

# CRC BENEFITS

## Your Book of Business Is Already Telling You Where to Grow

**Now is the perfect time to take a closer look at the clients already in your book of business.**

Client records can point to where retention risk is building, where coverage conversations may be incomplete, and where growth opportunities are already connected to households you serve today. Enrollment season makes those signals more urgent, but it does not create them. They often show up earlier in missed reviews, prior cost concerns, outdated contact information, incomplete household details, unresolved follow-up items, or notes that were never turned into a next step. Growth is not always tied to new leads. In many cases, the next opportunity is already inside the current book.

**A strong book review can help identify where attention is needed now. It can also reveal where client relationships may be deeper than the current policy reflects.**



### **RETENTION RISK USUALLY SHOWS UP EARLY**

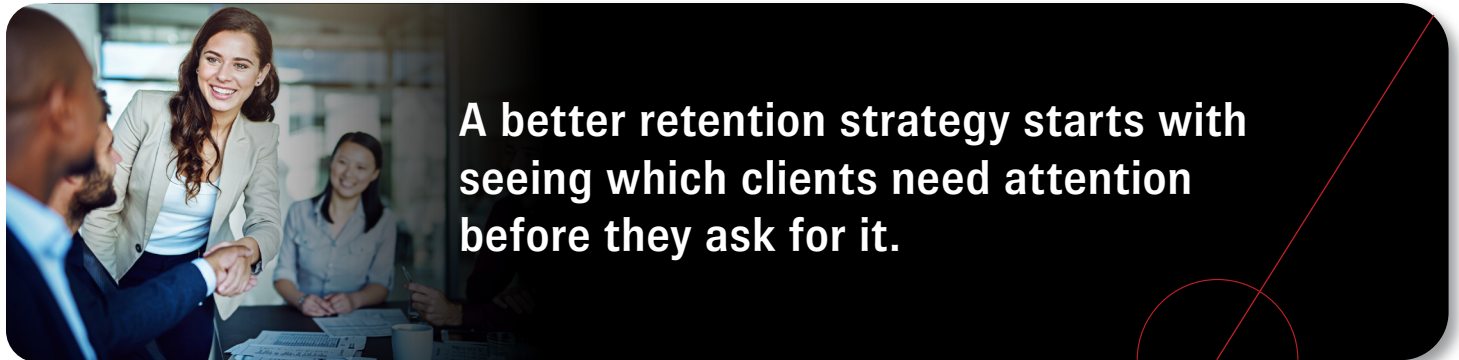
One item may not indicate a problem, but a pattern can show where the relationship needs attention before plan changes or renewal questions add pressure. Those details become especially important during enrollment season, when clients are reviewing notices, comparing costs, and trying to understand whether their current coverage still fits.



**Client retention rarely becomes an issue overnight.**

Medicare health and drug plans can change each year, including costs, coverage, and provider or pharmacy networks. CMS notes that people in Medicare health or prescription drug plans should review materials such as the Evidence of Coverage and Annual Notice of Change to confirm whether their plan still meets their needs for the following year.<sup>1</sup>

That makes prior client context valuable. If a client had network concerns last year, that account should be flagged before plan materials begin arriving. If prescriptions were an issue, that review should not wait until the client calls with a problem. If the client has not been contacted recently, early outreach may help protect the relationship before another source of information fills the gap.



**A better retention strategy starts with seeing which clients need attention before they ask for it.**

## **HOUSEHOLD INFORMATION CAN CHANGE THE OPPORTUNITY**

Many coverage opportunities are tied to household changes, not just individual plan decisions.

A client may be turning 65 while a spouse remains under 65. A household may include adult children who need individual coverage. A family member may be retiring early, changing jobs, losing employer coverage, or becoming newly eligible for Medicare. Income may shift in a way that affects ACA subsidy conversations.

Those details are easy to miss when the account record only reflects the current policy and not the household behind it.

A stronger record should help answer basic questions about the household. Who else may need coverage? Is anyone approaching Medicare eligibility? Is anyone under 65 connected to a Medicare client? Has income, employment, dependent status, or family size changed? Were any referral opportunities mentioned during the last conversation?

The answers can change the direction of the review because they point to coverage needs that may not be obvious from the policy alone.

They also create more useful outreach. Instead of leading with a generic enrollment reminder, the conversation can be tied to something specific: an upcoming birthday, a spouse's coverage need, a dependent transition, or a prior concern that deserves follow-up.

