



FREE NEW AGENT GUIDE

The Producer Playbook

**Know What to Ask.
Know What to Check.
Know When to Get Help.**

Your First 30 Days in Medicare Sales

Brandon Davis

- 1 **Get ready**
- 2 **Practice**
- 3 **Check facts**
- 4 **Improve**

A practical start

Daily practice, clear conversations, visual checklists, and worksheets you can use right away.

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Your path through the guide

Choose a chapter below. Each part builds on the one before it.

PART 1

Get Ready

Be cleared and know the basics before you talk to anyone.

- 01 One clear goal
- 02 Readiness record
- 03 Keep the client in control
- 04 Product basics

[Readiness worksheet](#)

PART 2

Practice Client Conversations

Open, ask, listen and handle concerns without pressure.

- 05 Open a conversation
- 06 Practice case: Pat
- 07 Answer concerns

PART 3

Build Your First-Month Routine

A daily block, a 30-day plan and a way to measure and improve.

- 08 Daily work block
- 09 Month at a glance
- 10 Plan your 30 days
- 11 Track what you control
- 12 Daily scorecard
- 13 Weekly feedback
- 14 Your practice plan

PART 4

Serve Clients and Choose an Agency

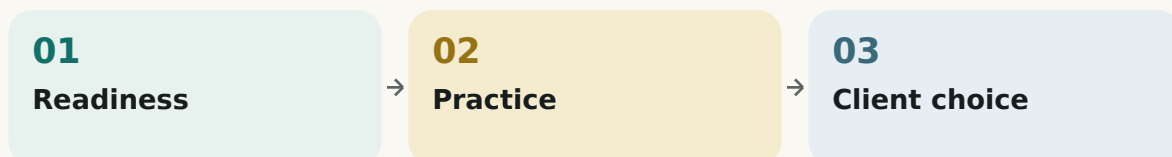
Do the first case right, follow through, then pick your next step.

- 15 First client checklist
- 16 Service handoff
- 17 Your next step and agency CTA
- 18 Official sources

Training worksheets only. Keep private client information out.

Where do I start?

In your first 30 days, build a routine you can repeat and learn to guide a careful client conversation. Your first sale may come later. Readiness, accuracy, and client choice come first.



What you should finish

By day 30, aim to have a written readiness check, a practice log, a simple daily scorecard, and a clear process for your first client. You should be able to explain your role, ask useful questions, check facts in current plan materials, and say when you need help.

How to use this guide

Read the readiness and client-protection pages before live sales work. Practice the conversations with a partner. Use the month plan and worksheets each week. The contents page links to every section. In the digital PDF, select a white field to type. Save the file, close it, and reopen it to check your entries. Some browser previews do not save forms reliably; use a PDF reader that supports forms. Keep client information out of these training worksheets.

Choose your starting point

If you are not licensed or cleared to sell, use this month for study, setup, and roleplay. Do not give plan advice, market plans, or take applications. If you are cleared, add live work only through your agency's approved process. A training exercise is never a substitute for permission to sell.

A useful promise to yourself

I will do the work I can control, tell the truth about what I know, and ask for help before guessing. Write one task you will finish today. Make it small enough to complete, such as checking one carrier's ready-to-sell status.

Licensed. But Are You Cleared to Sell?

A license is only one part of getting ready. Before live plan advice or sales, check your state, product, carrier, plan year, and work process. Keep proof in your approved system. [1]

Complete these checks

Confirm an active license with the right authority in the applicable states, including where the client lives. Check required carrier appointments. Complete required annual Medicare training, testing, and carrier product training. Confirm that the carrier shows you as ready to sell for the right plan year and market. A submitted contract or finished class does not prove every step is done.

Set up the tools

Use your agency's approved contact, recording, enrollment, and recordkeeping tools. Know where to find current plan documents and required disclosures. Ask how to report a complaint, a wrong answer, or a data mistake. Confirm any required errors and omissions coverage with your agency.

Use a verified readiness record

Complete the next page for each state, carrier, product, and plan year. Record the source you checked, the date, and who reviewed it. If anything is pending or unclear, keep practicing and get help before live sales. A completed worksheet is not permission to sell.

