enrollment letters
- ID Card & benefits at a glance
- Plan coverage package

This is also a good time to encourage your client to access the health plan's member portal and familiarize themselves with their account to access more benefit details, claim statuses, and plan documents in one place.

The Day 30 Call

"Here's how you can use your plan..."

30-days goes by pretty fast! But a lot happens in that time that will set the stage for the coming year. 30-days after enrollment, call your client and walk them through some simple things they can do to make the most of what their plan has to offer. To ensure this call makes an impact, follow the outline below:

Introduce yourself and your agency and confirm you're speaking with your client. Remind them you're following up, just as you promised you would. Let them know you wanted to check in and talk about how they can use their plan to achieve their health goals. Follow up on topics you covered at the 3-day mark. By now, there could be questions about their plan, so start by asking how the first month went.

- Make sure they received their ID card and coverage package
- If your client indicates the premium amount is not the same as what was discussed during the enrollment, review their account and explain any reasons that their premium might be different (e.g., Late Enrollment Penalty requirement assessed by CMS for beneficiaries who delayed enrolling in a prescription drug plan.)
- If your client hasn't created an account on the health plan's member website, encourage them to sign up to take advantage of the resources available in the member portal.
- Dive into the benefits they should take advantage of immediately

You will want to finish the call with clear next steps. Encourage your client to make contact with their doctor. This will give you an opportunity to review the importance of using in-network providers & specialists. Remind them you'll be checking back in with them in about a month to follow up.

The Day 60 Call

"More benefits are available to use..."

By now, your client should be feeling comfortable using their new health plan. That means it's a good time to explain the advanced benefits and value-added services built in to their health plan.

After you've introduced yourself and confirmed you're speaking with your client, clearly state the purpose of your call which is to check in and talk about the value-added services that come with the plan they may not know about. Use the outline below to navigate the 60-day call conversation:

- Find out if they have seen their primary care physician yet.
- Ask for thoughts about the plan. How was the experience been so far?
- Let your client know about the different benefits included in their plan like:
  - Over-the-counter allowance & catalog
  - Transportation benefits (if available in their plan)
  - Food card and/or programs (if available in their plan)
  - Gym membership & fitness programs
  - Dental, vision & hearing allowances (if available in their plan)
  - Nurse-line details (if available in their plan)

Close the call by making sure they feel supported in their health plan. Remind them you'll be checking in again next month and provide any of the resources you discussed on the call.

The Day 90 Call

"Don't forget preventive care..."

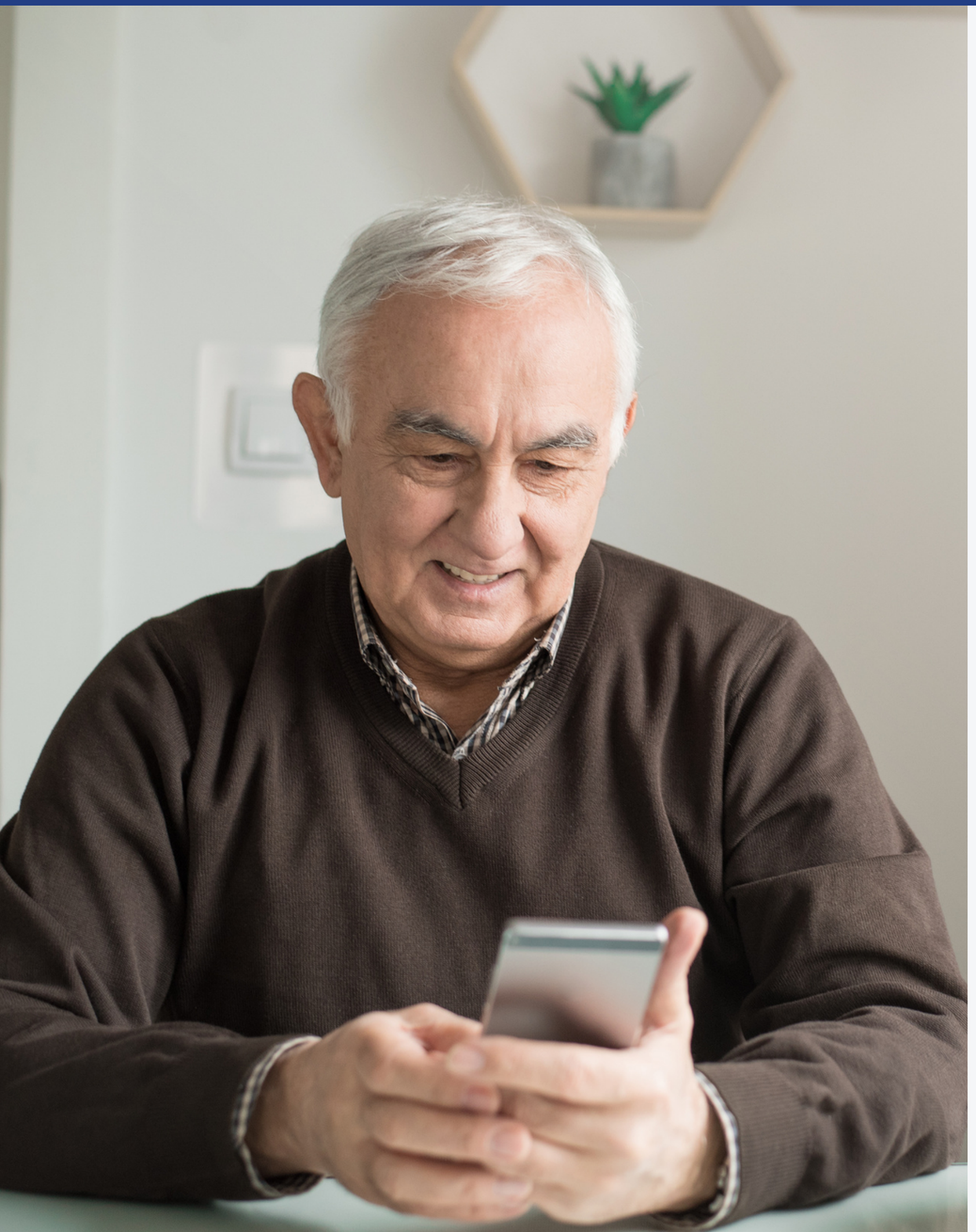
Client retention is a year-round investment. The more value you add to your relationships, the more it builds trust in your relationships. And the more likely it becomes that your clients will talk about you with friends and family.

