



PROTECTING BENEFICIARIES: IMPROVING AND MONITORING MEDICARE MARKETING PRACTICES

The Board of Directors of AHIP and its member plans are strongly committed to the following principles to ensure that beneficiaries in Medicare Advantage and Part D programs receive complete, accurate and understandable information. We are committed to promoting broker and agent and plan marketing staff conduct that enables beneficiaries to make informed choices that meet their particular needs.

We support the following principles to ensure that beneficiaries will have peace of mind knowing that we have zero tolerance for noncompliance by brokers and agents or plan marketing staff and that such conduct will be promptly and effectively addressed, including termination of employees or broker or agent relationships when warranted.

Establishing Qualifications for Brokers and Agents and Plan Marketing Staff:

Plan sponsors should specify the qualifications that brokers and agents and plan marketing staff must meet to market Medicare Advantage and Part D plans, clearly communicate these qualifications, and consistently apply them, including:

- Performing background checks, including verification of required state licensure;
- Checking applicable databases for documentation of prior serious misconduct;
- Obtaining documentation substantiating that threshold test scores have been achieved on core competency training and ensuring that continuing education credits are available for licensed brokers, agents, and plan marketing staff. We are urging the Centers for Medicare & Medicaid Services (CMS) to establish standards for training that requires that specific topics must be addressed in detail including:
 - Medicare fee-for-service eligibility and benefits;
 - Medicare Advantage and Part D plan types and structure, including the key differences between HMOs, PPOs, PFFS plans, and SNPs; and
 - Permissible and prohibited marketing practices, including non-discrimination rules and the prohibitions against door-to-door marketing; and

- Requiring brokers and agents and plan marketing staff to obtain threshold test scores on plan-specific training that provides detailed information about the plan types and benefits offered by the plan sponsor.

Annual Recertification and Targeted Retraining:

Plan sponsors should establish requirements for brokers and agents and plan marketing staff to achieve threshold scores on annual recertification tests and repeat core competency training, as needed. Plan sponsors also should require targeted retraining addressing topics requiring special attention that may arise throughout the year and provide updated information through e-mails, websites, or other means on an ongoing basis.

Enrollment Safeguards:

Plan sponsors should include steps in their marketing and enrollment processes to verify beneficiaries' intent to enroll and understanding of the plans they are electing, including:

- adding to the plan's enrollment application attestations by the beneficiary or his/her legal representative or guardian and the broker, agent, or plan marketing staff that address the beneficiary's understanding of the plan structure and benefits; and
- conducting oversight such as post-enrollment outbound calls from the plan sponsor to the beneficiary or his/her legal representative for face-to-face enrollments or systematic monitoring of recorded telephonic enrollments.

Monitoring Compliance:

Plan sponsors should establish processes for tracking and analyzing individual broker and agent and plan marketing staff performance in such areas as beneficiary satisfaction, rapid disenrollments, and complaints. This ongoing process of evaluation allows plan sponsors promptly to identify conduct that merits urgent investigation, such as provision of incorrect, misleading, or inaccurate information; unauthorized contact or home visit; fraudulent enrollment submission; or intimidation.

Protecting Beneficiaries:

Plan sponsors should establish processes for rapidly investigating complaints and taking immediate and decisive action when complaints are verified, including requiring inbound calls by the broker, agent, or plan marketing staff and beneficiary before each application is completed, re-qualification, suspension, or termination. We strongly urge CMS to work with the NAIC to develop a uniform process and criteria for plan sponsors to report serious misconduct by licensed brokers, agents, and plan marketing staff in a timely fashion to State agencies overseeing broker and agent licensure.

Compensation:

Compensation arrangements must comply with CMS Medicare Marketing Guidelines, including withholding or withdrawing payment for rapid disenrollments.

Provider Outreach:

Plan sponsors should make available to physicians, hospitals and other providers detailed information about plan structure, benefits, rules and payment terms of the plans they offer. Plan activities should include strategies to educate providers prior to market entry and ongoing efforts to build and maintain relationships to serve plan members. CMS should increase outreach to educate providers about the types of Medicare Advantage plans and expand availability of CMS materials for providers.