Inbound Calls Drive Compliance and Efficiencies Amidst CMS Rules Changes

Description

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This article discusses the CMSâ?? rules that will continue to affect how insurance agents and brokers may legally market Medicare Advantage to eligible seniors. It also gives more information on inbound calls, and how they can drive compliance and efficiencies in acquiring new business.

The Centers for Medicare & Medicaid Servicesâ?? (CMSâ??) rules for how insurance agents may legally engage with seniors has pivoted yet again. CMSâ?? rule for disaster/emergency submissions during the Special Enrollment Period (SEP), which blocked agents from submitting these applications on behalf of clients, has been reversed. Beneficiaries in areas affected by a state of emergency will no longer be required to contact 1-800-MEDICARE directly to gain coverage for the first time, disenroll from their plan, or make changes. Good news for insurance agents and beneficiaries! But there are still other regulatory changes that will impact how agents can market Medicare Advantage.

Regulatory changes that will continue to affect Medicare agents

These two rules will continue to be in effect:

- **48-Hour Scope of Appointment Rule**

Under this rule, agents must obtain a signed Scope of Appointment (SOA) at least 48 hours before conducting an appointment with a beneficiary. This form identifies the specific product(s) the beneficiary has stated they would like to cover in the appointment. Agents are not allowed to discuss any products that are not listed in the SOA, unless the beneficiary asks. Proponents of the rule believe it provides beneficiaries with necessary, ample time to consider all of their options and consult with others. Opponents suggest it makes it harder for seniors who would rather get signed up for a plan immediately or who may be confused as to why they are being held off for 48 hours.

- **One-to-One Consent Rule**

Effective October 1, 2024, this rule requires Third-Party Marketing Organizations (TPMOs) to obtain expressed written consent from a beneficiary to share their data with another TPMO. This consent must be secured through a transparent, prominently placed disclosure. A separate consent must be collected for each TPMO that receives the data, creating one-to-one consent between the beneficiary and the TPMO. While there have been legal challenges to this rule, the courts have ultimately sided with CMS and require one-to-one consent.

Using technology for compliance and operational efficiency

To effectively market Medicare Advantage in this regulatory environment, agents can utilize available technologies to guarantee compliance and improve operational efficiency. Some of these include:

- **Consumer-initiated inbound call systems**

Inbound calls from beneficiaries are the most compliant way to market Medicare Advantage. By placing an inbound call, consumers automatically establish one-to-one consent with an agent. Implementing platforms that facilitate direct, consumer-initiated inbound calls helps agents engage with eligible seniors without worry.

- **Agent-controlled call activation**

Technologies that enable agents to toggle call availability in real time offer flexibility and operational efficiency. By sidestepping traditional platforms, agents can manage their schedules more effectively, ensuring readiness to handle inbound inquiries promptly.

- **Integration with compliance tools**

Technologies with features like call recording, consent management, and appointment scheduling help agents remain compliant, especially to the 48-hour SOA and one-to-one consent rules.

Rethinking your marketing efforts with inbound calls

Acquiring new Medicare clients is tricky with the ever-changing regulations. Compliance requires time and research, time that Medicare agents often do not have. Many agents have turned to outside resources for help identifying prospects, giving them more time to focus on growing their knowledge of Medicare products and providing clients with excellent customer service.

Customer-initiated inbound calls have grown in popularity. They are effective because they give agents direct access to the highest intent beneficiaries who can be quickly qualified, all while alleviating the

stress of trying to comply with CMSâ?? rules

How inbound calls work

1. The process typically begins when beneficiaries view a CMS-approved Medicare creative on the Internet or social media.
2. Interested seniors navigate to a landing page where they answer a series of qualifying questions.
3. Once pre-qualified, they are given a phone number to call to speak with a Medicare agent.
4. Inbound inquiries may go through an additional level of screening using Interactive Voice Response (IVR), which seeks to confirm that they are looking for assistance with Medicare.
5. They are then routed to a Medicare agent for further discussion.

What makes our inbound calls unique

While many inbound calls are routed to agents using Ringba or a similar tool, The Leads Warehouse uses a proprietary portal to connect agents with interested consumers. It gives agencies and agents the ultimate flexibility, so they can adapt instantly in their marketing efforts. Our easy-to-use tool:

- Allows agencies to quickly set and modify the amount of marketing dollars they would like to spend, no minimums
- Gives agents the flexibility to choose when they will take calls and from which states, eliminating missed calls and operational mishaps
- Provides access to exclusive leads that are never resold
- Seamlessly connects agents to Medicare-eligible seniors who have passed three levels of verification

If you would like more information on how you can use inbound calls and be compliant in 2025, give The Leads Warehouse a call at **1-800-884-8371** or visit our website at https://theleadswarehouse.com.

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