

# Broker Client Conversation Guide

A structured discussion guide for benefits advisors introducing surgical savings evaluation to employer clients.

## Audience

Benefits brokers, consultants, advisory teams, TPAs, carriers, and employer-facing account teams.

## What this PDF helps users do

- Understand whether the opportunity is relevant before speaking with sales.
  - Frame the evaluation around savings, governance, member trust, privacy, and reporting.
  - Prepare a more qualified conversation with CareCostDown, a broker, or a TPA.
  - Avoid confusing a governed employer pathway with unmanaged medical tourism.
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# Positioning the conversation

The strongest broker conversation starts with employer cost management and clinical governance, not with overseas surgery as a standalone concept. The discussion should be framed as a voluntary, physician-led pathway for selected high-cost elective cases.

- Use enterprise cost-management language rather than cheap surgery language.
  - Emphasize no-PHI plan-level review as the first step.
  - Introduce savings as modeled opportunity, not guaranteed results.
  - Position the pathway as a governed benefit strategy, not direct-to-consumer medical travel.
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# Suggested opening language

For clients with meaningful elective surgery spend, we can evaluate whether selected high-cost procedures may be suitable for a clinically governed overseas Center of Excellence pathway. The first step is a plan-level savings review. It does not require patient names, medical records, or PHI through the website.

- This is designed for self-funded employer programs.
  - Participation is voluntary and member education should be handled carefully.
  - Clinical suitability and travel suitability come before financial savings.
  - The employer should receive decision-ready reporting for finance, HR, and benefits stakeholders.
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# Client fit discovery questions

<b>Plan structure</b>	Is the group self-funded or level-funded? Who owns claims savings and implementation decisions?
<b>Procedure spend</b>	Which elective surgical categories create the most avoidable allowed amount exposure?
<b>Volume</b>	How many knee, hip, or selected orthopedic cases occur annually or could be suitable for review?
<b>Stakeholders</b>	Who needs to approve the concept: CFO, HR, legal, broker, consultant, TPA, carrier, or benefits committee?
<b>Member support</b>	What level of education, travel support, and voluntary decision support would be expected?
<b>Reporting</b>	What reporting would make the client comfortable evaluating pilot performance?

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## Red flags in broker conversations

- The client wants direct patient referrals rather than an employer-governed benefit evaluation.
  - The discussion focuses on guaranteed savings rather than conservative modeling.
  - There is no appetite for clinical governance, privacy review, consent boundaries, or TPA workflow alignment.
  - The client expects public web forms to collect patient details or medical records.
  - The employer wants to include emergency care or unstable medical conditions.
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## Recommended advisor next steps

- Use the knee replacement savings brief as a concrete example, not a guarantee.
- Ask for plan-level context first; do not request PHI through email or public forms.
- Recommend a Surgical Savings Review when the client has meaningful elective surgery spend.
- Bring TPA or carrier workflow questions into the process early.
- Position the pathway as clinical governance plus savings modeling, not cheap overseas surgery.

### Recommended next step

Next step: Request an advisor briefing or model the client's plan savings.

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