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.