Worked example

Practice record only: One carrier has approved training, but its portal still shows pending contracting. Decision: keep roleplaying and contact contracting support. Do not present that carrier's plans or submit an application while status is unresolved. Repeat this check for every carrier you plan to represent.

Your readiness record

Fill this out for each state, carrier, product, and plan year. Record verified facts and open requirements. This worksheet does not grant permission to sell.

State

Carrier

Product

Plan year

License status

Training and certification status

Appointment status

Carrier ready to sell status

Date checked

Reviewer

Evidence or source location

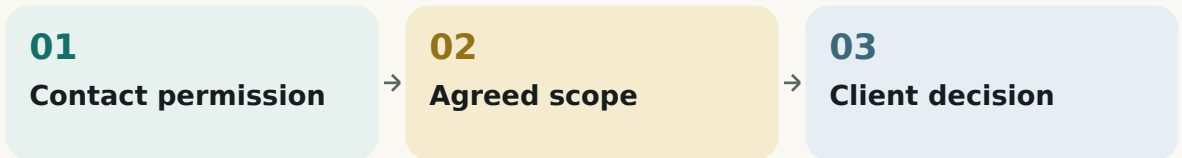
Missing requirements

Next step and due date

Do not self-approve. If a status is pending, unclear, or unsupported, stop the affected sales work. Ask the carrier or approved agency team to verify it and record the next step.

How do I stay within the rules?

A good routine protects the person in front of you. Follow current CMS rules, state requirements, and your carrier and agency instructions. This guide is general education, not an approved sales script or legal advice.



Contact and permission

Use approved lead sources and verify permission before outreach. A purchased lead or a friend's referral does not automatically allow a Medicare sales call. Honor requests to stop. Keep permission to contact separate from permission to discuss products and from permission to enroll. [2]

Scope of Appointment

For contract year 2027 marketing beginning October 1, 2026, CMS removed the federal 48-hour wait between a Scope of Appointment and a personal marketing appointment. The advance agreement still matters: document the agreed product scope before the discussion. This also applies to qualifying inbound or unscheduled personal marketing contacts. Follow the current approved workflow; do not reuse an old timing rule without checking. [3]

Stay within the meeting

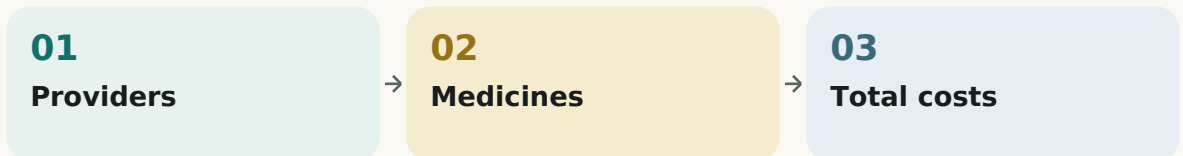
Use required disclosures and recording procedures. Do not claim you work for Medicare. Do not promise benefits, savings, eligibility, or coverage you have not verified. Do not sell life insurance or annuities during a Medicare health or drug plan sales presentation. Give the client room to pause or decline. [2]

When you are unsure

Say, "I want to check that before I answer." Stop the affected step, note the question in the approved system, and ask the right support team. A delayed answer is better than a confident mistake.

What if I don't know the answer?

You do not need to memorize every plan. You do need to know what to check, where to check it, and how to explain the answer in plain words.



Build a short study list

Learn the roles of Original Medicare, Medicare Advantage, Part D drug coverage, and Medicare Supplement insurance. Learn which products you are allowed to discuss. Study enrollment periods, coverage start dates, and the limits of your role. Use current training and official materials rather than a social media summary. [1]

Look beyond the premium

A monthly premium is only one cost. A \$0 plan premium does not mean all care is free. Check Part B premium responsibility and other costs. Practice finding deductibles, copays, coinsurance, and applicable out-of-pocket limits in plan documents. Check doctors, hospitals, pharmacies, prescriptions, and any referral or prior authorization rules. Plan types have different rules, and details can change. [4]

Try one practice case

Use a made-up person who wants to keep a specialist and takes two prescriptions. Find the right current-year plan documents. Practice checking the exact provider, location, drug, dose, pharmacy, and coverage rules. Mark anything you cannot verify. Use no real client information in a practice sheet.

