



Course 5:

Managing Your Medicare Business

From pre-sale support to long-term client relationships

myicbn.com

888-341-4314



The BASICS



STEP 1 SIGN UP FOR ORIGINAL MEDICARE



Part A
Federal Government
Inpatient Hospital Care



Part B
Federal Government
Outpatient Care & Doctor Visits

STEP 2 SELECT AN OPTION FOR ADDITIONAL COVERAGE

OPTION 1



MEDICARE SUPPLEMENT
Private Insurance Company
Secondary coverage for
Out-of-Pocket Medicare costs



MEDICARE PART D PLAN
Private Insurance Company
Prescription Drug Coverage

OR

OPTION 2

MEDICARE ADVANTAGE
Private Insurance Company



Part C
Combination of Part A
& Part B coverage



Part D
Some plans include
prescription drug coverage



May offer benefits not
covered by Original Medicare

Clarity in Opposition

OPTION 1 MEDICARE SUPPLEMENT + MEDICARE PART D

Pros:

1. Controls Costs associated with Original Medicare — Predictable Out-of-Pocket Costs
2. No Network
3. Set It and Forget It

Cons:

1. Price | Expensive and increases over time
2. Does Not Cover Prescription Drugs (Requires 3-pieces of insurance: Original Medicare + MedSupp + Part D)
3. No Dental, Vision, Hearing, or Other “Extras” Included



OPTION 2 MEDICARE ADVANTAGE

Pros:

1. Price - \$0 or low premium policies
2. One-piece of Insurance - May cover Prescription Drugs (MAPD)
3. Includes “Extras” like Dental, Vision, Hearing, OTC, or other benefits

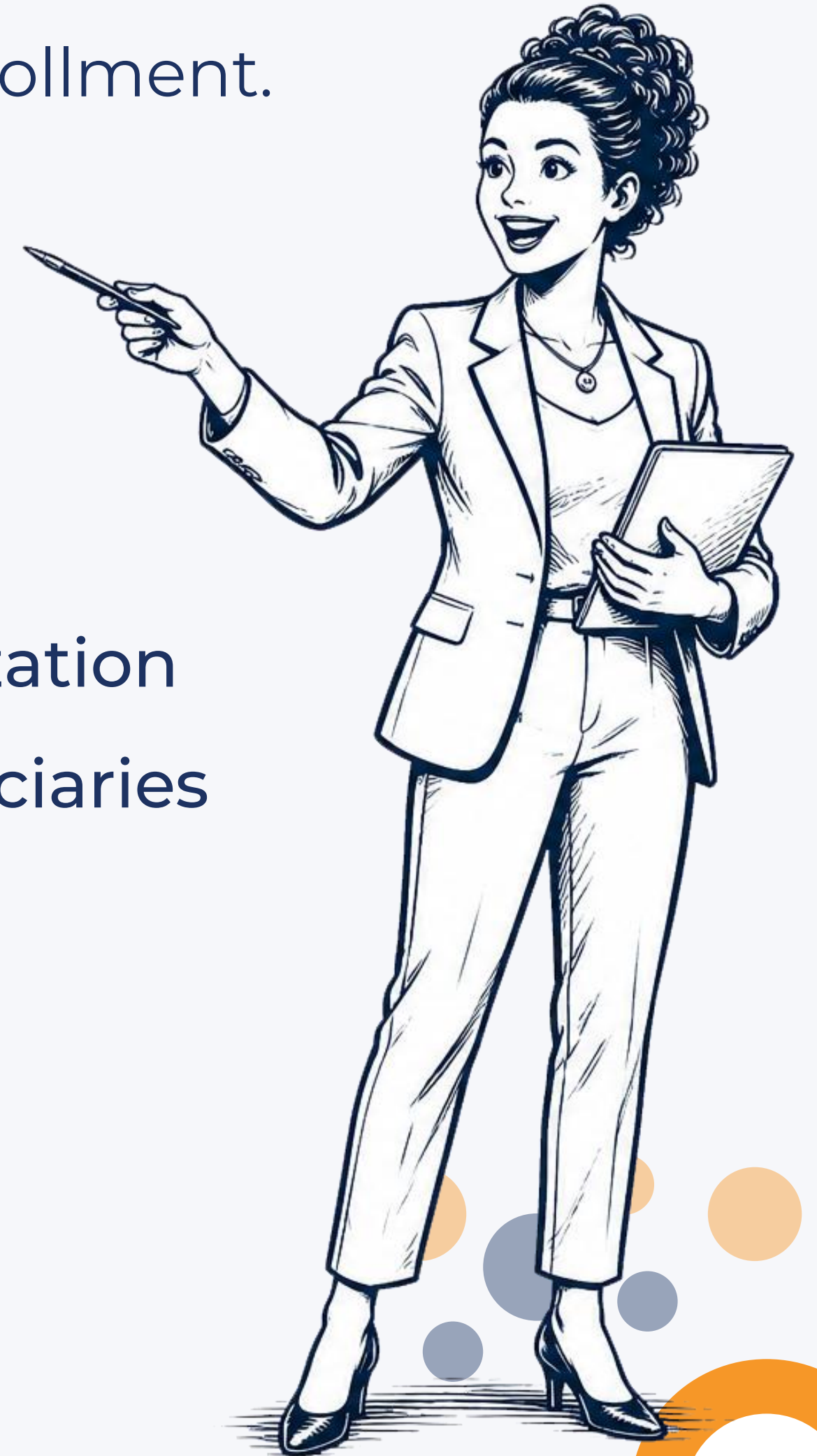
Cons:

