

July 2025 Third Party Changes of Significance

MISSISSIPPI MEDICAID

License Renewal with the Division of Medicaid. Magnolia Weekly News and Updates for Providers. July 11, 2025

“Incompliance with 42 CFR § 455.412, the Mississippi Division of Medicaid (DOM) is required to maintain up-to-date licensure documentation for all enrolled providers, including those participating in fee-for-service, MississippiCAN and CHIP programs.

To prevent deactivation of Medicaid provider numbers and interruption in claims payments, providers must submit current licensure information promptly.

With a high volume of licenses set to expire on **June 30, 2025**, it is strongly recommended that providers submit renewed licenses as soon as possible to ensure sufficient processing time and avoid any potential disruptions in payment.

Who Is Affected?

Although not an exhaustive list, providers holding licenses issued by the following Mississippi state boards may be affected:

- Mississippi State Board of Medical Licensure
- Mississippi State Board of Physical Therapy
- Mississippi Board of Chiropractic Examiners
- Mississippi Board of Psychology
- Mississippi State Department of Health

License Expiration Notifications

Providers whose licenses are expiring will receive letters of notification by mail from Gainwell Technologies. As noted in the December 30, 2024, Late Breaking News article, the notification will also be available for viewing in the provider portal.

To stay informed, DOM encourages providers to check the **Provider Six-Month License Due List**, available and updated monthly on the DOM website: [View the Provider License Due List](#)

How to Submit Updated Licenses

Licenses should be submitted electronically via the **MESA Provider Portal**: [Access the MESA Provider Portal](#) (Use the **Secure Correspondence** feature. A tracking number will be provided upon submission.)

For any assistance required between 8 a.m. and 5 p.m. CST, providers can contact the Provider and Beneficiary Services Call Center at (800) 884-3222.”

Clean Claim Reviews. Magnolia Weekly News and Updates for Providers. July 11, 2025

“Frequently Asked Questions

Magnolia Health MSCAN has partnered with 6Degrees Health to begin performing clean claim reviews to ensure appropriate billing effective **July 28, 2025**. All reviews will be performed by registered nurses with extensive clinical experience, and billing is evaluated against CMS and industry standards to ensure the claim has been billed accurately before payment.

What do I do if I did not receive the full contracted payment for my claim?

Please contact 6 Degrees Health at the number below. However, you received an amount lower than expected because a clean claim review was performed.

Reconsiderations, Disputes and Appeals

Where do I submit documentation if I do not agree with the Clean Claim review findings?

You may contact 6 Degrees Health at the number below, or you can submit additional documentation for reconsideration, or you can exercise your appeal rights. **ALL** inquiries should be submitted to 6 Degrees Health:

Mail: PO Box 5967, Fredericksburg, VA 22403

Direct: 503.640.9933, Option 3

[Email:cleanclaimsappeals@6degreeshealth.com](mailto:cleanclaimsappeals@6degreeshealth.com)

Fax: 888.507.0489

What are EX CODES?

Certain EX CODES mean a Clean Claim review was completed. If EX CODES n0, n9, m0, m3, m4, or m5 are present on the EOP, it means that 6 Degrees Health conducted a review.

What kind of information can we send to make items payable that were originally denied?

When submitting a formal appeal, you can send medical records or other documentation supporting your billing practices, such as billing policies to:

Mail: PO Box 5967, Fredericksburg, VA 22403

Direct: 503.640.9933

[Email: cleanclaimsappeals@6degreeshealth.com](mailto:cleanclaimsappeals@6degreeshealth.com)”

CMS, NOVITAS, RAILROAD MEDICARE

RHW: Included in the big budget bill that just passed congress and has been signed into law:

- **2.5% physician pay bump for 2026 (which was only added at the last-minute following [aggressive advocacy by AOA and other physician organizations.](#))**
- **Makes permanent a 20% small business pass-through tax deduction AOA Keypersons pushed for and that had been slated to expire in 2026.**

Updated EDI Companion Guide Now Available. Medicaid Late Breaking News. July 2, 2025

“The Mississippi Division of Medicaid has made updates to its Health Care Eligibility Benefit Inquiry and Response (270/271) Companion Guide, which can be found along with all other EDI Companion Guides at: [https://medicaid.ms.gov/edi-technical-documents/.](https://medicaid.ms.gov/edi-technical-documents/)”

National Health Care Fraud Takedown Results in 324 Defendants Charged in Connection with Over \$14.6 Billion in Alleged Fraud. CMS. July 3, 2025

“The Justice Department announced the results of its 2025 National Health Care Fraud Takedown, which resulted in criminal charges against 324 defendants, including 96 doctors, nurse practitioners, pharmacists, and other licensed medical professionals, in 50 federal districts and 12 State Attorneys General’s Offices across the U.S., for their alleged participation in various health care fraud schemes involving over \$14.6 billion in intended loss. The Takedown involved federal and state law enforcement agencies across the country and represents an unprecedented effort to combat health care fraud schemes that exploit patients and taxpayers.”

