



November 22, 2022

The Honorable Chiquita Brooks-LaSure, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Brooks-LaSure:

The Alliance of Community Health Plans (ACHP) shares the Administration's dedication to serve seniors enrolled in Medicare Advantage (MA) and welcomes CMS action to address misleading and aggressive marketing tactics. The MA program is working for America's seniors, reaching 29 million enrollees and counting, who utilize the information provided in marketing materials to identify the best coverage and care options for their individual circumstance.

Unfortunately, some third-party marketing organizations (TPMOs) provide inappropriate, confusing, misleading or inaccurate marketing, misrepresenting choices in a program that provides seniors dozens of comprehensive, high-quality, affordable and coordinated care options. We appreciate the opportunity to collaborate with the Administration on actions that put consumers first.

ACHP is the only national organization promoting the unique payer-provider aligned model in health care. ACHP member health companies collaborate with their provider partners to deliver higher-quality coverage and care to tens of millions of Americans in 36 states and DC. This industry leadership allows ACHP to advocate for practical, bipartisan solutions that translate into high-value coverage and care for all.

Medicare consumers can be an easy target for high-pressure sales tactics. Across the country, seniors have been subject to improper marketing practices, too often resulting in their unintentional disenrollment from a plan only for agents/brokers to enroll them in a new plan unknowingly. These marketing practices include high-pressure sales tactics that routinely rush the sales process or misleading automated calls.

For the past several months, ACHP has engaged with the Senate Finance Committee about marketing practices that have yielded numerous issues with the information TPMOs provide to consumers that are misleading and inaccurate. Based on the Committee's Deceptive Marketing Practices Flourish in Medicare Advantage report findings, we are concerned about TPMOs' pattern of inappropriate and deceptive marketing. ACHP encourages CMS to clarify guidance and strengthen oversight of TPMO marketing behavior to protect MA consumers from exploitation.

ACHP believes that putting consumers first requires providing unbiased, comprehensive, transparent and easy-to-navigate information to foster informed health coverage selections. We therefore offer the following recommendations for CMS action:



- Update the definition of the TPMO to narrow the scope and avoid encompassing small community-based broker firms as well as field agents/brokers who make sales in-person.
- Restructure agent and broker administrative compensation, standardizing and limiting override and supplemental agent/broker commission dollars.
- Aggregate rapid disenrollment data to identify outlier agents and brokers with high disenrollment figures.
- Establish maximum contributions on the amount a health plan can provide to a field marketing organization.
- Strengthen oversight of misleading advertisements, including specifying that geographic plan options and appropriate federal programs (Medicare and/or Medicaid) are clearly presented.
- Provide a fast-track review process or alternative option for 5-star MA plans that regularly receive clean audits to reduce burden and target inappropriate actors.

ACHP encourages the Administration to consider these actions to strengthen the consumer experience in navigating the rapidly growing and diverse MA program. We appreciate the opportunity to share our ideas and look forward to continuing to collaborate and work with you and your team.

Wishing you and your family a peaceful Thanksgiving.

Ceci Connolly
President & CEO

Cc:
Jon Blum, Principal Deputy Administrator and Chief Operating Officer
Meena Seshamani, Deputy Administrator and Director, Center for Medicare
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