



Secrets of Identifying a Good Medicare Agent

Lift Advocacy believes that all Medicare beneficiaries can find satisfaction in Medicare if they know a little bit of the reasoning that veteran insurance agents use, bits of reasoning that you can implement immediately if you are turning 65 or that you can implement during the annual enrollment period that occurs every year from October 15th to December 7th. Here is some information to help you reason the way they do.

1. *The Center for Medicare and Medicaid Services*, better known as *Medicare*, regulates the behavior of all Medicare insurance companies and all Medicare insurance agents. One of the important things they do from your perspective is regulate how much insurance companies and insurance agents are paid for being your insurer and your agent. In practice, this means that they are paid the same amount regardless of which company or agent you use for your federal-government insurance plans. How does this affect you? Well, you do not have to worry about a Medicare agent being tempted to put you in a federal plan that pays him or her better but treats you worse. Another implication of this standardization is that you can narrow down your shopping criteria to a single thing: which agent is going to give you the best service, especially post-enrollment services. Good services will cover the rest of the things that you need to be concerned about. Now, all Medicare agents are going to give you good service during your first enrollment with them, even the bad agents, but they are not going to be there to answer your questions, the ones that will inevitably arise, and offer guidance about all the players in the Medicare ecosystem. Only good agents will give you confidence in how you use the Medicare program. And you should have that confidence. After all, your individual Medicare plan covers YOU and YOUR coverage should be the best available, especially since having the best does not cost you a thing. Simply put, helping you have the best service and the best plan is our mission here at Lift Advocacy...We want to enable YOU to be in charge of YOUR coverage, and you can only do that by understanding your options and the rules of the game, whether you are going to be player or the team manager.
2. There are three types of individual Medicare plans that are considered primary healthcare plans. A good agent should review all three options with you.
 - a. *Medicare Supplement* plans are regulated by state governments. They generally have high premiums and low risk to a person's savings should a health crisis arise. The insured's risk is limited to the premium plus a tad more starting on the 1st of January 2020. Agents are paid different amounts for writing this type of plan, so you may want to bear that in mind, but the plans are standardized among most states. This means that once you have identified which plan you want (the plans names are letters of the alphabet), your only two concerns are (1) the initial price and (2) the rate at which the premiums increase over time. You should investigate those two things if you are going to enroll yourself. You should have your agent do that if you are going to use one. These plans are forbidden by law from covering prescription drugs, so you will need to enroll in a second plan just for prescriptions. This will be a separate premium and separate costs to consider.
 - b. *Medicare Advantage* plans are regulated by the federal government. They are becoming the most popular kind. They generally have low premiums, so you spend a lot less on them than on Medicare Supplements as long as you stay healthy. If you do have a health crisis, they expose you to about double the cost of a Medicare Supplement. Their plan designs—the benefits they offer—vary more among the available plans but all reach a minimum standard that Medicare examines and approves each year. Many of these plans have provider networks, so someone,



either you or your agent, needs to ensure that your doctor is in the plan's network. The plans usually cover prescription drugs, so you will want to see which plans covers your particular drugs most cost effectively. Whether you are acting as your own agent or are steering the activities of an agent, you need to be sure to inspect the provider network, the prescription drug coverage, and then the plan design.