It's the retention circle: when clients are more engaged in their plan, they're usually happier with their plan! And the happier they are, the more likely you are to keep them as clients.

You've already done the hard work getting your client engaged with their health plan. Now it's time to get them engaged with their health too! Let them know you care more about a sale and their business, let them know you care about them. After you call your client, introduce yourself & confirm you're speaking with your client and move into the following conversation topics:

- Follow up on the last call and ask if they've been using any of the services you discussed last time
- Ask them if they've had a conversation with their primary care physician about preventive screenings
- Remind them of SEP opportunities that might help their friends & family
- Ask for referrals, including names and addresses, but don't request email or phone numbers.
- Schedule review of other products with your client if you have not already done so!

After 90-days, it's important to keep the relationship growing by sending birthday cards, holiday cards, and asking for referrals. Be sure to call your client in October & November to discuss plan changes and enhancements, and beginning October 1, schedule reorientation seminars that get your clients up to speed on what's to come in the upcoming year.



What Members Need When Their Plans Become Active

Understand what their coverage is, what their costs will be, and what benefits are available in their plan.

Know how their health insurance plan works and what processes they need to follow to get the care & equipment they need.

Easy access to the healthcare services and items they need & want.

Feel comfortable about the resources available to support their health and wellness goals.

What You Can Do for Effective Onboarding

Educate your clients on the four key elements of their health plan.

- ✓ Using in-network provides to maximize their plan coverage & minimize their out-of-pocket cost.
- ✓ Filing prescriptions at preferred cost-sharing pharmacies for the lowest copays.
- ✓ Referencing their Summary of Benefits to find cost information for services and provider visits before visiting the doctor so they know in advance the cost of their service or visit.
- ✓ Knowing how to get Durable Medical Equipment (DME) through their plan coverage and the right steps to follow.

Remind them about related plan coverage & benefits

While you're discussing providers with your clients, be sure to remind them about their related plan coverage, benefits, and programs available. But remember, only discuss benefits and programs that are on their specific plan.

Here are some examples of benefits to discuss:

It's always best to start with their Primary Care Provider to begin the Specialist Referral Process.

Show them how to use their Summary of Benefits to confirm costs of services and providers such as Urgent Care, the Emergency Room, and inpatient hospital stays.

Explain their drug costs & monthly breakdown, and who to contact for reconciliations, medication-therapy management.

