

Interview With a Medicare Plan Broker: Free Help for Practices and Patients

When I come across a product or a service that I think is interesting, I want to write about it. When I connected recently with VibrantUSA, I found a service I never knew existed – an insurance broker specializing in Medicare plans! Here's my interview with VibrantUSA's CEO Rob Solberg.



Mary Pat: Your business is a family business – can you tell me your story?

Rob: VibrantUSA did not start out to be a “family” company in a literal sense but we always wanted to build an organization where our team was hired for “heart” and truly committed to our mission. When my father (co-founder) took an executive position with a larger corporation in 2008, I left my position in the auditing field to manage VibrantUSA's day to day operations. My sister, Dani, began her career as an agent about the same time. My brother, Russ, came on full-time as our CIO in 2011 but had been our IT consultant since inception.

Clearly the family does not stop with those who share the same last name. Our team consists of many other family relationships, includes people who have worked together in other organizations and in some cases includes life-long friends. VibrantUSA has always been about a mission and never about a job.

Mary Pat: Tell me about specializing in Medicare Replacement Plans.

Rob: VibrantUSA's primary goal is to educate the senior population about Medicare insurance which is an area full of confusion. In short, there are three main products that fit into this mix: Medicare Supplement, Medicare Advantage and Medicare Part D (Rx) plans. The only reason I say this as there are dental plans and vision plans that are for "seniors" as well as other products such as the hospital indemnity plans (security life we are currently looking at) that could, I guess, be products that would be included as options as the population grows older.

Mary Pat: *I've never actually heard of a broker who specializes in Medicare – are you primarily positioned to help Medicare beneficiaries or practices that see Medicare patients?*

Rob: That is a great question. When VibrantUSA was formed, our vision was to serve the senior population in all senior related insurance products. Over the years and with our provider partners, we began to focus entirely on Medicare insurance. That is not to say we do not sell an occasional individual health product to a spouse of a Medicare beneficiary. We strongly believe the relationship between the provider and patient is far more valuable than the relationship of the insurer and patient. Carriers come and go, benefits change and the beneficiaries preferences and needs change. The patients' needs of their providers do not change in the same manner. Although we work very closely with hundreds of providers, our passion (and our legal responsibility) is to the seniors that we serve.

Mary Pat: *How do you help practices?*

Rob: Our assistance to providers can be broken down into primarily three categories:

Defined Medicare Policy: We work closely with management to determine and define what their Medicare policy is. The

Defined Medicare Policy consists of (1) identifying the accepted Medicare plans (Medicare Advantage, Medicare Supplement, company sponsored plans, Military plans, Medicaid plans, etc. and (2) clarification of plan acceptance for existing Medicare beneficiaries, those aging in and new patients to the practice.

Communication: We further assist providers in compliant communication of the Defined Medicare Policy via annual policy reminders, brochures, welcome letters, website, affiliation letters as well as provider verbal communications.

Custom Reporting of Activities: Additionally, we provide our partners with specific reporting regarding each and every interaction with patients and VibrantUSA. These reports help the providers understand what their patients' needs and preferences are which allows them to better align their practice in the marketplace.

Mary Pat: How many different replacement plans do you handle and in what states?

Rob: VibrantUSA is currently licensed in Texas and Washington states (reviewing areas for expansion). In each market that we represent, we have nearly every Medicare Advantage contract, all competitive Medicare Supplement contracts and many of the high demand Part D contracts.

Mary Pat: Some replacement plans are HMOs or PPOs and some are PFFS – can you describe the differences and how practices can distinguish between them?

Rob: Medicare Advantage plans are composed of three plan types. (1) Health Maintenance Organizations – HMO, (2) Preferred Provider Networks – PPO and (3) Private Fee For Service -PFFS. Each plan type varies by the type of network and process of obtaining referrals (or the necessity of referrals). In our experience, providers typically have a decent understanding of the differences and the impact of the

types to the provider. However, as part of our partner process, we offer a **Medicare basics class** to each member of the provider group to have a better understanding.

Mary Pat: What do you think is the greatest need that practice have in managing Medicare plans?

Rob: I would put their greatest need into three categories:

- a. Have a clearly Defined Medicare Policy
- b. Have a compliant method of communicating that strategy to patients and providing them with the services and choices they deserve.
- c. Gain control (in a compliant manner) of the Medicare connection with patents to position their practice for whatever may come down the path. No one knows where the future is headed but allowing third parties to gain control over their patients clearly exposes the practice and limits future options.

Mary Pat: Two big hurdles for practices that I am aware of are understanding and helping patients understand the Medicare wellness plans and using the ABN correctly. Do you see this in the practices you help?

Rob: Yes, we see practices with varying levels of support regarding plan utilization and the ability to ensure patients have the understanding. As noted earlier, we work with providers to develop compliant communication with patients and an example of this is the annual wellness exam reminder which is usually at no cost to the patient.

Mary Pat: Are you seeing any practices that are either not participating in Medicare or opting out of Medicare altogether?

Rob: Absolutely, though we have found this to be more prevalent in Washington than in Texas. It can be difficult for a Medicare patient who is new to the area to find a primary

care physician and when they do, there is a strong likelihood that they will accept this patient only if they are on one of the Medicare Advantage plans they are contracted with. Unfortunately, this means the potential patient may need to decide between their company plan (for example) or the benefits of one of the approved Medicare Advantage plans.

Mary Pat: What are the costs of your services to the provider or to their patients?

Rob: We do not charge providers for our assistance nor do we charge our seniors as we are reimbursed by insurance companies on policies written.



Rob Solberg is CEO
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VibrantUSA, an independent Medicare insurance agency, offers healthcare providers (PCPs, Specialists, Hospitals, etc.) custom designed solutions for efficiently communicating their Medicare policy to their Medicare patients. Vibrant's website is <http://www.vibrantusa.com> and Rob can be contacted by phone at 866-733-5111 and by email at robert.solberg@vibrantusa.com.