

Understand Medicare Advantage Plan Marketing:

Aggressive Sales Tactics



Medicare Advantage plans are also known as Medicare Part C.

Private insurance companies run **Medicare Advantage** as an alternative to **Traditional Medicare**. The plans replace Traditional Medicare and can offer extra benefits. Still, it is important to be aware of aggressive marketing practices that could make it harder to receive the care you need.

SALES TACTICS

1. Aggressive Ads

- **False Claims:** Advertisements must not make false or aggressive claims about the plan's benefits, costs, or coverage areas.
- **Misuse of Medicare Name or Logo:** Sales materials cannot use the Medicare name or logo in a way that suggests they are endorsed by Medicare if they are not.
- **Example:** An agent or ad says, *"Get the extra Medicare benefits you deserve!"* Then, they switch you out of a Traditional Medicare plan to a Medicare Advantage plan.
- **Tip:** Materials designed to look like they are from the government may not be.

2. Uninvited Contact

- **Cold Calling:** Agents are not allowed to make unsolicited calls to potential enrollees. This includes phone calls, emails, and home visits without your permission.
- **Door-to-Door Sales:** Agents cannot visit your home without an invitation.
- **Example:** An agent calls you out of the blue to discuss a Medicare plan without your prior permission.
- **Tip:** If you receive an unsolicited call, do not provide personal information. Instead, hang up and report the call to Medicare. Traditional Medicare will not make uninvited sales calls to beneficiaries.

3. High-Pressure Sales Tactics

- **Pressure to Enroll:** Agents must not use high-pressure tactics to force you into making a quick decision. You should have plenty of time to review and understand your options.
- **Limited Time Offers:** Claims that you must enroll immediately to receive a special offer are prohibited.
- **Example:** An agent insists that you must sign up right away to get a special deal, creating a sense of urgency.
- **Tip:** Take your time to check all your options. Genuine plans will give you enough time to make an informed decision.

4. Questionable Information

- **Plan Benefits:** All information about plan benefits must be accurate and not exaggerated. Offered benefits must be available where you live.
- **Provider Networks:** Agents must provide truthful information about which doctors and hospitals are in the plan's network.
- **Example:** An agent tells you that your current doctor is in the plan's network when they are not.
- **Tip:** Confirm with your doctor that your health care providers are in-network before enrolling.

5. Improper Use of Personal Information

- **Unauthorized Use:** Your personal information cannot be used to market plans without your consent.
- **Privacy Violations:** Agents must protect your personal information and cannot share it without your permission.
- **Example:** An agent uses your personal information to enroll you in a plan without your consent.
- **Tip:** Never share your Medicare number or personal details with someone you do not trust. Report any misuse of your information immediately (see below).

WHAT TO DO IF YOU SEE BANNED TACTICS

- **Report It:** If you experience any of these banned tactics, report it to Medicare at 1-800-MEDICARE, the Centers for Medicare and Medicaid Services 24-hour information hotline.
- **Seek Help:** Contact the Kentucky State Health Insurance Assistance Program (SHIP) at 877-293-7447 or <https://chfs.ky.gov/agencies/dail/Pages/ship.aspx> for assistance and guidance.

KNOW THE NUMBERS

- ▶ **99%** of **Medicare Advantage** members' plans require prior approvals and authorizations **before care can be given.**
- ▶ **53%** of doctor's requests for needed rehabilitation services are **overruled by the Medicare Advantage plan.**
- ▶ **94%** of doctors polled said **prior authorizations delayed medical care.**
- ▶ Roughly **one in five consumers** who left their **Medicare Advantage plan** in 2021 said problems getting the plan to cover medical services was a reason they changed plans.
- ▶ **3.4** million **Medicare Advantage** requested approvals **were denied in 2022.**

The only way to learn about a **Medicare Advantage plan's approval practices** is to ask your doctor and hospital.

For more details on the facts above, visit:

- <https://fortune.com/well/2023/04/24/changes-coming-to-medicare-advantage-prior-authorization-rules/>
- <https://www.kff.org/medicare/issue-brief/use-of-prior-authorization-in-medicare-advantage-exceeded-46-million-requests-in-2022/>

CONCLUSION

Being informed about these confusing sales tactics can help you make better decisions and protect yourself from questionable sales practices. All Medicare Advantage agents must explain how Medicare Advantage plan benefits are different from your Traditional Medicare coverage before making any changes. Always take your time to understand the details of any Medicare Advantage plan before enrolling. Remember, Medicare Advantage is private insurance not Traditional Medicare and there are big differences.

Learn more about **Medicare Advantage** risks by scanning the QR code.

