

The Broker Bulletin



MAXIMIZING YOUR SUCCESS IN THE NEW YEAR

In this issue, we provide two essential guides focused entirely on optimizing your client interactions and securing your future growth.

First, dive into Handling Member Renewals & Retention Strategies for best practices on keeping your existing clients enrolled year over year—a crucial component for stabilizing your income and maximizing lifetime client value for both your Marketplace and D-SNP Members.

Second, sharpen your competitive edge with Best Customer Service Practices for Brokers. This article offers expert guidance on providing the top-tier, trustworthy, and caring service that defines the Community Health Choice experience and fuels valuable word-of-mouth referrals.

Thank you for your partnership and dedication to the health and well-being of our community. We are here to support your success as we close out 2025 and prepare for a rewarding new year!

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Handling Member Renewals & Retention Strategies – Best Practices for Keeping Existing Clients Enrolled Year Over Year



As a valued Community Health Choice (Community) Broker, your dedication to guiding Members through the initial enrollment process is crucial. However, the true measure of success—and the bedrock of a robust, long-term book of business—lies in retaining those clients year after year.

At Community Health Choice, we see client retention as a shared victory. When Members stay enrolled, it's a testament to both the quality of their plan and the strength of your counsel.

Here are some strategies tailored for both Marketplace and Dual Eligible Special Needs Plan (D-SNP) clients to help you maximize your retention rates this renewal season.

1. The Proactive Partner: General Retention Strategies

All clients, regardless of plan type, appreciate promptness and personalized service. The following approaches keep you top-of-mind and position you as an indispensable resource.

Lead with the Benefit: The Annual Check-In

- **Timing is Key:** Don't wait until Annual Enrollment Period (AEP) or Open Enrollment Period (OEP) to reconnect. A mid-year check-in (e.g., June or July) focused solely on client well-being and plan usage is highly effective.
- **Focus on Outcomes:** Instead of asking "Do you like your plan?" ask "Are you using the benefits we discussed? Have you used your dental allowance or vision benefit yet? Are you spending the full allowance from your Flex Card every month?" This pivots the conversation from selling to value extraction.
- **Use the "You-Focused" Perspective:** "Your continued coverage is our top priority. I want to make sure you're getting every penny's worth from your Community Health Choice plan."

Quantify the Value of Service

Brokers often undervalue the necessity of their role after the initial sale. Remind your clients that your service is an essential part of their plan package.

- **Highlight the Time Savings:** Mention the hours they saved by having you navigate annual plan changes, confusing documentation, and system updates.
- **Showcase Problem Solving:** Did you resolve a claim issue or help them find an in-network specialist? Use positive examples of your past assistance to reinforce your value.

2. Tailored Strategies for D-SNP Clients (DualCare Aligned & DualCare Access)

D-SNP Members are often highly sensitive to shifting benefits, especially the generous supplemental benefits offered by Community Health Choice's DualCare plans. Here, retention hinges on continuous education and clarity.

Focus on Supplemental Benefit Clarity

The robust supplemental benefits are often the primary reason a client remains with a D-SNP plan. Your role is to ensure they understand changes and the immense value these benefits provide.

- **The Power of the Flex Card:** For both **DualCare Aligned** (\$130/month) and **DualCare Access** (\$125/month) Members, the Flex Card allowance for utilities, rent, and groceries is a game-changer. Remind them that this benefit is *monthly* and stress the financial relief it provides. *Benefit-Driven Phrase:* "Did you know using your Flex Card saves you over \$1,500 every year on essentials?"

- **Comparing Generous Allowances:** Clearly articulate the different annual dental, vision, and hearing aid allowances for their specific plan:
 - o **DualCare Aligned** offers \$4,500 dental, \$350 vision, and \$3,000 hearing aids.
 - o **DualCare Access** offers \$3,500 dental, \$250 vision, and \$1,500 hearing aids.
- **In-Home Support (Papa Pals):** Highlight the practical benefits of Papa Pals—companionship, light housekeeping, and transportation assistance—to optimize their quality of life. *Benefit-Driven Phrase:* “Don’t struggle with daily chores. Use your 48 hours of In-home Support to simplify your week.”

Address Pain Points: Low-Income Subsidy (LIS) and Redetermination

- **Proactive Planning:** Many D-SNP Members face annual redetermination for Medicaid eligibility or LIS. Offer gentle reminders and resources, positioning yourself as a caring partner helping them navigate complex paperwork.
- **Emphasize Stability:** Stress that staying with Community Health Choice means maintaining access to a trusted, localized network and consistent, reliable benefits, even as external factors like the LIS copay structure may change.

3. Tailored Strategies for Marketplace Clients

Marketplace clients are frequently focused on cost, network access, and ease of use. Retention efforts should emphasize stability, savings, and the local advantage of Community Health Choice.

Marketplace Model: Cost vs. Care

- **Communicate Premium Stability:** Proactively contact clients about premium adjustments, *before* they see the new rate. Explain the changes and if applicable, emphasize the value of their network and coverage relative to competitors.
- **Emphasize Local Advantage:** Remind clients that Community Health Choice was built by Texans, for Texans. We understand the local healthcare landscape and Provider needs better than out-of-state competitors. *Benefit-Driven Phrase:* “Choose the plan that invests directly back into **your** community.”

Simplify the Renewal Process

- **Be the Expert Navigator:** The Marketplace platform can be confusing. Offer to walk clients through the renewal and re-enrollment steps. **Your expertise accelerates the process and eliminates stress.**

The Community Connection: Why Your Clients Stay

Whether they are D-SNP or Marketplace Members, clients stay enrolled with Community Health Choice because of our mission and our core values: trustworthiness, caring, and collaboration.