- i. By the way, the federal government requires its Medicare agents to request written permission from you to present and describe how the federal plans work. If you do not grant written permission, the agents cannot help you.
 - c. *Medicare Savings Accounts* are also regulated by the federal government. (The official name is *Medicare Medical Savings Accounts*.) When you enroll in these plans, the government gives you thousands of dollars at the beginning of the year. It will be more than enough to cover the healthcare needs of the majority of people enrolled. The government makes such a deposit through the insurance company each year you stay on the plan. This enables the majority of beneficiaries to develop a nest egg, a savings account for health care. Giving you money helps the federal government gain more control over rising healthcare costs. It works like this. Since you have money, you acquire the control that normally resides with the insurance companies or with the healthcare providers. (Medicare supplements and Medicare Advantage plans give control to insurance companies, doctors, and hospitals.) With Medicare Savings Accounts, the government hopes to start lowering Medicare costs by having you put pressure on the doctors and hospitals to make economically responsible decisions. Regrettably, the Medicare Savings Accounts are not yet available in every state.
3. Contrary to the expectations of many people, Medicare does not cover certain kinds of healthcare services and products like hearing aids, eyeglasses, dental procedures, chiropractic, and so on. This means that you need to spend more time looking for and at these coverages, but the Medicare Advantage plans are developing ways to address these limitations. They are called *extra benefits*. They are becoming an important component in the plan designs as Medicare-Advantage insurance companies compete for your attention and patronage.
4. Every person eligible for Medicare can serve as his or her own insurance agent by making their own coverage decisions. However, only someone licensed by a state and certified annually by Medicare can serve as someone else's Medicare agent. This means that you have two options when enrolling in Medicare coverage:
 - a. You make your own insurance-coverage decisions. Lift Advocacy can help you avoid the most frequent pitfalls.
 - b. You identify a good insurance agent whose job is to stay current on the changes to coverages and technologies that may affect your financial well-being and health. He or she should review your coverage annually, proactively contacting you with suggestions and offering his or her reasoning for changing or keeping your current coverage.
5. Insurance agents are supposed to help you manage your relationship with your insurance company. In fact, the insurance companies pay agents to serve you and represent you for as long as you are on the policy. Good insurance agents work for YOU! Lift Advocacy urges people to feel completely entitled to use the services that the insurance companies are paying for.
6. Insurance agents or insurance agencies can be divided into two types: (1) those who do not allow you to talk to the decision-making managers when you want to; let's call them the inaccessible agents, and (2) those who do allow you talk to the decision makers whenever you want; let's call them the



accessible agents. Lift Advocacy believes that you will find more satisfaction working with accessible agents or agencies than with the inaccessible ones. We also strongly believe that you will pay an additional premium for working with inaccessible online insurance agents like *Medicare.com* or *SelectQuotes*. You will not pay that premium in dollars but in lost time, confusion, and emotional turmoil. In practice, this reasoning about working with accessible agents means that you will be better off working with an agent who lives near you. The trick is identifying which local agents can be considered accessible and which ones will deliver lots of service after your initial enrollment. It is the accessibility and service that you receive after your initial enrollment through an agent that marks the difference between good agents and bad agents.

Using this reasoning, we have developed a way to help you determine if an agent will be good after enrollment.

Selecting and Managing a Good Medicare Agent

Let's compare the pros and cons of working with the two types of agents. You can decide which type of agent you want to work with, the ones easily found by searching through Google or the ones that will serve you well after you enroll in a Medicare plan.

Criteria	Accessible Agent	Inaccessible Agent
Easy to Contact through Internet	Lesser	Greater
Easy to Compare Available Plans on One Site	Little Less	Little Greater
Customize Education for Your Needs	Greater	Lesser
Ease of Enrollment	Same	Same
Compliance with Federal and State Guidelines	Same	Same
Post-Enrollment Service	Greater	Lesser
Establishing an Interpersonal Relationship	Greater	Lesser
Accessibility During Annual Enrollment Period	Greater	Lesser
Likelihood of Searching Each Year for the Best Plan for Your Specific Medications	Greater	Lesser
Likelihood of Verifying Each Year that Your Doctors and Therapists Remain in Network	Greater	Lesser
Likelihood of Contacting You about Extra-Benefit Opportunities	Greater	Lesser
Accessibility to Decision Makers Regarding Service	Greater	Lesser
Likelihood to Provide Genuine Simplicity and Satisfaction	Greater	Lesser



You can see that the inaccessible agents have steered their resources toward making your initial enrollment into Medicare as easy and as good an experience as they can. Once enrolled, they expect you to remain their client because you will dread making a change after the trouble of your initial enrollment. They currently do not fear your moving to an accessible agent, but they will in the future if you find Lift Advocacy services helpful. If you hire an accessible agent by enrolling into a plan with their help, you will find that they steer their resources at post-enrollment service rather than at business systems intended to control your requests for service. Good, accessible agents understand that your health and emotional needs continue to change and that no one knows better than you how to best navigate those changes, especially if you have an insurance agent that you trust. It is that sort of fellowship that you need over the long run.