Explain it back

Tell your practice partner what you checked, what source you used, and what is still unknown. Ask the partner to explain the main tradeoff back to you. If your explanation needs a long string of terms, slow down and explain one term at a time. Keep a list of questions for your coach.

What do I say first?

These examples are for roleplay. Have your agency review any language before live use. They do not include every required disclosure, recording notice, or product-specific step.

WHAT TO SAY

WHY IT HELPS

Open honestly

“Hi, Pat. This is Alex with [agency]. You asked us to contact you about Medicare plan options. Is this still a good time?”

Use this only after verifying the request and permitted contact. It explains who you are and gives the client a choice.

Set the agenda

“We can start with what matters to you, then check the plan details. You can ask questions or stop at any point.”

Use after required disclosures and scope steps. The client knows what to expect and can set the pace.

Find the real need

“What is working with your coverage? Which doctors or medicines are important to check? What would you like to understand better?”

Specific questions reveal priorities. Listen before comparing plans, and stay within the agreed scope.

Check your understanding

“You want to keep your specialist and understand drug costs. I will check those items first. Did I miss anything?”

A recap lets the client correct you. It does not give permission to enroll.

Leave a clear choice

“Would you like me to explain a point again, arrange a permitted follow-up, or stop here?”

Make the next step clear without pressure. Follow the client’s choice and your approved process.

What does this client really want?

Pat and Alex are fictional. This example shows a careful conversation, not a recommended plan or a real client result. No benefits, prices, or eligibility are assumed. Required permission, disclosures, and agreed scope are in place before this practice conversation.



“I want to keep my doctor.”



Listen first

Pat: “My neighbor has a plan with extra benefits. I want that one.”

Alex: “What interests you about your neighbor’s plan?”

Pat: “I want to spend less at the pharmacy. But I need to keep my heart doctor.”

Alex: “So drug costs and keeping your doctor matter most. Did I get that right?”
Why ask first? Pat names the concern before Alex compares any options.

Check before answering

With the required disclosures and agreed scope in place, Alex checks current approved sources. The provider search is unclear, and one drug has a coverage restriction. Alex does not guess.

Alex: “I have not confirmed your doctor at that location. I also need to explain a rule for this medicine. I will verify both before we discuss a change.”

Give the client a real choice

Pat: “Can I just stay where I am?”

Alex: “We can include your current coverage in the review. You do not have to choose a different plan today.”

Alex checks what can be confirmed, describes the unresolved items, and asks whether Pat wants an allowed follow-up.

Write a useful note

Training note: Priority is specialist access and drug costs. Provider status is unresolved. No plan recommendation or application today. Next step is verification through approved sources, then a follow-up only if Pat agrees. In real work, store details in the approved system and collect only what the task needs.

What if the client isn't ready?

A concern is useful information. Listen, answer what you can, and let the client choose. These five roleplay examples help you practice calm, clear responses.

01

Listen



02

Answer clearly



03

Respect the choice

I need to think about it

“Of course. Is there a question you would like answered before we stop?” If the answer is no, stop the presentation. Offer information or an allowed follow-up only if the client wants it. Do not turn a pause into an argument.

I like my current plan

“What is working well for you?” Listen. If a review is wanted, check those priorities against current information. Keeping existing coverage may be the client's choice. Do not invent a reason to switch.

Send me information

“Sure. Which part would be most useful, and which approved delivery method works for you?” Follow your agency's process for materials and permission. Do not make a sales appointment a condition of receiving plan information.

My friend gets more benefits

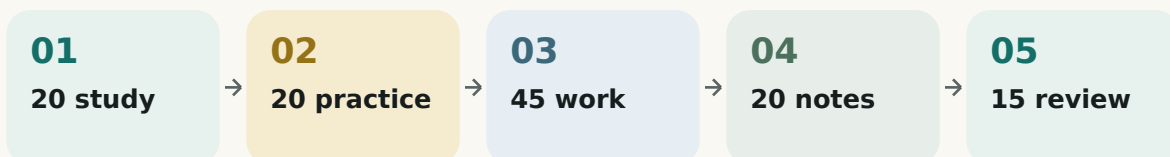
“Benefits and eligibility can differ. Let's check what applies to you and the coverage you need.” Do not promise the same allowance, card, or service. Verify any conditions before describing availability.

