

Medicare Proposed Changes for 2024

Tired of getting calls every day about your Medicare benefits? Turning on the TV and seeing Medicare advertising at every commercial break that lets you know that you may be missing out on free benefits is constant. But is it true? Generally, most folks don't qualify for the benefits mentioned because they are extras offered for individuals who qualify for dual Medicare/Medicaid plans. Suggesting you might qualify gets you to make a call so they can get authorization to collect your personal information. It's no wonder that people have been complaining.

In an effort to crack down on abusive and confusing marketing tactics, CMS (Center for Medicare Services) will implement several changes due to the many complaints they have received this year. After hearing about these proposed changes, I logged into the federal register to review. The following information was taken from CMS regarding upcoming changes in the Medicare Advantage market. Some are going into effect as early as June 5th, and others in October:

One change will require the timeline for collecting a Scope of Appointment, which is written permission limiting what can and cannot be discussed in a sales appointment, to extend to 48-hours prior to the appointment (with only two exceptions). Today, when you call a telemarketer in response to seeing an ad on TV, they take your information, sell that information to other companies, and then immediately pass you on to a licensed broker who will try to sell you a different Advantage plan. Brokers only get paid if they sell a plan.

Second, CMS is prohibiting ads that use words and imagery that beneficiaries may find confusing, or use misleading or confusing language or Medicare logos that misrepresent the plan. CMS is reinstating "important protections that prevent predatory behavior and strengthen the role of plans in monitoring agent and broker activity."

These two major changes, alone, will help reduce unwanted and misleading advertising along with complaints from confused and hoodwinked consumers that follow from it.

Another important new rule stipulates that sales people must tell you ahead of time which plans they represent. This will be a challenge for the 800-number companies who market across the U.S. where hundreds if not thousands of plans are potentially part of their “market”. There are new rules requiring those who market Medicare products to have disclaimers not currently required on all marketing materials they distribute. The details are still being worked out and won’t be seen until October’s enrollment season.

In summary, the federal government is budgeting an increase of 3.32% or roughly \$13.8 billion dollars for Medicare Advantage plans. They want to improve the Advantage plans that are currently available to seniors and help eliminate identified problems around the deceptive ways these products are marketed and sold.

One way to make sure that you receive a plan that fits your needs best is to work with a local and independent, certified Medicare broker like us. Give us a call if we can help!