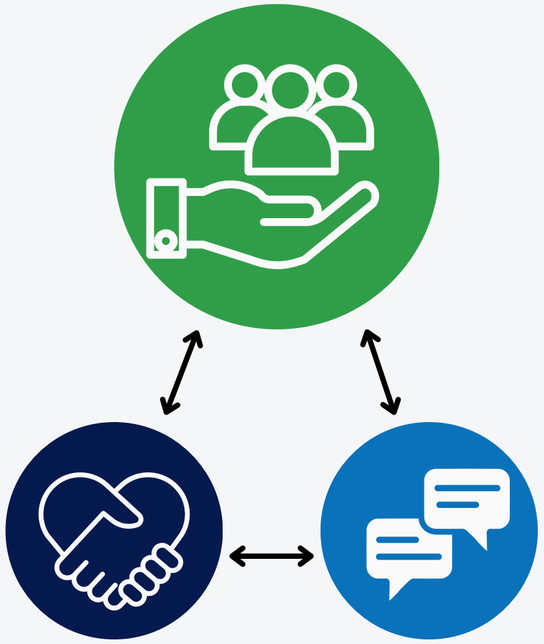
Encourage them to utilize their gym membership or discounts for fitness to stay active & healthy.

Remind them about their transportation benefits to and from the doctor and how to setup the transportation, if available on their plan.

Remind them about their over-the-counter (OTC) allowance for vitamins, supplements, and other health & wellness products.

Ways to Prevent Member Dissatisfaction

Reminding your clients how to take advantage of their plans, helping them avoid unpleasant surprises and giving them insight into their benefits is important for client retention. You can also focus on mitigating client dissatisfaction using these three important tools:



Service

You need to show your clients you put them & their needs first. Go above and beyond to solve their needs! That could take any number of actions, big or small, depending on the client needs. For example, it could be as simple as helping them activate their health plan's member portal and learn how to use it. Or maybe they're struggling with food insecurity, and you can connect them to a local food bank. If you're not sure what to do to help someone, reach out to your local support team for guidance & ideas.

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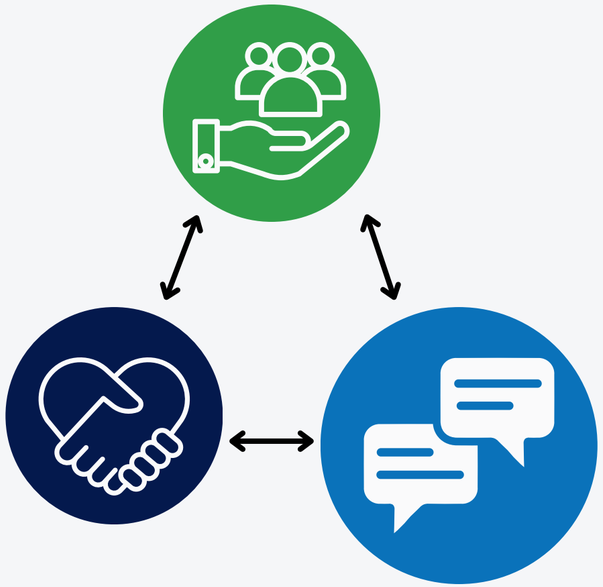

Communication

Proactive communication is integral to making sure clients feel satisfied with their plan. This helps prevent negative surprises. You can give clients a heads up and let them know they can reach out to you anytime with questions, concerns or to get support. Stay top of mind all year long with regular check-ins, birthday cards and reminders. Remember, when communicating, you must comply with all CMS Communications & Marketing guidelines. If you're unsure if your materials comply, connect with your trusted source for all things compliance to confirm.

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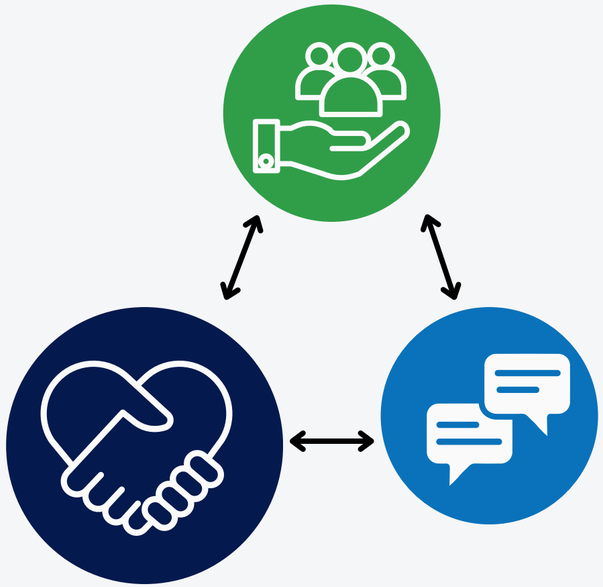

Trust

When you prove yourself through service and proactive communication, you establish trust with your client. They will see you as someone they can rely on who has their best interests at heart. In turn, they'll likely give you their loyalty for the long run. They'll be less likely to be lured away and more likely to come to you first.

