



Avoiding the Most Common Agent Complaints

PURPOSE: This job aid will give guidance on the most common complaints against agents and how to avoid them.

Note: This should not be used during an in-person sales appointment.

REMEMBER: *Complaints against agents are NOT just about agent error!*

Complaints also happen when the member is confused or unclear. Always make sure your member fully understands what you are saying.

Benefits & Presentation Checklist:

- Take the time to review all features and benefits of the plan including RX if applicable. A thorough review of the plan decreases the likelihood of buyer's remorse and decreases complaints. Full disclosure means fewer sales lost due to member cancellation or disenrollment.
- Use the CMS approved Summary of Benefits to conduct a thorough review of the plan's benefits.
- Determine if prescriptions are covered by the plan when requested by the beneficiary. Use only Humana approved RX lookup tools or the plan's drug list.
- When estimating prescription coverage, be sure to verify the dosage and form of the medication (tablet vs liquid, etc.).
- Do not assume that a drug covered last year is still on the formulary.
- Verify participating providers via Physician Finder Plus or the Provider directory for the plan. Be sure to quote the correct cost share amounts based on whether the provider is in-network or out-of-network.
- Ask follow up questions throughout the presentation to confirm that the beneficiary has an understanding of the plan benefits.
- Be careful when using LIS or Medicaid status to quote deductibles and copays for both medical services and prescriptions. Inform the beneficiary that their level of Extra Help may affect the amount they are paying for services. The agent should also provide the full cost of the plan in case the consumer was to lose their LIS or Medicaid. This way the consumer will have full awareness of their potential financial obligation.

Eligibility and Enrollment Checklist:

- Take the time to review the application to ensure complete and accurate information is gathered during the enrollment.
- Review all available Election Type Codes and how to determine the correct effective date.
- Clearly inform beneficiaries the Medicare Advantage plan being discussed is NOT a Medicare Supplement plan and explain how the two types of plans are different.
- Enroll members only when given express consent.
- Know how to locate an in-network provider for the enrollee.
- Follow established procedures while presenting plan benefits and completing enrollments.
- Familiarize yourself with Humana's electronic signature methods for MAPA and FastApp.
- Only use the beneficiary's email address to send an e-signature. If the beneficiary does not have an email address, choose another signature method.
- Be knowledgeable of the plans you present.
- Know and follow CMS and Humana rules.

Provider Participation Checklist:

- Make sure the member has a clear understanding of how the plan works.

- Have a clear and open discussion with the beneficiary about:
 - The type of product selected
 - The applicable provider network and how the member will access provider care

- Use only Humana published provider lists to verify whether a provider is part of the plan network. These are:
 - The Physician Finder Plus e-tool found on Humana’s website.
 - A paper directory

- Make sure you look up the individual PCP to confirm they are part of the network. Sometimes a provider practice can be in-network, but an individual PCP within the practice may not be.

- Share and demonstrate how to use the plan’s provider directory with the new member.

- Use the terms ‘in-network’ or ‘out-of-network’ when referring to provider participation. Using words like ‘this provider takes your plan’ does not accurately describe the provider’s participation with the plan and causes confusion with our members.

- Don’t assume that because a provider is participating with our PPO plan that they are contracted with our HMO and vice versa. Agents must verify that providers are “contracted” or “participating” with the specific plan presented to determine provider participation accurately.

- Don’t contact the doctor’s office to determine if a provider is in network. Too often agents aren’t asking the right question or the person they are talking to may not understand the plan or network participation differences; thereby giving erroneous answers.

- Don’t suggest that a provider is or may be joining Humana’s network. If pushed by the applicant, say, “the provider is not currently part of the network.”