Final Rule PY2025 –FAQ

The purpose of this document is to provide responses and guidance on frequently asked questions regarding the Final Rule PY2025. The responses and information provided is not inclusive of all applicable laws and regulations, and does not constitute and must not be construed as legal advice. Humana does not represent that compliance with this guidance will ensure that any communication or marketing material or activity will comply with all applicable laws, rules, or regulations. Instead, the FAQs are intended to help Third Party Marketing Organizations (TPMOs) meet the standards to which Humana holds itself to help our members receive the human care that our brand is built around.

TPMOs are responsible for compliance with the following:

- Final Rule 42 CFR § 422.2260 - § 422.2274 & 42 CFR § 423.2260 - 42 CFR §423.2276
- Chapter 2 of the Medicare Managed Care Manual, Chapter 3 of the Medicare Prescription Drug Benefit Manual
- The Center for Medicare and Medicaid Services ("CMS") memos
- CMS interim sub-regulatory guidance
- Humana policies and procedures
- Any other applicable state and federal laws, rules, or regulations (i.e., FTC, FCC and HIPAA)

The above is not an exhaustive list. It is the responsibility of the TPMO to ensure all applicable rules and regulations are adhered to for itself, its sales agents, its employees, and any of its downline sales agencies and/or lead vendors. Not only must the content of a material meet all applicable requirements, but also how and when the material is used must comply. If applicable rules, regulations, or requirements are updated or revised, TPMOs are expected to adhere to those new or revised rules, regulations, or requirements and the updates or revisions take precedence over these FAQs.

For questions or concerns, please contact salesintegrity@humana.com.

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Topics	Questions	Answers
SEP	How is SEP MDE (SEP for Dual-Eligible Individuals and Other LIS-Eligible) changing in 2025?	The SEP is changing from once per quarter in the first 3 quarters of the year to a once per month SEP. The SEP allows a "full-benefit dual eligible individual" or "other low-income subsidy (LIS) eligible individual" to **enroll once per month** during the full calendar year. The SEP is valid for: 1. Enrollment into a **PDP only**. OR 2. Disenrollment from an MA/MAPD plan to join Original Medicare plus a standalone PDP • It **CANNOT** be used to enroll into an MA-PD plan or change between MA-PD plans.
SEP	When can agents begin using SEP MDE monthly?	The SEP applies to enrollments effective on or after January 1, 2025.
SEP	What is allowed under the new PY 2025 SEP for Integrated Care?	The SEP will be available once per month throughout the year. This SEP applies to full benefit dual eligible beneficiaries. This SEP is valid for: • Enrollment into a Fully Integrated Dual Eligible Special Needs Plan (FIDE) SNP, Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP), or Applicable Integrated Plan (AIP) **if** the applicant is enrolled in or are in the process of enrolling in, the MAOs affiliated Medicaid Managed Care Program.
SEP	When can agents begin using the new Integrated Care SEP?	The SEP applies to enrollments effective on or after January 1, 2025.
SEP	What is the application code for SEP for Integrated Care?	CMS enrollment technical guidance for PY2025 has not been issued yet; therefore

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		the code is unknown at this time. When guidance is released, agents will be notified of the code to use for this SEP.
SEP	How is the declaration end date determined for SEP DST (SEP for Government Entity-Declared Disaster or Other Emergency)?	The PY2025 Final Rule adds an automatic incident end date if no end date is otherwise identified within a year of start of SEP (14 full calendar months). The SEP DST starts as of the date the declaration is made, the incident start date or, if different, the start date identified in the declaration, whichever is earlier. The SEP ends two full calendar months following: • the end date identified in the declaration or, if different, • the date the end of the incident is announced, or, if no date is identified or announced, • the date the incident automatically ends under applicable state or local law, or • one year after the SEP start date, or renewal or extension.
ICEP	How is ICEP changing in 2025?	CMS extended the timeframe one additional month in PY 2025. The ICEP (Initial Coverage Election Period) is the period during which an individual newly eligible for MA may first enroll in an MA plan. It always begins three months prior to the date an individual has both Medicare Part A and Part B for the first time. It ends either on: 1.The last day of the second month after the month in which they are first entitled to Part A and enrolled in Part B; or 2. The last day of their Part B IEP, whichever is later.
Compensation and Incentive Programs	Will agent compensation requirements be impacted by the PY2025 Final Rule?	On July 18th, CMS clarified that the regulatory requirements regarding agent compensation that applied before the issuance of the

