

**Congress of the United States**  
**House of Representatives**  
Washington, DC 20515

January 12, 2023

Administrator Chiquita Brooks-LaSure  
Centers for Medicare & Medicaid Services  
7500 Security Blvd  
Baltimore, MD 21244

Dear Administrator Brooks-LaSure,

We write to request more information regarding the Centers for Medicare and Medicaid Service's (CMS) Contract Year (CY) 2025 Policy and Technical Changes to the Medicare Advantage Plan Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, Programs of All-Inclusive Care for the Elderly and Health Information Technology Standards proposed rule (or the "proposed rule").

Medicare Advantage (MA) serves as a key option for seniors and patients who want to receive higher quality, more coordinated care than fee-for-service beneficiaries. The Congressional Budget Office projects that MA will grow to 62 percent of Medicare beneficiaries by 2034. As MA continues to grow it is imperative that we ensure the program remains viable and that seniors and individuals with disabilities eligible for Medicare can make informed decisions on their health care coverage.

Field marketing organizations (FMOs) provide vital support to these independent agents, offering services such as contracting, credentialing, compliance assistance, and technology support. The proposed rule will have significant implications for Medicare beneficiaries, FMOs, and the numerous agents and brokers who play a pivotal role in aiding millions of seniors in navigating the complexities of Medicare plan options.

We recognize the concerns that prompted these regulations but urge you to ensure efforts to address the integrity and accessibility of the Medicare program do not result in unintended consequences that jeopardize patient access to quality care. We therefore request that you respond to the following questions:

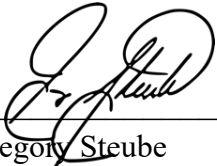
1. CMS is proposing to redefine compensation for agents and brokers who help seniors choose MA and MA prescription drug (MA-PD) plans to include administrative payments, which cover marketing, recruitment, customer service, new technology, and training among other services.
  - a. How did CMS arrive at a \$31 increase to cover these services?
  - b. What data did CMS review to inform the decision to provide a \$31 increase to cover these services? Please share this data with us.
  - c. How did CMS calculate that \$31 would be sufficient to compensate the services covered by administrative payments?

- d. How many Medicare Advantage enrollees does CMS estimate rely on a licensed agent/broker?
2. How might the removal of administrative fees – which support the operations of local, independent agents – potentially hinder beneficiaries’ access to and utilization of services they currently receive?
3. What impact does CMS project this rule will have on agents and brokers ability to assist beneficiaries with Special Needs Plans (SNPs)?

As the Medicare community considers these proposed changes, we urge CMS to closely examine the potential impacts on all stakeholders, especially our Medicare eligible senior citizens and individuals with disabilities accessing care.

We appreciate the opportunity to provide input on this critical matter and look forward to your prompt response.

Sincerely,



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W. Gregory Steube  
Member of Congress



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Vern Buchanan  
Member of Congress



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Adrian Smith  
Member of Congress



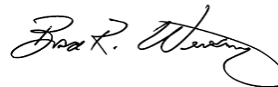
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Mike Kelly  
Member of Congress



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Darin LaHood  
Member of Congress



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Brad R. Wenstrup, D.P.M.  
Member of Congress



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A. Drew Ferguson, IV  
Member of Congress



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Ron Estes  
Member of Congress



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Kevin Hern  
Member of Congress



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Carol Miller  
Member of Congress



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Claudia Tenney  
Member of Congress



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Nicole Malliotakis  
Member of Congress



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Beth Van Duyne  
Member of Congress



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Mike Carey  
Member of Congress