As our Broker, you are the personification of these values. Continuously communicate the full value of our health plans, address potential pain points proactively, and reinforce the benefit of your expert guidance.

By utilizing these practices, you not only secure a strong commission flow, but also ensure that your clients enjoy a seamless, high-value coverage experience with Community Health Choice. We appreciate your partnership!



Best Customer Service Practices for Brokers – How to Provide Top-Tier Service to Members & Prospects



In the fiercely competitive health insurance landscape, the plans you offer are only one part of the equation. Your customer service—the way you interact with and support your clients—can be the critical differentiator that separates a good Broker from a great one.

At Community Health Choice, we believe in being **trustworthy** and **caring**, and our success is tied to the exceptional experience you provide. By elevating your customer service standards, you not only increase enrollments but also foster invaluable word-of-mouth referrals.

Here are some customer service practices designed to help you deliver top-tier service to both new prospects and long-term Members across our Marketplace and Medicare D-SNP product lines.

1. Build Trust Through Transparency and Setting Expectations

A core component of being a successful Community Health Choice partner is establishing immediate, unquestionable trust.

Commit to Crystal-Clear Communication

- **Acknowledge Complexity:** Recognize that health insurance, especially D-SNPs like Community DualCare Aligned (HMO D-SNP) and Community DualCare Access (HMO D-SNP), can be overwhelming. Avoid jargon. Use analogies and simple language to explain complex concepts (e.g., deductible, maximum out-of-pocket, or the difference between an HMO and a PPO).

- **The “No Surprise” Rule:** Never gloss over potential costs or restrictions (like limited network Providers in certain rural areas). Transparently outline what is not covered or what the client’s financial responsibility will be for services like copays or specialist visits. This builds long-term confidence.
- **Response Time Protocol:** Establish and communicate your expected response time (e.g., “I will respond to all texts and emails within two hours during business days”). Meeting this commitment demonstrates **accountability** and respect for their time.

Document and Follow Up on Actions

- **Post-Enrollment Summary:** After an enrollment, send a brief, personalized email summarizing the key next steps, such as: “Community Health Choice will mail your welcome packet within 7-10 days,” “Call the Member Services number on your ID card for Flex Card questions,” or “Your first premium (if applicable) is due by [Date].” This enhances clarity and reduces anxiety.

2. Become a “Know-It-All” on Plan Logistics (Especially for D-SNP)

While you don’t need to be a claims expert, knowing the logistical ropes of our specific plans allows you to efficiently direct Members to the right resources, reinforcing your position as an expert assistant.

Master the Supplemental Benefit Mechanics

- **Vendor and Function:** For D-SNP products, know how the benefits work and who administers them. For instance, if a Member asks about their Over-the-Counter (OTC) benefit, quickly inform them that they

have the choice of either using their OTC debit card at a store or ordering online directly from Nations Benefits (our contracted vendor).

- **Geographic Specificity:** Be fluent in the distinct offerings of our plans by county, as this is essential for accurate prospect qualification:
 - o **DualCare Aligned:** Covers the Houston metro area (Austin, Brazoria, Fort Bend, Galveston, Harris, Matagorda, Montgomery, Waller, and Wharton counties). Significantly, this plan is designated as a **HIDE Medicare Plan** (Highly Integrated Dual Eligible Special Needs Plan), emphasizing robust support for long-term services and behavioral health.
 - o **DualCare Access:** Covers the Beaumont/East Texas counties (Chambers, Hardin, Jasper, Jefferson, Liberty, Newton, Orange, Polk, San Jacinto, Tyler, and Walker counties).
 - o Knowing the correct service areas and the specialized nature of D-SNPs like DualCare Aligned ensures clients get the proper plan based on their location and needs.
- **Directing Traffic:** The best service often means knowing when not to handle an issue. If a Member has a specific question about a denied claim or Provider pre-authorization, quickly and confidently direct them to the appropriate Community Health Choice Member Services line, reminding them, “They are the experts who can look into your specific account details immediately.”

By employing these practices, you ensure that every interaction—from the first prospect meeting to a Member service call—reinforces your expertise and our shared commitment to improving the health and well-being of all Texans.

3. Embrace the Caring Advantage

Leverage Community Health Choice’s core value of **caring** to enhance the personal feel of your service.

Showcase Empathy During Pain Points

- **Acknowledge the Frustration:** When a client calls with an issue (e.g., difficulty finding a specific specialist or confusion over a medical bill), start by validating their frustration: “I completely understand why that’s confusing/upsetting. Let’s work together to clarify this.”
- **Utilize Community Resources:** As a true partner of Community Health Choice, be aware of the special programs, care management, and valuable community resources we offer. If a Member expresses a need outside of the insurance plan (e.g., food insecurity, housing instability), offer to connect them with a local non-profit or Community resources. This demonstrates **caring** beyond just the policy.

Personalize the Enrollment Discussion

- **Ask Lifestyle Questions:** Move beyond basic health questions. When speaking to a prospect, ask questions that relate back to the specialized Community benefits:
 - o *For a D-SNP prospect:* If they mention mobility challenges, immediately highlight the Transportation or In-home Support service (Papa Pals).
 - o *For a Marketplace prospect:* If they mention having small children, highlight the availability of Teladoc for quick, covered virtual visits.





TOOLS & RESOURCES

Streamline your workflow with the Broker portal!

Access to helpful



tools



forms



marketing materials



resources

in one convenient location.

The portal provides everything you need to support your clients—



enrollment materials



plan information



essential documents

Log in regularly for updates and new features.