		CY2025 Final Rule will remain in effect pending judicial review.
Lead Sharing	Can a TPMO share beneficiary data with another TPMO for marketing or enrollment purposes?	TPMOs may share personal beneficiary data with other TPMOs for marketing or enrollment purposes **only if** they first obtain express written consent from the beneficiary.
Lead Sharing	What is required in the express written consent for data sharing between TPMOs?	One-to-One express written consent must be obtained **separately** for each TPMO that receives the data through a clear and conspicuous disclosure that lists each entity receiving the data and allows the beneficiary to consent or reject to the sharing of their data with each individual TPMO.
Lead Sharing	Is written consent required if a TPMO needs to transfer an inbound call from a beneficiary to another TPMO to assist the beneficiary?	CMS commentary indicates that transferring a inbound phone call from the beneficiary to an agent or broker that can provide immediate assistance to the beneficiary is not considered "sharing personal beneficiary data." Verbal consent from a beneficiary is sufficient if an inbound phone call is transferred to another TPMO for immediate assistance. The verbal consent recording would be subject to CMS' 10-year record retention requirement. The beneficiary must verbally consent to be transferred to the other TPMO during the live phone call and must immediately speak with the other TPMO. If there isn't a real-time transfer of the call and instead the receiving TPMO will contact the beneficiary at a later time, the TPMO transferring the beneficiary would need to obtain express prior written consent from the beneficiary before sharing data with the sales agency for the call back.
Lead Sharing	Will Humana provide TPMOs with a sample express written consent form for use or will TPMOs be required to create their own?	TPMOs should create their own written consent which meets all the requirements outlined by CMS. Each TPMO must submit the language as part of their lead form or other lead materials for review and approval prior to use.
Lead Sharing	Are lead companies restricted to selling the lead to only one TPMO?	Lead companies are restricted from selling or sharing any person's personal data with

		another company that meets the definition of a TPMO without prior express written consent. Therefore, they can get permission to share a beneficiary's data with multiple entities if the beneficiary is able to select each entity separately. In it's commentary to the Final Rule, CMS provides the following example: "For example, through a clear and conspicuous disclosure on a website, a TPMO could provide a check box list that allows the beneficiary to choose each TPMO that they want to hear from." While a check box system is not required, CMS requires beneficiaries to have the ability to pick and choose which TPMOs (if any) will receive their data.
Lead Sharing	Are there any exemptions to the one-to-one requirement?	No. .
Lead Sharing	Does each specific downline have to be individually listed for 1:1 consent? Or are the downlines covered by listing the upline?	Each entity must be given express written permission separately.
Lead Sharing	Does consent have to be obtained 2x - once by the lead company and again by the TPMO that the lead sold to?	No, express written consent should be obtained by the lead company for the specific TPMO that the lead will be sold to – this is the only way that the TPMO can purchase the lead.
Lead Sharing	Can agents use consumer lists generated by Credit Bureau agencies, , USPS, etc to identify recipients of mailings without implicating the Final Rule limitations on lead sharing?	Consumer lists generated by Credit Bureaus or USPS, etc. would not be subject to this rule if such lists are not created based on a TPMO collecting data from a beneficiary for purposes of marketing or enrolling the consumer into an MA or PDP. Such lists are general lists based on demographics available for public access and do not include collecting consent from a beneficiary to allow telephonic outreach from an agent. However, once a TPMO or an agent receives consent to contact from a beneficiary, then the agent would not be able share that individual's

		personal data with another TPMO without express prior written consent for the other TPMO.
Lead Sharing	Can a purchased prospect be passed to other agencies/TPMOs as part of an “exhaust” process?	A TPMO must have express written consent prior to sharing a beneficiary’s personal data with another TPMO. In the “exhaust” process, a process should be built for obtaining express prior written consent for a particular sales agency entity/TPMO before sharing the beneficiary’s personal information with that sales agency.