<https://www.cms.gov/newsroom/press-releases/national-health-care-fraud-takedown-results-324-defendants-charged-connection-over-146-billion>

Alert: Medicare Fraud Scheme Involving Phishing Requests Via Fax and Other Means. CMS MLN Matters. July 10, 2025

“CMS has identified a fraud scheme targeting Medicare providers and suppliers. Scammers are impersonating CMS and sending phishing requests for medical records or payment of alleged Medicare debts, often via fax or email, falsely claiming to be part of a Medicare audit or debt collection efforts.

Important: CMS generally doesn’t initiate audits via fax or email unless a provider requests it, and Medicare overpayment collections are handled through an established process through the Medicare Administrative Contractors (MACs). Protect your information. If you receive a suspicious request, don’t respond. If you think you got a fraudulent or questionable request, work with your [Medical Review Contractor](#) to confirm if a medical records request is real or your [MAC](#) for overpayment collections.”

https://www.cms.gov/training-education/medicare-learning-network/newsletter/2025-07-10-mlnc#_Toc202880255

Providers Accepting CHAMPVA: You Must Get Paid by EFT. CMS MLN Matters. July 10, 2025

“If you treat patients who are covered by the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), you must sign up for direct deposit (electronic funds transfer (EFT)) to get paid. Getting paid by EFT isn’t optional, it’s a [federal requirement](#). VA paused claims payments for providers who aren’t enrolled in EFT and will resume payments once they enroll.

Enrolling in EFT helps:

- Keep CHAMPVA claim payments secure, efficient, and compliant
- Protect Veterans’ family members’ access to benefits

2 steps to enroll in EFT:

1. Visit the VA Financial Services Center [Customer Engagement Portal](#)
2. Complete the Payment Account Setup webform; call Financial Services Center customer support at 877-353-9791 for help

About CHAMPVA

[CHAMPVA](#) is a health care program for qualified spouses, widows(ers), and children of eligible Veterans. Through CHAMPVA, VA shares the cost of certain health care services and supplies with eligible beneficiaries.

For more information, visit the [CHAMPVA–Information for Providers](#) webpage.”

https://www.cms.gov/training-education/medicare-learning-network/newsletter/2025-07-10-mlnc#_Toc202880263

2023 Preview Period for Doctors and Clinicians Is Reopening [for QPP]. CMS QPP. July 16, 2025

“The Centers for Medicare & Medicaid Services (CMS) will reopen the calendar year (CY) 2023 Doctors and Clinicians Preview Period on Wednesday, July 23, 2025. The Preview Period will remain open for 30 days, closing Thursday, August 21, 2025, at 8 p.m. ET (5 p.m. PT).

CMS is reopening the Preview Period because 17 additional Quality Payment Program (QPP) performance measures were recently identified to be included in the CY 2023 QPP public reporting information. CMS also made additional updates and display corrections to the CY 2023 QPP performance data available during the Preview Period that closed in June. These added measures and updates affect what performance information will be released publicly on the profile pages of clinicians and groups on the Medicare.gov [compare tool](#) and in the [Provider Data Catalog \(PDC\)](#). CMS will provide more information about the added measures and updates when the Preview Period reopens.

Even if you already reviewed your CY 2023 QPP performance information during the previous Preview Period, CMS encourages you to review your performance information again for any changes or updates before this information is released to the public. Once the Preview Period reopens, you’ll be able to access the secure preview on the QPP website. CMS will also have revised educational documents reflecting the additions and updates.

Note that Accountable Care Organization (ACO) group-level data won’t be available on the QPP website during the Preview Period. Merit-based Incentive Payment System (MIPS) eligible clinicians who participate in Medicare Shared Savings Program ACOs will be able to preview their performance information in their 2023 MIPS Performance Feedback.

For more help accessing the QPP website or getting your Health Care Quality Improvement Systems (HCQIS) Access Roles and Profile (HARP) user role, email the QPP Service Center at QPP@cms.hhs.gov. To learn how to [sign up for a HARP account](#), review the [QPP Access User Guide \(ZIP, 4MB\)](#).

