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WHAT COMES NEXT:

CMS 2027 Proposed Rule +

CMS 2027 MA & Part D Proposed Rule

Released November 25, 2025

“Proposed” = Not set in stone. A good indicator of what will be applied for 2027

Remember! These proposals have zero implications from 1/1/26 - 9/30/26

- CMS proposes meaningful deregulatory changes
- Fewer administrative burdens for agents and plans
- Easier education, smoother enrollment for beneficiaries
- Many restrictive 2023 rules repealed; return to pre-2022 standards

The Bottom Line:

2027 is shaping up to be one of the most agent-friendly years in recent Medicare history.

Why this Rule Matters.

Overall: Improvements Abound

- CMS explicitly labels the rule “**deregulatory**”
- Focus on simplifying:
 - Marketing
 - Scopes of Appointment
 - Agent–beneficiary interactions

Key Takeaway:

Agents should find it easier to educate, engage, and enroll clients—without sacrificing compliance.



48-hour SOA Rule

What's Changing

- CMS proposes eliminating the 48-hour SOA waiting requirement
- Same-day SOAs would once again be allowed

Why CMS Is Doing This

- The rule created barriers without measurable consumer protection

Impact

Agents: Faster conversations, fewer delays, easier scheduling

Beneficiaries: Learn about plans when motivation is highest

Permission to Contact

Key Updates

- Permission to Contact (PTC) **may be included** directly on the SOA
- One SOA can cover multiple contacts or appointments
- Applies to phone, in-person, and follow-ups

Impact

Agents: Fewer forms, smoother follow-up, less paperwork

Beneficiaries: Fewer signatures, streamlined communication

SOAs Required... Clarified

SOAs Required for All Personal Marketing Appointments

- Walk-ins
- Inbound calls
- Web-based requests

Applies regardless of who initiated the interaction

What Counts as “Personal Marketing”

- One person or small household group

Impact

- Clearer compliance expectations
- Standardized documentation across all interactions

Educational & Marketing Events

New Flexibility

- Repeal of the 12-Hour Delay
- Marketing events may follow educational events same day, same location
- Requires notice and a reasonable break
- SOAs Allowed at Educational Events
- Agents may now distribute and collect SOAs at educational events

Impact

Agents: Better event ROI, fewer missed opportunities

Beneficiaries: Learn and enroll in one visit

Streamlining TPMO Disclaimer

Proposed Improvements

- Removes requirement to mention SHIPs
- Eliminates the “one-minute rule”
- Disclaimer must be read before discussing benefits—but at a natural point

Impact

Agents: More natural conversations, cleaner marketing materials

Beneficiaries: Less confusion, clearer guidance

Call Recording Retention

What's Changing

- Marketing and sales call recordings retention reduced:
 - From **10 years** → **6 years**
- Enrollment documentation still required for 10 years

Impact

- Lower storage costs
- Reduced compliance burden
- Minimal impact to beneficiaries



Marketing Flexibility

What's Changed

- Superlatives Allowed Without Citations
- Phrases like “most popular plan” permitted
 - Must still be factually supportable if requested

Impact

- Easier marketing creation
- Fewer footnotes and disclaimers
- Clearer consumer messaging



What's New — Provider Network Changes

- SEP renamed to “SEP for Provider Terminations”
- Expanded notification and streamlined timing

Impact

Agents: More flexibility to assist clients when providers leave networks

Beneficiaries: Greater ability to change plans when care access changes



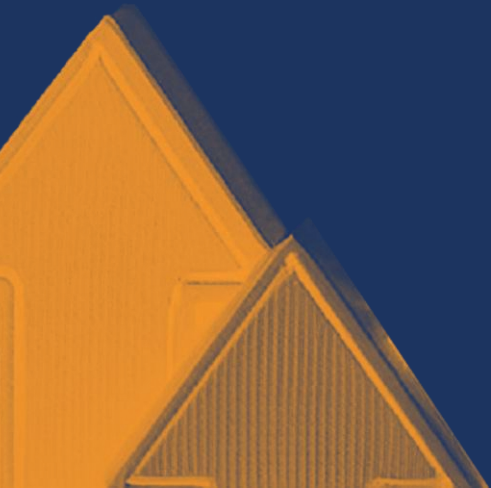
Disclosures & LI NET Changes

CMS Proposes to:

- Reduce duplicative disclosure requirements
- Eliminate mid-year unused benefit notices
- Relax LI NET call center hour requirements

Impact

- Reduced administrative burden
- Need for agents to proactively educate clients on benefits and coverage



Final Thoughts

- 2027 Medicare rules favor **education, flexibility, and efficiency**
- Less red tape, more natural client engagement
- Improved event marketing and follow-up
- Strong signal of trust in licensed agents

Next Step:

Watch for the **Final Rule (expected Spring 2026)** and prepare to adjust workflows early.

