



Compliant Follow-up After AEP

You may think your job is done once you close the sale- but that couldn't be further from the truth. Your process for following up with your clients is a crucial part of being a successful Medicare sales agent. If you aren't currently doing it- now's the time to start!

By not following up with clients, you could be losing business. More importantly, checking in with them can show that you care whether or not they are happy with the plans you've enrolled them into. If you're concerned about staying compliant with the Centers for Medicare & Medicaid Services (CMS) and the Medicare Communications and Marketing Guidelines (MCMG), we're here to help you with that, too.

Why is Following Up So Important?

The best agents know their success is largely based on positive and effective interactions with clients. You don't want to give off the impression that you're only in this line of work for the money. By making a habit of following up with them, you can create a reputable name for yourself as an agent. It lets them know you're dedicated to helping ensure their happiness and truly care if they're satisfied with their plans.

The main reason to check in with your clients is to see if they're satisfied with their current coverage or if there is an unforeseen change that would make their current plan not suitable for them. If they aren't satisfied, you can help them switch to a different plan. The last thing you want is for another agent to come in and steal your business if your client goes elsewhere looking for a plan. Let your clients know that you're sorry they're unsatisfied and will do your best to find them a plan that's a better fit. This is especially important following AEP. The recently reinstated OEP gives other agents an opportunity to do just this. Make sure YOU are the agent who ultimately ensures the beneficiary is in the most suitable plan!

Keep Your Clients Happy While Staying Compliant

It's very possible that some of your current clients may not be happy with their coverage once their plans become active and would like your help to change it. Prior to 2019, there were limited options for making a switch once a beneficiary is enrolled in an MA plan. As of 2019, Medicare beneficiaries now have an option to change a plan known as the Medicare Advantage Open Enrollment Period (OEP). There are some prohibitions of OEP marketing. Because of this, it's important to understand the do's and don'ts of following up during the Medicare Advantage OEP, which takes place from January 1 to March 31 for individuals enrolled in an MA plan as of January 1 to make a one-time change.

There is also an OEP for new Medicare beneficiaries who are enrolled in an MA plan during their Initial Coverage Election Period (ICEP). For these new MA enrollees, they have an MA OEP to make a one-time change. The OEP for new Medicare beneficiaries begins the month of their entitlement to Part A and Part B and ends on the last day of the third month of

entitlement. There are several stipulations and marketing rules for the OEP, but don't let these deter you from helping and following up with your clients.

During the OEP, beneficiaries can switch to a different Medicare Advantage plan or disenroll from their Medicare Advantage plan and return to Original Medicare. They can also pick up a stand-alone Part D plan (if needed) and a Medicare Supplement plan. As an agent, your goal is to enroll a beneficiary in a plan that is most suitable to their needs. Therefore, **at the time of their original enrollment, you may not use OEP as an enticement or selling point to encourage enrollment.** You can certainly advise your client to notify you should their situation change following the enrollment. You can and should also check in with your clients after enrollment to ensure they're satisfied. However, **in relation to follow-ups and the OEP, you cannot send beneficiaries unsolicited communications about the OEP or their ability to make any additional changes to their coverage.** Instead, you can start with a simple follow-up email or call to see how they're doing (without mentioning changing plans).

When it comes to follow-ups, the best way to stay compliant is to **let your client be the one to express dissatisfaction and suggest meeting to change plans.** At this point, you may discuss all the election periods in which your client can change plans, such as the OEP or a Special Enrollment Period (SEP), if your client qualifies. Examples of clients outwardly expressing dissatisfaction can include but are not limited to:

- "I don't really like this HMO plan I chose. Am I allowed to pick a different plan?"
- "Do I have to keep this plan until the next Annual Enrollment Period?"
- "Can you please tell me about the other plans in my area?"
- "My doctors are no longer in the provider network."

Being afraid of CMS regulations isn't a good excuse to not follow up with your clients. Following up can build loyalty and boost your business. Check in with them from time to time and do your due diligence to keep them satisfied. They will thank you — and probably recommend you to their family and friends due to your great customer service!

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