I do not want to give you my information

“That is okay. We can stop. I can explain what information a step needs and how to verify who you are working with.” Do not ask for a Medicare number just to start a general conversation. Use approved secure tools if a later authorized step requires private data.

How should I spend my day?

Start with a schedule you can keep. The example below is a two-hour training block. Change the times to fit your work and your agency's rules. These are practice targets, not sales or income promises.



A simple two hour routine

First 20 minutes: study one topic in current materials. Next 20 minutes: practice one part of a conversation out loud. Next 45 minutes: complete approved live work if cleared, or use training cases if you are not. Next 20 minutes: finish notes and follow-up tasks. Last 15 minutes: update your scorecard and ask one coaching question.

Choose one skill each day

Monday: a clear opening. Tuesday: listening without interrupting. Wednesday: finding the source for an answer. Thursday: explaining a tradeoff. Friday: ending with a clear next step. Repeat the cycle and make the cases a little harder. Do not add call volume faster than you can handle accurate notes and follow-up.

Make the block easier to start

Before the day begins, open the approved tools, check your task list, and pick your practice case. Put your phone away during study time. Leave a few minutes between live appointments so one rushed meeting does not push the rest off track.

End with evidence

Write what you actually did. "Practiced three openings and fixed a rushed introduction" is more useful than "worked hard." If you missed a block, name the cause and schedule the next one. Avoid doubling tomorrow's workload out of frustration.

How do I get through month one?

Build a routine you can repeat. Learn the steps before you add speed.

01

DAYS 1-7

Get ready

Check licensing, training, carrier status, and tools.

02

DAYS 8-14

Practice the skills

Roleplay the opening, questions, and fact checks.

03

DAYS 15-21

Use the process

If cleared, add approved live work.
If not, keep practicing.

04

DAYS 22-30

Review and improve

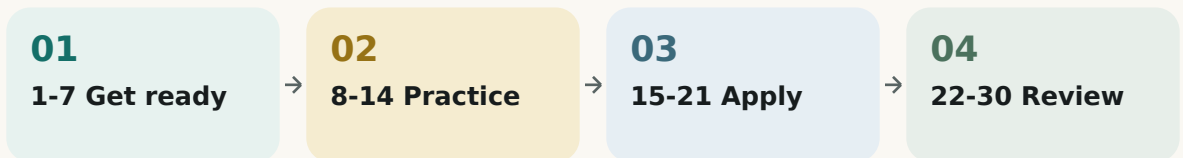
Check notes and follow-ups.
Choose the next skill to build.

Before any live sales work

Confirm licensing, required training, and carrier readiness for the right state, product, and plan year.

What should I practice this week?

Use this as a starting plan. Licensing, contracting, and training can take longer than a month. If you are not cleared for live work, continue the practice tasks until you are.



Days 1 through 7

Day 1: complete your readiness record. Day 2: list missing setup steps and who can help. Day 3: study product basics. Day 4: locate current plan materials. Day 5: practice an opening. Day 6: practice listening and a recap. Day 7: review what is still unclear. Finish the week with a written status, not an assumed approval.

Days 8 through 14

Day 8: practice permission and scope steps. Day 9: work a provider-check case. Day 10: work a drug-check case. Day 11: explain a cost tradeoff. Day 12: practice two objections. Day 13: run a full mock meeting. Day 14: get feedback and repeat the weakest section.

Days 15 through 21

If cleared, start agency-approved live work at a pace you can support. Use the first-client checklist on every case. If not cleared, run a different mock case each day. Set aside time daily for accurate notes, unresolved questions, and permitted follow-up. At the end of the week, review quality before increasing activity.

Days 22 through 30

Practice the remaining objections and service handoffs. Check pending cases through approved channels. Complete the daily scorecard and one weekly review. On day 30, compare your work with your first-month goal. Choose the next skill, update your readiness record, and set a realistic schedule for the next month.

Am I making real progress?

Use a scorecard to find the next thing to improve. Keep roleplay separate from live activity. Targets are your own planning choices; they do not predict enrollments or earnings.

Count the same way every day

A practice rep is one completed exercise. A permitted outreach attempt is one allowed contact attempt. A live conversation is a two-way exchange. A completed review follows the approved process. An application is a submission. A confirmed enrollment has carrier confirmation. Do not mix these numbers or count one as another.

