



It's AEP again! Here are 5 tips to help you stay organized!

It's Medicare season again for us agents and agencies. We know what you're thinking: **OMG! Already?** Yes, already—so let's talk about the **five things** (okay... maybe five-ish) to tackle now to stay ahead.

1 Get AHIP/NABIP Done Early 📅

It's that time of year again—AHIP/NABIP certification time! 🕒 We know, we know, it can feel like a necessary evil, and you might even want to use the word "hate." But is it really a big deal?

All kidding aside, AHIP/NABIP kicks off the beginning of AEP because all certifications start here. We have to do it to keep our books and to be certified to sell. So don't make a big deal out of it. After all, it's basically the same course year after year, with just the new changes for the upcoming year. Veterans should have no problem, and rookies need this to be **compliant** going forward, so it's not a bad thing, really.

"Oops, did we say compliant?" Sorry! 😊 Part of the problem is that it takes too long, right? And how many of us sell PFFS or Cost plans? Why do we need to learn these things? Plus, the new rules are in Modules 1, 2, & 3 along with Cost Plans, MSA's, and PFFS, etc., which we've been able to skip if we passed the year prior. So do yourself a favor and read these just as a refresher. Also, do the practice tests and download the slides. Most of your test is composed of these questions.

Modules 4 & 5 cover marketing rules and guidelines. How do you spell **MUST-KNOW**? But if you're in the biz, you should already know this part. So again, what's the big deal? 😊 Guess we worry about the pressure of passing, or we need it to keep our book and sell. Plus, it's timed!

🕒 Two hours is probably enough time to take it two or three times when you think about it!

Remember, we aren't scared, we aren't nervous. We are **EXCITED** to pass this course! 🎉 AHIP and NABIP are your friends! All the rules and regulations are in there. If we learn this now, we'll waste less time later trying to find answers to a lot of questions we ask during AEP. Maybe we'll even spare our upline some gray hair! After all, if you know it, you'll always be compliant. Aw, geez—there's that word again. 😊

Lastly, don't wait. Get after the AHIP, ASAP. We try to get our office passed by July 4th 🇺🇸 for independence from the AHIP/NABIP monkey on your shoulders! If we sound a bit passionate

about AHIP, it's because at least a third of the silly questions we hear leading up to and during AEP are answered on AHIP. That's a lot of time wasted. Learn it, learn it, learn it! 📅

2 Carrier Certifications 📅

This all leads into the boring part of AEP, or should we say the second? Carrier certifications, or "Mini AHIPs." Why? 🤔 Because apparently, giving us info on the coming years' plans is too risky, so we get retrained on the rules set forth by AHIP again and again, including the riveting topic of FWA. So, if you're a broker, you are probably learning the difference between PPO & HMO 5-19 times, along with it's wrong to discriminate. And God forbid you don't relearn CSNP and DSNP along with ISNP. Even if the company doesn't have any near you or at all in your state. By the way, did you know it's wrong to offer rewards as inducements? Or buy meals and gift cards? Okay, we're joking. We know everyone knows these things, but why do we have to read them again and again?

We will say one thing, though. If you pay attention to some of the certifications, they do let some things out of the bag. Like, are they adding or leaving a county or plan? Along with your certification, most plans do road shows, either in person or online. You should really go to these. Here are a couple of reasons why:

1. **You need to know your area carrier reps.** 🤝 Some reps are so good you may never call broker services! Who hasn't had that client with some super rare situation where you spend hours on the phone calling the carrier, doctor, medical group, pharmacy, etc.? Your rep could've either handled it or at least cut your time investment way down.
 2. **At the road shows, they happily let you know what networks they're adding or leaving.** Is a plan going non-commissionable? You'll usually find out here. 💰
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3 Compliance

But all this is leading to our third point: compliance. Yes, we're talking about compliance. Basically, everything we've done so far is leading to compliance. Sheesh, hate the C word. 🙄 But seriously, all of these certifications are all about compliance and keeping you out of "Medicare Jail." We all know that we must be licensed, appointed, and certified to sell with each carrier we write for, but what about **SOA's** and **phone recording**? 📞

