



Medicare Broker Bill

Background – CMS Marketing appointment rules regulate the interaction consumers may have with an agent or broker providing guidance to consumers interested in enrolling in Medicare plans. These rules require a “scope of appointment” process which is very restrictive, specifically for those consumers that already have an existing relationship with an agent. Under these rules the agent and consumer agree to a “scope of appointment” 24 hours prior to their meeting. Once the consumer is able to meet with the agent, the consumer may only discuss with that agent the products that were included in the scope of appointment, unless another “scope of appointment” form is completed, even if the consumer already has an existing business relationship with that agent.

These rules prohibit consumers from being able to gain timely access to agents and brokers working in the Medicare market, and prevents these consumers from being able to have conversations about the full scope of their financial and medical needs and which plan options (Medicare Advantage, Medicare Part D, and Medigap) may be best without submitting a subsequent “scope of appointment” form. Further, if the consumer has placed other business with the agent outside of the Medicare market, the consumer is restricted from discussing that business with the agent or broker during their “scope of appointment” meeting.

Medicare Broker Bill – In an effort to improve the consumer experience in enrollment in Medicare plans, we believe that the “scope of appointment” rules should allow for leeway under a standard set of issues that allows for initial needs assessment of financial and medical needs, allows consumers to discuss their options under several different Medicare plan arrangements without the need to submit additional “scope of appointment” paperwork, but continues to protect the consumer by prohibiting immediate cross-selling.

The restrictions placed by these rules also hinders an agent or broker’s ability to perform routine servicing activities, to facilitate change of address requests, assist with claim issues and other functions on behalf of their clients with the carrier, even if the agent is registered with the carrier as the agent of record. Providing these services to consumers on a year round basis is an invaluable service to consumers which is currently restricted from being offered to those consumers in the Medicare market. We believe these rules should be lifted so that agents and brokers may be able to advocate on behalf of their clients, especially in areas of claim adjustments, negotiating with providers, and maintenance of plans.

In an effort to ensure that similar rules prohibiting consumer protections in the Medicare market are not enacted, we request that CMS include professional agent organizations such as NAHU in any conversations on proposed rules that directly affect the relationships consumers have with agents and brokers in the same way that CMS includes the carriers. This would allow for a dialogue for proper identification and assessment of these and other problems that can be appropriately addressed either through regulations other means and not add new problems that neither address a perceived problem in the market or makes access to agents and brokers more challenging to consumers in the Medicare market.