If you are already enrolled through an agent who proves to be inaccessible, you can fire them by enrolling in a different plan through a different agent. If you feel that you are already in the best plan for you, then you will have to decide what is more valuable to you, keeping the best plan or getting a new agent. Of course, you can talk with as many agents as you wish and most will help you, but you only hire them by enrolling through them. You can fire and hire new agents every year during the annual enrollment period.

Synopsis

We would like to point out an additional although subtle cost that the inaccessible agents impose on their clients, one that is difficult for their clients to articulate even when they experience it firsthand. The inaccessible agents are stealing simplicity from the lives of their clients and using its accumulation to benefit their own operations and profits. By the term *simplicity* here, we mean that a client has already used his or her mind to understand a problem they are having with their Medicare coverage, like being billed for something that should not be billed for. By using their mind, they have managed to impose some simplicity on the situation, having figured out some of the factors that led the problem to happen and formulated the rudiments of a plan capable of giving them satisfaction. They would execute it themselves but do not have enough experience and knowledge to bring it to a successful close. That is why they call to speak with a representative of the inaccessible agent (since they are not allowed to speak with the inaccessible agent). The telephone operator representing the inaccessible agent tells the client that his reasoning up to this point is not the reasoning of the software system and so cannot be entered. Consequently, the operator will ask a few questions that will bring the problem into conformity with the software system. The operator does so, but the client finds that the operator never asks the questions that get to the heart of the matter in the client's mind. The client winds up frustrated because the operator cannot and will not acknowledge the simplicity that the client has already found. In this situation, some clients insist that their knowledge of the situation be recorded in the notes of the call, knowing full well that the person who will actually be working the issue will pay it no attention. Clients whose thinking about what will give them situational satisfaction is ignored come away with the impression that the inaccessible agent actually complicates rather than simplifies the situation. Their frustration with the situation has actually been raised not lowered by the inaccessible agent. The clients feel that there is more opposition now than when they placed their calls to the inaccessible agents. Of course, the inaccessible agency sees it differently. He would say that his clients do not understand their problems as well as he does nor the regulatory and business constraints placed on the solution, and that the clients should trust the



experience and knowledge of his agency to get at the very least a response from some party in the Medicare ecosystem.

Well, Lift Advocacy does not feel the the inaccessible agent's argument holds up under scrutiny. The argument is undermined by the previous deployment of software that predetermines which ideas are relevant and important to every situation, by the establishment of business processes that prevent clients from talking with decision makers about the ideas they think are relevant and important, and by the inaccessible agency's having trained their employees to allow the problem-solving software do their thinking for them. In effect, an inaccessible agency requires its clients to jettison all the detailed thinking they have already done about their own problems and what they think will lead to their satisfaction, whatever that turns out to be. These one-size-fits-all solutions fly in the face of basic principles of client satisfaction, which is attained when people participate in solving their own healthcare problems and understand which obstructions are legitimate and which are not. One-size-fits-all software is not the solution. The net effect of this approach is that most clients do not and cannot feel satisfaction from the service they actually receive from the inaccessible-agency personnel.

The next piece of the puzzle is how does this affect the amount of simplicity enjoyed by the inaccessible agency? Despite the emotional turmoil clients feel, the inaccessible agency enjoys the simplicity of treating this particular problem the way that it treats an entire category of problems. The particular problem has been transformed to fit the solution rather than the other way around, the natural way. This approach eliminates a lot of fuss and bother for the inaccessible agency. Their operations remain efficient. Not too much time will be spent on any one particular issue. Profits will remain steady. You have already experienced similar events in your life.