If you have any questions about public reporting of clinicians and groups on the compare tool on Medicare.gov, contact the QPP Service Center by emailing QPP@cms.hhs.gov, submitting a [QPP Service Center ticket](#), or calling 1-866-288-8292 (Monday–Friday, 8 a.m.–8 p.m. ET).

People who are deaf or hard of hearing can call 711 to connect with a Telecommunications Relay Services (TRS) Communications Assistant.

Visit the Quality Payment Program (QPP) Resource Library to Access Updated 2025 Qualified Clinical Data Registry (QCDR) and Qualified Registry Qualified Postings

The 2025 QCDR and Qualified Registry Qualified Postings have been updated to reflect new or resolved remedial actions and/or terminations applied to the third party intermediaries included within these resources. Visit the [QPP Resource Library](#) to access the updated 2025 QCDR and Qualified Registry Qualified Postings and review the Version History tab within the qualified postings for more detailed information regarding these updates.”

<https://qpp.cms.gov/resources/resource-library>

Patients in Custody Under a Penal Authority — Revised. CMS MLN Matters. July 17, 2025

Learn about [changes effective January 1, 2025 \(PDF\)](#):

- Patients in custody no longer includes those on bail, on parole, on probation, on home detention, or who are required to live in halfway houses or other community-based transitional facilities
- Expanded the eligibility criteria for the special enrollment period for formerly incarcerated individuals

<https://www.cms.gov/files/document/mln908084-patients-custody-under-penal-authority.pdf>

AOA Advocacy Yields Medicare Pay, Tax Fairness Wins. AOA First Look. July 21, 2025

“[Optometry’s advocates achieved key wins as part of the multi-trillion-dollar budget reconciliation bill, H.R. 1, known as the One Big Beautiful Bill Act](#), including a Medicare physician pay increase and small business tax deductions. These key provisions were secured in the final package, signed into law on July 4:

- A 2.5% physician pay increase for 2026, included after intense, last-minute advocacy by the AOA and other physician organizations.
- Reversal of planned Medicare physician pay cuts for 2026, as well as laying the groundwork for longer-term reforms that would mandate annual positive pay updates.
- A full suite of tax benefits aimed at boosting small and mid-sized optometry practices, including a permanent extension of the 20% small business pass-through tax deduction, originally set to expire in 2026. Also, AOA fought against a provision to bar optometry practices and others from deducting state and local taxes at the pass-through entity level, preserving a critical financial tool for practices.

The AOA notes that it is monitoring future impact on patient access under federal health programs, health research and education loans, as well as important health care middlemen reforms.

Download the AOA’s 2025 tax law resource

[The AOA offers a fact sheet](#) with actionable strategies and tips for practices to consider because of this 2025 tax law. “

Steps to Take if You Get a CERT Documentation Request. Railroad Medicare – Palmetto GBA. July 18, 2025

“Part A, Part B, Durable Medical Equipment (DME), Home Health and Hospice and Railroad Board Medicare Administrative Contractors (MACs) are working together to promote the importance of complying with Comprehensive Error Rate Testing (CERT) documentation requests. This is the second of four articles in our CERT Awareness Month. Please review and share with your staff.”

<https://palmettogba.com/rr/did/u7hv8ui89d#ls>

Quick Reference Guide. Railroad Medicare-Palmetto GBA. July 16, 2025

“The Railroad Medicare Quick Reference Guide is a publication to assist providers with submitting claims to Railroad Medicare. In this guide you can find information about many Railroad Medicare topics including Provider Enrollment, submitting electronic and paper claims, using the eServices portal and the Interactive Voice Response (IVR) system, Appeals, Medical Review, Medicare Secondary Payer, Overpayments and Recoupments, and more. Please share with appropriate staff.”

<https://palmettogba.com/rr/did/7jyq282514#ls>

OTHER

CPT® III Codes Released July 1, 2025. CPT® News. July 25, 2025

The following Category III codes, guidelines, and parenthetical notes were accepted and/or revised at the September 2024 CPT Editorial Panel meeting for the 2026 CPT production cycle. However, due to Category III code's early-release policy, these codes are effective on July 1, 2025, following the six-month implementation period, which begins January 1, 2025.

*Note: Codes 0948T-0949T will follow code 0418T and code 0950T will follow code 0421T.