Both are a royal pain! How many remember having to get the paper SOA mailed out, signed, and returned 48 hours prior to the meeting? Yeah, that was a joke. But now we have E-scopes and apps! Yay! Finally able to get them done in a relatively reasonable fashion. 🙌

But what about call recording? Are you doing it? If you are, AWESOME! Our chests are swelling with pride for you! But if you aren't recording, "Houston, we have a problem." We know what you're thinking. You haven't had a problem or allegation in the past, so why bother? Well, when

AHIP first came out, it was two years before it was made mandatory. SOAs followed a similar trajectory. You were supposed to do them, but no one was checking. Now, carriers want them with the app. So, we are probably going to see more carriers randomly asking for recordings, just to make sure we are compliant. And don't get us started if you get an allegation. No call recording is probably going to make all of you perfectly angelic agents guilty. Despite your innocence, we get the revulsion to it. We've literally heard agents yell out at road shows, "I ain't recording bleep." But it's our honest feeling that the honeymoon is over. So protect yourself and your paycheck. Do the right thing, even if you disagree with it.

Ethics

Speaking of "Do the right thing" (thank you, Spike Lee), let us be ethical in all we do! You guessed it, it's ethics time!  We often refer to it as "Do the write thing." All too often we are faced with the choice to write or not to write, but is that the real question? This challenges our ethics because sometimes the client is in the right plan. But we don't get paid if we don't write 'em.  The right thing to do is walk away or tell them to call their carrier and change their network, or you can do it with them. Part of this is taking the time to talk and really listen to your clients and prospects. Don't just check drugs and doctors. Compare the plans and ask questions.

We have all had that lady we were about to walk away from, but then she mentions she does MRIs every three months, and suddenly the plan that was \$20/month more on medications is now \$90/quarter cheaper because of the MRI copay! Or when you have a carrier no one is selling because the copay structure and benefits were the weakest, but you wrote it because this carrier covered two high-dollar meds far better than anyone else! Think of the thousands we save our clients! At the end of the day, healthcare is a financial decision, so you owe it to your clients and prospects to be contracted and certified with all available plans in the areas you serve instead of only getting appointed with a few "select" carriers. In the immortal words of Patrick Rodriguez, "If you're selling, you're probably not helping. But if you're helping, you're selling." ¹⁰⁰

Enrollment Periods

Which brings us to topic five: Enrollment periods. All this should be second nature, but just for review, here are the important dates:

Initial Coverage Election Period (ICEP)

- **When:** The 7-month window around your 65th birthday, including three months before, the month of, and three months after your birthday.
- **What:** Your first opportunity to enroll in Medicare Parts A & B.

- **Why:** If you miss this period, you may face penalties and have to wait until the General Enrollment Period.

Annual Enrollment Period (AEP) 📅

- **When:** October 15 to December 7 each year.
- **What:** Opportunity to switch or drop Medicare Advantage or prescription drug plans.
- **Why:** Review your current coverage and make changes if needed, with coverage effective January 1.

Medicare Advantage Open Enrollment Period (MA OEP) 📅

- **When:** January 1 to March 31 each year.
- **What:** For those already enrolled in a Medicare Advantage plan, it allows switching to a different Advantage plan or returning to Original Medicare.
- **Why:** A chance to re-evaluate your coverage and make changes if your needs have changed.

So, let's bring this baby in for a landing. 🚀 Get AHIP or the NABIP certification done ASAP. Knock down each carrier cert and road show you can. You deserve independence. Stay compliant. The C-word is a pain, but without it, the pain is a loss of income, so choose your pain. Be ethical in all your dealings. Remember, that senior is someone's grandma or grandpa. Treat them like they are yours. ❤️

We'll close with some of our favorite expressions!

BOS\$ - Which stands for "Be Of Service, and the money will follow." Money is the by-product of doing the right thing, and there is an ABUNDANCE of opportunities to serve and care for Medicare beneficiaries! The right thing is always the right thing. ✨

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