

Top 10 to Avoid Receiving Member Complaints

1. Verify enrollee's **eligibility**. Make sure to include enrollee's Medicare HICN number on the application.
2. Confirm enrollee's **providers are participating**.
Use the online search tools available to you. Providers may participate in one plan type and not another in the same area (i.e., may participate with HMO, but not PPO). Only advise if the provider/facility is or is not currently an in-network provider/facility. **Do not** comment that a provider/facility may participate with the plan in the future.
3. Provide and explain **plan's benefits, limitations and rules** including copays, coinsurance, Coverage Gap and Part D Penalty.
4. Verify enrollee's **medication coverage** through online search tools available to you or reference www.medicare.gov. Provide tier level and any restrictions (i.e., prior authorization, quantity limit, step therapy). Also, explain preferred vs. non-preferred pharmacy, if applicable.
5. Explain enrollee is **not joining a supplement plan**.
Be clear that an MA plan *replaces* Original Medicare as the primary insurer. If the enrollee has a Supplement, it will **not** pay with this plan.
Enrollment in an MA plan will not automatically disenroll an enrollee from a Supplement plan.
6. Verify the **Election Period**. Choose the appropriate election period for the enrollee.
7. Explain the **Cancellation/Disenrollment** process.
8. Ensure **proper plan** selection on the application.
9. Conduct a **final review of the enrollment form** and confirm *all* information is complete.
10. Verify **enrollee understands** he or she is completing an enrollment form.