PREMIER®
SENIOR MARKETING, INC

Best Practices to Avoid Member Complaints:

- ❑ **Complete a thorough Needs Assessment with the consumer to understand the consumer's medical, prescription, and financial needs.**
- ❑ **Recommend the best plan suited for the consumer based on those needs.**
- ❑ **Explain how the consumer's needs are being met by this plan.**
- ❑ **Review the Summary of Benefits page by page with the consumer.**
  - o Place additional emphasis on the copayment and coinsurance topics.
  - o Advise the consumer whether or not the particular benefit plan has an annual limit on the maximum out-of-pocket amount of cost sharing for in-network and out-of-network services (if applicable)
  - o Inform the consumer that a Medicare Advantage plan may limit the annual out-of-pocket maximum a member pays for cost sharing.
  - o Notify the consumer that there are no limits on the out-of-pocket spending for cost sharing in Medicare Part A and Part B.
- ❑ **Review all benefits, including customized features, cost sharing (deductibles, copayments, and coinsurances); and all plan terms, conditions, and limitations.**
  - o Then discuss with the consumer what benefits they are looking for, what benefits are important to them, and clearly inform the consumer whether or not those benefits are covered by the plan.
- ❑ **Be sure to inquire about any assistance they may require or receive for paying medical or prescription costs.**
  - o If a consumer receives Medicaid or Low Income Subsidy (LIS) cost-sharing help, do not guarantee a particular copayment or coinsurance cost to the consumer.
  - o Advise them the State will determine the level of cost-sharing help.
- ❑ **Explain the service area, prescription drug formulary, coverage gap, catastrophic coverage, and tiers.**
- ❑ **Identify what services and medications the consumer is currently using and clearly inform the consumer whether or not those services or medications are covered by the plan.**
- ❑ **Disclose how in-network and out-of-network differ and research whether the consumer's provider(s) would be in-network or out-of-network.**
  - o Explain that Health Maintenance Organization (HMO), Health Maintenance Organization Point-of-Sale (HMO-POS), and Preferred Provider Organization (PPO) plans have a contracted network of doctors, specialists, hospitals, and pharmacies.
  - o Ensure that the consumer is aware whether or not the plan requires a Primary Care Physician (PCP) referral for specialist visits.
  - o Utilize the Plan Provider Directory and/or contact the provider directly to verify that they are in-network.
- ❑ **Utilize additional probing questions and seek consumer feedback to confirm the consumer understands the plan and agrees the plan is the right fit for them.**

Email Questions to: compliance@premiersmi.com