The NAIFA Medicare Collective
Call Center Gold Standards

Standards for Call Centers and Insurance Carriers Serving Medicare Beneficiaries

1. **Leads are purchased from quality vendors.**

   Whether generating leads on their own or through vendors, lead sources should be from trusted sources that will not resell leads to unwitting competitors and compliant language is used.

   Methods of verification of lead vendors are needed to ensure churn is prevented by only working with respected vendors. Off-shore entities are not acceptable.

   Call centers should track CTMs and accretion rates per-lead source to ensure quality. Relationships with quality vendors, trade groups such as Reach or IMC are advisable.

2. **Operating under Fair Market Value for compensation.**

   A number of call centers have received heaped or advanced commissions in a manner which violates the concept of Fair Market Value. In the typical heaped commission approach, the call center receives an advance commission and the agent of record changes to the financing entity. Heaped commissions leave no incentive for the call center to provide service after the sale.

   Insurance carrier compensation should not permit heaped commission directly or through other sources. In addition, there should be no incentives that bias an agent to represent one carrier over another. Rather, the call center should operate in the best interest of the Medicare beneficiary.

3. **Call Centers should have service staff** committed to benefit activation and engage the consumer with the product shortly after the sale.

   In addition, call centers should have staff designated to service the consumer and have methods of communication to establish trust and a relationship with the Medicare beneficiary. Retention levels should be above 70% at the end of rapid disenrollment period and the business model should not be acquisition of clients alone.

4. **Call centers should strive for a balanced mix of business.**

   Too much emphasis on DSNP attracts a large number of low-income Medicare beneficiaries that have high CTM and low retention rates. Lead generation programs should be diversified to allow more of the non-DSNP population and offer Medicare Supplement, Part D, Medicare Advantage and ancillary coverages.

5. **Call Centers should have recruiting and training methods that ensure continuity of staffing.**

   Hiring a class of agents in July and then terming most in January is a sign of broken business model. Notable exceptions would be Business Process Outsourcing on behalf of a carrier and situations where staff are recruited as seasonal staff and are notified of such.

6. **Enrollment emphasis should be placed on filling the insurance need.**

   The amount of funds on a food card, extra benefits such as gym membership, etc. should not be focused as the primary reason to enroll. Emphasizing extra benefits over core plan functions is not meeting the purpose of insurance. Agents should verify that drugs are covered, providers are in the network and out-of-pocket expenses are understood by the consumer as vital to reduced CTMs and churn.

7. **Special Enrollment Periods must be documented.**

   Abusing Special Enrollment Periods (SEPs) by falsely claiming a qualifying event creates churn and manipulates the consumer. While improved enforcement is needed, honesty and legitimate uses of SEP are best for the consumer and compliant business models for all call centers.

8. **Robust Quality Assurance.**

   Applied use of AI to ensure a material number of calls are scored for compliance is highly recommended. Such a system should be supplemented by a compliance team monitoring outputs against prescribed carrier scorecards including tracking CTMs, accretion rates, and retention (beyond the rapid disenrollment period) on a per carrier and per agent basis.

   Contracted call center downline shops should operate transparently so carriers can distinguish them from non-contracted shops and have separately measured performance.