1. Unpredictable usage costs – co-pays | co-insurance, and deductible expenses; does have annual maximum out-of-pocket limit
2. Must use the Network!
3. Annual Program Review due to updated formularies, networks, & benefits

AGENDA

Deliver a better client experience before, during and after enrollment.

- **Pre-sale** customer service and support
- **Post-sale** customer service and support
- **Handling beneficiary** inquiries and concerns
- **Managing** renewals and policy changes
- **Leveraging** data analytics for business growth and optimization
- **Establishing** long-term relationships with Medicare beneficiaries



The Sales Journey



What do I Need to Do to Get Ready?

PRE-SALE

Prepare → PTC → SOA

Understand the client's needs and guide them through their options.



PLAN RECOMMENDATIONS

Review available plans using the approved tools/platforms



ENROLLMENT

Execute

Complete the enrollment accurately and efficiently.



POST-SALE

Support

Set expectations, answer questions and follow through.



LONG-TERM RETENTION

Stay connected, review changing needs and prepare for future opportunities.

Every step shapes the client experience.

GET READY!

!! KEEP REPLENISHED !!



1.

Order enrollment guides from all the insurance carriers you have appointed and RTS (Ready-To-Sell) status

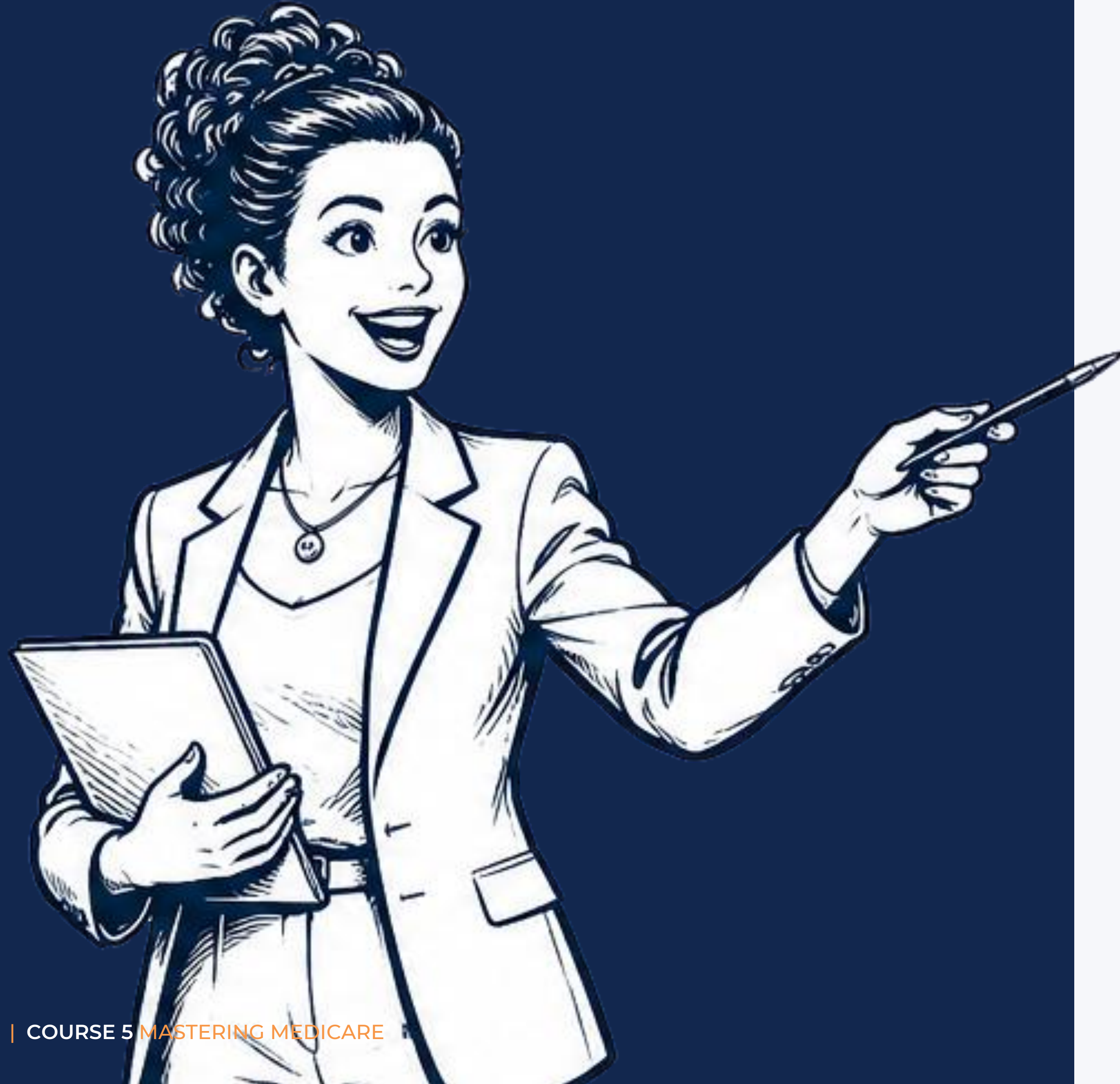