Read a result without rushing

A day with no applications can still contain useful work. For example, an agent may finish two promised follow-ups, complete every required note, and identify a provider question that needs verification. Review the quality of the work before raising activity targets. An unresolved fact is a reason to check, not a reason to push a decision.

Read the result carefully

If attempts are high but conversations are low, review timing, permission quality, and the approved contact approach. If reviews stall, look at the questions and missing facts. If notes or follow-ups fall behind, reduce the pace and finish them. Never use a quota to push an unwanted enrollment.

What should I track each day?

Use the tracking chapter’s definitions. This example is fictional. Record training and activity totals only. Keep private client information in approved systems.

ACTIVITY OR QUALITY CHECK	EXAMPLE	YOUR DAY
Date	Oct 9	<input type="text"/>
Practice reps	3	<input type="text"/>
Permitted attempts	6	<input type="text"/>
Live conversations	2	<input type="text"/>
Completed reviews	1	<input type="text"/>
Applications submitted	0	<input type="text"/>
Enrollments confirmed	0	<input type="text"/>
Follow ups done / due	2 / 2	<input type="text"/>
Case notes done / required	2 / 2	<input type="text"/>
Open question and next step	Verify provider status	<input type="text"/>

My next practice step

The example is not a target or forecast. Never use a quota to push an unwanted enrollment.

What should I ask my coach?

Bring one example and leave with one correction to practice. Use this checklist to focus the conversation.

Use an approved recording, roleplay, or properly handled case summary. Follow privacy and access rules before sharing. Bring one specific question to your coach.

FOUR THINGS TO CHECK

1 Ready for the work

Check current license, training, and carrier readiness.

Evidence: current status record.

2 Heard the client

Check whether the recap matches the client's priorities.

Evidence: the client's own words.

3 Verified the answer

Use reliable sources and flag anything still unknown.

Evidence: source and open question.

4 Finished the next step

Complete the notes and agreed follow-up.

Evidence: dated record and task status.

Work on one correction

Example: in two practice meetings, the agent compared plans before repeating the client's priorities. Next step: practice a one-sentence recap five times. Ask the coach to check whether it matches the client's words.

Your weekly review

Week ending

One thing I did well

One step to fix

Evidence or example

Practice I will repeat

Who can help and when

How do I make this plan my own?

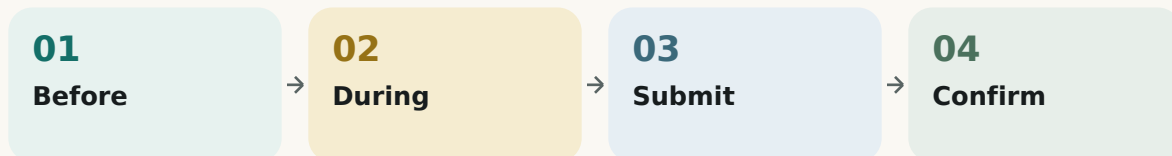
Use fictional training goals only. Keep client names, Medicare numbers, health details, and other private client information out of this workbook.

WORKED EXAMPLE	YOUR PRACTICE PLAN
My starting point Licensed; carrier readiness pending.	
My first month goal Complete five roleplays with an accurate recap.	
My daily time block Monday-Friday, 6:00-7:00 p.m.	
Setup step to finish Confirm contracting and ready-to-sell status.	
Person or team to ask Agency contracting support.	
First skill to practice A clear opening and client-priority recap.	
How I will measure progress Coach checks three recaps against the case.	
My weekly review time Friday after the practice block.	

Make the goal testable. Pick one skill, name the practice you will do, and set a review time. Keep working on setup while outside approvals are pending.

What could I miss with a client?

Use this before, during, and after your first live case. It is a memory aid. Your carrier's required process and forms still apply. Ask a coach to review your first cases through an approved method.



Before the meeting

Check license, carrier readiness, plan year, and permitted contact. Have current materials ready. Complete the required Scope of Appointment and disclosure steps. Confirm your recording and recordkeeping setup. Know who can answer a question you cannot resolve.

During the review

Confirm the client's priorities in their words. Check providers, prescriptions, pharmacy, costs, and relevant coverage limits. Verify eligibility and a valid enrollment period before an application. Explain important tradeoffs and anything still unknown. Ask the client to describe what they understand. Slow down if the answer shows confusion.