This theft of simplicity is the opposite of client-first service. Genuinely placing a client's needs first would involve maintaining a system that would acknowledge and adapt to each client's sense of complexity and their sense of what genuinely simple solution will look like in the end. And it will not look like the counterfeit simplicity offered by the inaccessible agents where the software system, the policies, and the processes define what the service actually is. Genuine simplicity would take into account the client's determinations of what ideas are relevant and important to the situation. This is what a genuinely accessible agent would do. These determinations need to be taken into account each and every time because they will factor into an accessible agent's reporting back the ultimate solution. That is the only way that clients can experience satisfaction if the solution is not everything that the client hoped for. *The only system that can deliver client simplicity and client satisfaction at the current time is an accessible agent's mind.* It is the only system capable of preserving and deepening a client's simplicity and minimizing his emotional turmoil while addressing the problem as far as it can be addressed under other constraints like laws, regulations, business practices, and so on. Lift Advocacy feels that only accessible agents can genuinely address the increasing complication of Medicare in the lives of Medicare eligibles and beneficiaries.

This is why your working with an accessible agent has become so important to us here at Lift Advocacy. By working with an accessible agent, you can ask for a level of service to fit the problem. And you can watch how your agent performs and then decide if you should keep him or not.



Conclusion

Navigating the maze of Medicare can be confusing, and no one knows how to clear up your confusion better than you. Medicare and its insurance companies want to support you in that mission but don't know how at the moment, as their literature clearly reveals. Consequently, Lift Advocacy's mission becomes supporting you and them through one-on-one discussions and other forms of education that we will develop in the future. The information that Lift Advocacy as a 501(c)(3) non-profit provides currently and in the future cuts through the sales talk, the legal and bureaucratic talk, and the protected agendas to get at the ideas that every eligible person should know before making decisions about Medicare. Such decisions are important because of their impact on your long-term health and well-being. The easiest way for you to get those ideas is by talking with Lift Advocacy and then a good accessible agent. Of course, you can also be your own agent, but that will not be as easy. If you need some guidance finding and identifying an agent near you, help is a phone call away.

You should know that we are recruiting agents all the time who see Medicare the way we do. If they are willing to work with Lift Advocacy, we ask them to sign a code of ethics, to make promises that they will do the things for their clients that we listed above. It is not hard; the vast majority are already doing everything that we listed there. If you like, we could suggest an agent who lives near you. If none are currently available, we could reach out to some to see if they would be willing to explain the plans to you. If they are willing, we would ask them to sign the code of ethics. Lift must operate in this way because only licensed agents are authorized to explain the plans that are available where you live. Since Lift is deliberately not an insurance agency, we can only explain government programs, not the actual products based on those laws and programs.

We offer one last thing to reduce your frustration with Medicare. To protect you, the government requires Medicare agents to have written permission from you before they can talk to you in person. Further, the government requires agents to have written permission from you before they can explain the Medicare products available in your area. Further still, agents can only explain the topics that you explicitly authorize them to explain; for instance, you can prevent them from explaining Medicare Advantage plans if you want.. Finally, agents cannot explain certain topics at the same time that they explain Medicare—another government regulation. For example, regulations forbid their explaining life insurance or annuities in the same meeting where they explain Medicare Advantage plans. This both simplifies and complicates your life and the lives of agents, so we at Lift Advocacy see another way to help. We can facilitate the exchange of these documents, by asking you to fill them out. You give them to us, then we pass them along to the agent, who can now contact you to find out the best way to deliver answers to your questions. (If you decide to be your own agent, you bypass all these regulations, but this is one of the few things that will be easier on you. In most cases, you will have to learn a lot more.)

We know Medicare can be confusing and many times frustrating! Please feel free to contact us and ask us questions. We would love to answer any questions you have, whether you want to become your own agent, or you want us to put you in contact with a good accessible agent and facilitate the exchange of documents. We are always here and eager to help.