## **PLAN-FIT SIGNALS CAN SHIFT BEFORE THE CLIENT NOTICES**

Plan fit is not static. A client can keep the same plan but experience a very different year if prescriptions change, providers leave a network, costs increase, a pharmacy preference changes, or healthcare utilization rises. The same is true when income, household size, or employment changes affect an ACA client's coverage needs or tax credit situation.

For plan year 2027, CMS finalized changes to the annual Open Enrollment Period for individual market coverage. For Exchanges on the Federal platform, OEP will run from November 1 through December 15 preceding the coverage year, beginning with plan year 2027.<sup>2</sup>

That timing makes preparation more important. A shorter or more compressed window can leave less room for clients to sort through coverage questions after outreach begins. **Start with the most practical plan-fit signals:**

- + Prescription changes
- + Provider or specialist concerns
- + Pharmacy changes
- + Higher healthcare utilization
- + Budget pressure
- + Prior cost complaints
- + Upcoming procedures
- + Travel patterns
- + Income changes
- + Confusion about plan materials or subsidies

These details can help prioritize outreach. They also give the review more substance. Instead of asking whether a client wants to keep the same plan, the conversation can focus on whether the plan still supports how the client actually uses coverage.

## DOCUMENTATION SHOULD BE PART OF THE BOOK REVIEW

A book review should also show whether the account record and outreach process are ready to support the next conversation.

Contact information, consent documentation, application review notes, approved marketing materials, training status, and follow-up history all affect how smoothly client conversations can move once activity increases. Clean documentation also reduces rework and helps make sure outreach is aligned with current requirements.

CMS has continued to focus on Marketplace program integrity. The 2027 Notice of Benefit and Payment Parameters final rule includes stronger regulations on marketing practices for agents, brokers, and web-brokers assisting consumers with Qualified Health Plan enrollment through the FFEs and SBE-FPs. CMS also finalized requirements tied to marketing material production, eligibility application review documentation, and consumer consent documentation.<sup>3</sup>

Marketplace registration and training should also be part of the planning process. CMS outlines annual Marketplace registration and training requirements for new and returning agents and brokers, with different pathways depending on prior-year completion.<sup>4</sup>

That means a useful book review should include operational and compliance readiness. Are contact records accurate? Are outreach lists clean? Are notes complete enough to support follow-up? Are required training and registration steps on track? Are marketing materials and communication processes aligned with current requirements? A cleaner process supports a better client experience. It also reduces the chance of preventable issues surfacing during the busiest part of the season.

## CREATE A NEXT-BEST-CONVERSATION LIST

At the end of the review, each priority account should point to a next-best conversation. That may be a retention check-in, a Medicare review, an ACA income or subsidy conversation, a household coverage discussion, a provider or prescription review, an ancillary opportunity, a referral follow-up, or a documentation cleanup item.

**A simple tagging system can help turn static information into action. Useful tags may include:**

- + Retention check-in
- + Household opportunity
- + Medicare aging-in
- + ACA income or subsidy review
- + Provider or prescription concern
- + Ancillary opportunity
- + Missing contact information
- + Referral follow-up
- + Documentation review

**The goal is not to make the review complicated. The goal is to make the book easier to act on.**



The value is not in tagging every account perfectly. The value is creating a clearer path for outreach. Some clients need an appointment. Some need education. Some need updated information. Some need a broader household conversation. Some need documentation cleaned up before the next step.

That level of organization makes outreach more relevant and helps focus time where it is most likely to protect the relationship or create a stronger coverage conversation.

### **BOTTOM LINE**

Your book of business can show where to focus before enrollment pressure increases. The value is not in reviewing every account the same way. It is in identifying which accounts need retention attention, which households may have additional coverage needs, and which records need cleanup before outreach begins.

Now is the time to look for those signals. Clean up records, review household details, identify plan-fit concerns, confirm compliance steps, and build outreach around the clients most likely to need attention. Connect with your CRC Benefits Individual + Senior sales representative to talk through your book of business, identify opportunities ahead of AEP and OEP, and strengthen client conversations for the season ahead. We are here to help you grow.

### **CONTRIBUTORS**

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### **END NOTES**

1. Centers for Medicare & Medicaid Services, March 4, 2026, "Medicare Open Enrollment."
2. Centers for Medicare & Medicaid Services, June 20, 2025, "2025 Marketplace Integrity and Affordability Final Rule."
3. Centers for Medicare & Medicaid Services, May 15, 2026, "HHS Notice of Benefit and Payment Parameters for 2027 Final Rule."
4. Centers for Medicare & Medicaid Services, March 13, 2026, "Registration and Training for Marketplace Agents and Brokers."