Tip #1

Store your insurance carrier enrollment guides off site in an easily accessible location.

Keep a secondary warehouse of enrollment materials in your car.

- Organize by Carrier & Plan Type

The **SET UP**



2.

Create Your “Bucket” (Portable Selling Kit) Improve your efficiency

- Business cards
- Paperclips
- Blue Ink Pens
- Stapler
- Stamps
- First aid kit
- Cough drops
- Neosporin
- Other
- **Thank You cards**

The SET UP



3.

Pre-fill out all applications; as much as possible

- Your Name
- Your writing #
- Language
- Pre-tear them out of the enrollment guide (They're perforated but may still be hard to remove).

The Consultation

Tip Use the tools you've been provided like IntegrityCONNECT Scope of Appointment (SOA)



What to Have with You:

1. Your "Bucket" (Portable Selling Kit)
 - Ensure you have at least 2 of the primary plans (the ones you write most) and a few alternative plans
 - Clients Need Assessment forms
2. Computer/laptop access to IntegrityCONNECT
(www.medicarecenter.com)

Pre-Sale CLIENT SERVICE

**WHAT DO
I NEED TO
DO TO GET
READY?**



Before You Talk Plans

A strong pre-sale experience starts with preparation.

Confirm:

- Client needs and priorities
- Current coverage
- Doctors and prescriptions
- Preferred pharmacies
- Budget and cost concerns
- Enrollment eligibility and timing

Set expectations early.