Before submission

Use the carrier's required enrollment process. Let the client decide without pressure. Review entries for accuracy with them, obtain the required authorization, and submit only when allowed. Never sign for the client or guess missing information. Explain the expected next steps without promising acceptance or a start date that has not been confirmed.

After submission

Save confirmation and required records in the approved system. Check status through the carrier. Track missing items, agreed follow-up, and the responsible person. Confirm actual enrollment and effective date before describing coverage as active. An application submitted is not the same as an enrollment confirmed.

What happens after I submit?

Client care continues after an application. Build a simple handoff so questions do not get lost. Use your agency's approved service process and the client's permitted contact preferences.



Make the next step clear

Explain who will confirm the enrollment, where plan documents and member information come from, and how the client can reach the plan for service. Use verified contact details from current materials. Do not invent a delivery date for an ID card or assume that a submitted request was accepted.

Track open items

Keep one task for each pending item, with an owner, due date, and current status. Examples include a carrier request for missing information or a promised coverage clarification. Check status before closing a task. A note that says “sent to service” is incomplete if nobody owns the next action.

Use a careful follow up

If permitted: “I am checking on the question we left open. Did you receive the information you needed?” Confirm facts before describing a result. If the client reports a coverage or access problem, route it promptly to the correct service or complaint process. Do not promise a claim will be paid.

Respect future choices

At a later review, listen again. Needs and plan details can change. Avoid treating retention as keeping every person in the same plan at any cost. Useful service means clear information, timely help, and respect for the client's decision. If someone wants to share your contact details, use an approved method; do not ask for friends' private contact lists.

What do you need from your first agency?

Before joining an agency, decide what support would help you learn and serve clients well. Use these questions to compare the actual process.

01

Check readiness



02

Choose one action



03

Keep learning

Ask about the support

Who provides training, and how often can you get feedback? Who verifies readiness and answers a compliance question? How are leads obtained and contact permission checked? Who handles service issues after enrollment? Ask to see the process and written expectations. A useful answer names a person, a method, and a next step.

Build at a sensible pace

Add live activity only when you can support it. Protect study time and client service time. Keep a record of actual costs and understand your written compensation terms before making business decisions. Results vary. This guide makes no promise about earnings, appointments, sales, renewals, or career outcomes.

Learn more about Davis Capital

Visit brandon-davis.com to learn about Davis Capital and explore the current ways to connect. Review any opportunity's terms and requirements before deciding. You do not need to buy an ebook to use this guide or apply for an opportunity. Any paid training should be a separate, informed choice.

Keep the next action small

My next useful action

When I will do it

Use the official sources on the next page. Have your agency and carriers review live sales procedures before use.

Official sources and updates

Sources checked October 8, 2026. Rules, plan details, and carrier processes can change. Recheck the relevant source and your current instructions before live use. References support the general guidance; they do not approve this publication.

1 Training and readiness

[CMS Agent Broker Compensation](#) explains licensing and annual training and testing expectations. CMS also publishes plan-year training guidelines. Use your state insurance department and each carrier's current requirements for your own status.

[CMS Agent Broker Compensation](#)

[CMS 2027 Agent and Broker Training Guidelines](#)

2 Client protections

Medicare.gov explains marketing and meeting protections for people reviewing Medicare plans. Read the current page alongside current CMS rules and carrier instructions.

[Medicare Marketing Rules for Health Plans](#)

3 Scope of Appointment update

CMS Contract Year 2027 final rule, published April 6, 2026. See the Executive Summary for October 1, 2026 marketing applicability and the Scope of Appointment discussion for the removal of the federal 48-hour waiting period. The advance agreement requirement remains.

[CMS Contract Year 2027 Final Rule](#)

4 Comparing plan features

Medicare.gov explains differences among Medicare Advantage plan types. Use the actual plan's current documents for a particular client's review.

[Medicare Compare Types of Medicare Advantage Plans](#)

About this edition

The Producer Playbook is a Davis Capital educational guide by Brandon Davis. Revised October 2026. It is not CMS or carrier approved and is not a substitute for licensing, training, legal advice, or required sales materials. Examples are fictional. No client results or earnings are promised.