Final Thoughts

- **Medicare sales are a YEAR-ROUND opportunity**
- Q1 sets the tone for the rest of the year
- Focus on compliance, service, and strategic specialization
- Use follow-ups and reviews to build trust—and your book of business



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WHAT COMES NEXT: **2026 Reminders**

Medicare Enrollment — Windows Outside of AEP

Age-ins (Initial Enrollment Period – IEP)

- Turning 65
- 7-month window (3 months before, month of, 3 months after birthday)
- Can enroll in:
 - Medicare Advantage (MA)
 - Part D
 - Medicare Supplement (Medigap)

Late Retirees

- Employer coverage ends after age 65
- SEP triggered by:
 - Loss of employer or union coverage
 - Avoids Part B late enrollment penalties if coverage was creditable

Medicare Enrollment — Windows Outside of AEP

General Election Period (GEP), Jan 1 – Mar 31

- For those who missed IEP and don't qualify for SEP
- Coverage starts first of next month i.e. January enrollment has Feb 1 start date
- Late penalties may apply; Part B and Part D
- MA/MAPD or Part D can be added during this window

Medicare Supplement

Medicare Supplement Open Enrollment Period

- 6 months starting when Part B becomes effective
- Guaranteed issue (no medical underwriting)

Outside of Open Enrollment:

- Medical underwriting usually required
- Exceptions exist through **Guaranteed Issue rights** or **state-specific rules**

Medicare Supplement “The Birthday Rule”

- Allows certain beneficiaries to change Medigap plans annually without underwriting
- Not a federal rule — **state-regulated**
- **NOT available in all states (Available in 14 states)**
- Rules vary by state:
 - Typically limited to switching to the same or lesser benefit plan
 - Timing windows differ (before, on, or after birthday for 30-, 60-, 63-, or 90-days)
- Provides ongoing flexibility beyond initial Medigap enrollment

Watch for a future, in-depth presentation

Special Enrollment & Change Opportunities

MA OEP, Jan 1 – Mar 31

- Only for current MA members
- Can: Switch MA/MAPD plans
- Drop MA/MAPD and return to Original Medicare + Part D

Recently Relocated

- Permanent move outside plan service area
- SEP allows plan change before or after the move
- Timing depends on when beneficiary notifies Medicare

Special Needs

- Chronic Condition SNP (C-SNP)
- Dual Eligible SNP (D-SNP)
- Institutional SNP (I-SNP)
- Allows plan changes aligned to eligibility status

Special Enrollment & Change Opportunities

Cross Selling

- Dental, vision, hearing
- Hospital indemnity
- Cancer or critical illness plans
- Must comply with CMS marketing & scope-of-appointment rules

MA Flex Cards Client Impact

What they are: Pre-loaded debit cards offered by some Medicare Advantage plans to cover supplemental health-related expenses (e.g., OTC items, medical supplies) and in some plans groceries, rent, utilities.

Income treatment: Federal guidance clarifies that *flex cards are not counted as cash income or resources* for determining eligibility for **Medicaid** or **SNAP**.

Rental assistance: For **HUD housing benefits**, flex card amounts *only count as income* if the funds are actually used to pay **rent or utilities**; otherwise they are excluded from income calculations.

Client income impact: This means having a flex card generally **should not raise a client's reported income** for eligibility tests for Medicaid, SNAP, or most housing assistance — *unless* they spend it on rent/utility costs that affect rental assistance calculations.

Bottom line: Flex cards typically *won't count as income* and shouldn't reduce public benefit eligibility, but how the benefits are used (especially for rent/utilities) can matter for housing programs.

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Thank You!