**What will happen next?
What does the client need
to provide?**

The Consultation

**WHAT DO
I NEED?**



Quick Step Reference:

1. Scope of Appointment established 48-hours in ahead of meeting; unless walk-in or last 4-days of an enrollment period. In effect through Sept 30, 2026; then must be completed prior to plan discussion.
2. Client Needs Assessment review
 - Pull up their client profile in IntegrityCONNECT
 - Confirm PCP, Specialists, Prescriptions, Pharmacy, all pertinent requirements
 - Update as necessary
3. Discuss **Option 1** and **Option 2** – which solution best fits your clients needs?
4. Answer any client questions
5. Search for best plan option and present results. Ideally 1-2 options. Avoid overwhelming your client.
3. Answer any client questions
4. When the client decides, complete paper application
5. Add “**Tags**” to client profile in CMS; provides the ability to sort by different plans for example (Easier review for next year)

The Post-Sale

**ANYTHING
ELSE?**



The Enrollment Handoff:

Don't let the client wonder "what's next?"

1. Before ending the enrollment conversation, explain:
 - What was submitted?
 - What happens next?
 - When should they expect communication?
 - Who should they contact with questions?
 - What should they do if something changes?
2. Give a copy of the Enrollment Guide to your client
 - Staple your business card to the front
 - Dog ear the Summary of Benefits page. Remember this is the page which explains the plan costs.

A clear handoff creates confidence

3. Take the paper application which the client has signed

Remember: Find a blue pen you like. Use the same type of blue pen every time.

The Post-Sale

**ANYTHING
ELSE?**



When your client leaves:

Immediately go into IntegrityCONNECT and transcribe the client application into the system

Tip #1

- In each client CRM profile add searchable notes/tags like enrollment plan name, product type, carrier, policy status, etc.

Submit the enrollment

- **NO** electronic signature is required, **SO LONG AS you have** a copy of the **“WET”** signature

Tip #2:

Write your **Thank You** card following your appointment.

- Pick one topic from your conversation that's pertinent and use it to build further connection/rapport.
- Don't forget to ask if they know anyone who would benefit from your services and if they'd pass along your business card.

!! Include 3-4 business cards !!

- **Save Time:** Stamped and pre-print return address on the envelop
- Mail at the end of each day



The Communication Plan

Send letter 30-days after enrollment. Ask...

- If they've experienced any problems with the new plan
- Have they received their new "cards"
- Confirm plan viability

Ask...

- If they've experienced any problems with the new plan
- Have they received their new "cards"
- Confirm plan viability

Keep it Simple.



The Communication Plan

Send letter 30-days after enrollment. Ask...

- If they've experienced any problems with the new plan
- Have they received their new "cards"
- Confirm plan viability

Send letter 60-days after enrollment. Ask...

- If they've used their plan yet
- Have they experienced any challenges
- Don't forget... extra benefits available, if applicable





The Communication Plan

Send letter 30-days after enrollment. Ask...

- If they've experienced any problems with the new plan
- Have they received their new "cards"
- Confirm plan viability

Send letter 60-days after enrollment. Ask...

- If they've used their plan yet
- Have they experienced any challenges
- Don't forget... extra benefits available, if applicable

Send letter 90-days after enrollment.

- Identify any challenges that have come up
- Set expectation... Hope to hear from you again in September
- Get ready for AEP (Annual Enrollment Period)



MORE COMMUNICATIONS

Birthday Card?!!!

- Handwritten
- Keep as generic as possible
- Request referrals & include business cards
- Send at beginning of birth month, may be batched



Need Help?

Consider working with **THANKAFTER** to help alleviate your workload.



MORE COMMUNICATIONS

In September,
send letter to the identified plan segment

Scenario 1

- Upon review it appears that your plan is good for next year. Shall we let it auto renew or if you need change set meeting.

Scenario 2

- Upon review, it appears that your plan is changing – Schedule a meeting with them as earliest as possible. Meet may be as early as Oct 1st.

Remember: AEP applications are NOT allowed to taken until October 15th

SOMETHING TO CONSIDER



Plan changes will start being published in August

Get applications ready early and sent to client for a digital signature on **October 15th**

SOMETHING TO CONSIDER



Long-term relationships are built through:

CONSISTENCY

Stay in touch.

VALUE

Provide useful information—not just sales messages.

SERVICE

Be there when clients need help.

PROACTIVITY

Reach out before they have to ask.

TRUST

Do what you say you'll do.

THE GOAL: Become the client's trusted Medicare resource.



myicbn.com

888-341-4314



ICBN

INDEPENDENT COMMUNITY BROKER NETWORK