Examples of what you should listen for when it comes to member dissatisfaction

"My doctor isn't in this plan's network."

"My prescription isn't covered by this plan."

"This plan is confusing or difficult to use."

"Nobody told me about this process."

"Why doesn't my plan have the benefits I heard about in this other commercial?"

"This isn't the plan I thought it was."

How to Address Your Client's Concerns

Provider Concerns

Of course, confirming a client's Primary Care Physician (PCP) before enrollment and making sure that the provider is in the plan's network is the best policy. If you discover a plan's network does not include a member's primary care provider, you can first educate them about in-network providers for that plan to see if they are interested in switching providers. As we age, we may need to reevaluate our health care needs and provider options.

Most health plans have a "Find a Doctor" tool on their website with ratings to help members find in-network providers who may be a good fit. As a health insurance agent, you have the power to help people improve their health and well-being.

The right doctor for your client's needs is the next step because the right doctor will amplify the benefits of the plan you just sold. This process should be led by your client. If a prospect or client does not express interest in switching providers and does not want to include ratings as part of their decision-making process, you should not encourage them to switch their PCP or consider the ratings. You should never steer a client or prospect toward a particular PCP either. Always ensure your client or prospect understands that they can choose any provider in the network.

If your client does not want to switch doctors, see if they qualify for a Special Election Period (SEP) so they can switch to a plan that covers that provider.

How to Address Your Client's Concerns

Confusion & Difficulty Using Plan

Next, your client might be confused about their plan or have difficulty using it correctly. To help, first try to identify the barriers. Maybe they need help understanding the Summary of Benefits or they need you to walk through the Durable Medical Equipment (DME) process with them.

Find out what the point of confusion is and try to alleviate it.

You will want to educate them about key insurance terms like copays, deductibles, coinsurance, and maximum out-of-pocket costs. Remind them how everything works together.

Repeat key processes for common points of confusion like using in-network providers, getting specialist referrals and the DME process.

Be sure they know they can turn to you or the Customer Care for their health plan with questions or concerns.

You can also see if they qualify for an OEP or SEP if they want to switch plans. But remember, you can not market for OEP and can only suggest using OEP if your client expresses dissatisfaction with their health plan.

How to Address Your Client's Concerns

Process Concerns

There are always times when your clients may have concerns regarding the process.

The first thing to do is see what's going on and where the problems are occurring for the client. Did a step get skipped along the way? Did they not enter all the information that was needed?

Remind your clients of the correct steps to take, and that you & their health plan's Customer Care team is a resource as well. If they're still dissatisfied, you can see if they qualify for an SEP to switch plans.

How to Address Your Client's Concerns

Buyer's Remorse Concerns

Another common concern is buyer's response. In the first step of addressing this concern is to ask what and why your client may be worried about.

Maybe their transportation rides aren't enough. In this scenario, you could remind your client that they could utilize virtual telehealth visits, or use a provider that makes house calls. You could also connect them to local community transportation services from non-profit or government organizations.

Educate them about all of their plan benefits and other value-added discounts and services.

If they want to switch plans, see if they qualify for an SEP.

Star Ratings Basics & Why They Matter

Medicare Star Ratings are given to Medicare Advantage and prescription drug plans. For Medicare Advantage, they are for Medicare Advantage plans with and without prescription drug coverage, MAPD and MA-only plans.

The ratings are released annually in October for consumers to use during the Annual Election Period and throughout the following year. The ratings are meant to empower Medicare consumers and give them information they can use to determine if a plan is right for them.

They are created by the Centers for Medicare & Medicaid Services (CMS), a government agency, based on objective measurements as well as the experiences of real people.

The rating scale ranges from one to five stars, one star means a plan was rated as poor, up to the highest rating possible, five stars, with a rating of excellent.

Why do Star ratings matter to consumers?

Medicare Star Ratings provide transparency about the quality, consumer experience, ease of access to healthcare and level of service about an MA/MPD or PDP plan. These objective ratings can help them determine the right plan for them.

Star Ratings Scale

Poor ★

Below Average ★★

Average ★★★

Above Average ★★★★

Excellent ★★★★★

The more stars a plan has, the higher its overall quality and performance rating as compared to other plans of the same type.

Plus, the plans rated four stars and higher receive quality bonus payments. The carrier can then use these bonuses to reinvest in future plans with reduced cost sharing and increased benefits.

This benefits consumers as their costs may be lower, while at the same time, they get added value through increased benefits and services.