Code	Long Code Descriptor	Released to AMA Website	Effective Date	Publication
●0996T	Insertion and scleral fixation of a capsular bag prosthesis containing an intraocular lens prosthesis, with vitrectomy, including removal of crystalline lens or dislocated intraocular lens prosthesis, when performed ▶ (Do not report 0996T in conjunction with 66682, 66850, 66982, 66984, 66985, 66986, 67005, 67010, 67015, 67036, 67039, 67040, 67041, 67042, 67043) ◀	July 1, 2025	January 1, 2026	CPT® 2026
●1010T	Computerized ophthalmic analysis of monocular eye movements using retinal-based eye-tracking without spatial calibration, including fixation, microsaccades, drift, and horizontal saccades, when performed, unilateral or bilateral, with interpretation and report	July 1, 2025	January 1, 2026	CPT® 2026
	▶ (Report 1010T once per session) ◀ ▶ (Do not report 1010T in conjunction with 0615T) ◀ ▶ (For automated analysis of binocular eye movements, using pupil-based eye-tracking, use 0615T) ◀			

<https://www.ama-assn.org/system/files/cpt-category3-codes-long-descriptors.pdf>

CPT® Errata and Technical Corrections for 2025 CPT® Book. CPT® News. July 25, 2025

“The Errata and Technical Corrections links listed on this page include corrections and other information related to the CPT® Code Books published by the AMA. To stay current on corrections to CPT books, please check this site periodically.”

<https://www.ama-assn.org/system/files/2025-cpt-corrections-errata.pdf>

UHC-Surest: Coming Soon - New Policy Library for Surest. UHC Medical Policy Updates. July 2025

“Beginning Aug. 1, 2025, the Medical Policies and Medical Benefit Drug Policies for Surest™ benefit plans will be housed in their own library on UHCprovider.com. At that time, the policies, along with their corresponding Medical Policy Update Bulletins, will be available for your reference at UHCprovider.com > Coverage and payments > Policies and protocols > For Commercial Plans > UnitedHealthcare | Surest Medical & Drug Policies.”

UHC Retired Medical Policy. UHC Medical Policy Updates. July 2025

Retired Policy Title	Effective Date	Summary of Changes
Macular Degeneration Treatment Procedures	Jul. 1, 2025	<ul style="list-style-type: none"> Retired policy; macular degeneration treatment procedures no longer require clinical review

UHC: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/commercial/medical-policy-update-bulletin-july-2025-full.pdf#macular>

Oxford: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/oxford/oxford-policy-update-bulletin-july-2025-full.pdf#macular>

UMR: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/umr/umr-medical-policy-update-bulletin-july-2025-full.pdf#macular>

Exchange Plans: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/exchange/exchange-medical-policy-update-bulletin-july-2025-full.pdf#macular>

UHC Exchange Plans: Intracanalicular and Intravitreal Corticosteroid Implants Policy Number: IEXD0107.07

Effective Date: August 1, 2025

Date	Summary of Changes
08/01/2025	<p>Coverage Rationale</p> <ul style="list-style-type: none">Revised authorization guidelines; replaced language indicating “authorization is for no more than <i>one month</i>” with “authorization is for no more than <i>60 days</i>”Revised coverage criteria for Iluvien; added criterion requiring chronic non-infectious uveitis affecting the posterior segment of the eye <p>Applicable Codes</p> <p><i>Non-Infectious Uveitis Affecting the Posterior Segment of the Eye</i></p> <ul style="list-style-type: none">Added ICD-10 diagnosis codes H30.141, H30.142, H30.143, H30.149, H30.21, H30.22, H30.23, H30.811, H30.812, H30.813, and H30.819 <p><i>Ocular Inflammation and Pain Following Ophthalmic Surgery</i></p> <ul style="list-style-type: none">Removed ICD-10 diagnosis codes G89.18 and H05.00 <p>Supporting Information</p> <ul style="list-style-type: none">Updated <i>Clinical Evidence</i>, <i>FDA</i>, and <i>References</i> sections to reflect the most current informationArchived previous policy version IEXD0107.06

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/exchange/intracanalicular-and-intravitreal-corticosteroid-implants-iex-08012025.pdf>

New Reimbursement Policy for Professional Evaluation and Management Services Claims effective October 1, 2025. Cigna. July 1, 2025

“Cigna Healthcare® will implement a new reimbursement policy, Evaluation and Management Coding Accuracy (R49), to review professional claims billed with Current Procedural Terminology (CPT®) evaluation and management (E/M) codes 99204-99205, 99214-99215, and 99244-99245 for billing and coding accuracy in alignment with American Medical Association (AMA) E/M services guidelines.

Effective for dates of service on or after October 1, 2025, services may be adjusted by one level to reflect the appropriate reimbursement when the AMA guidelines are not met.

What this means to you

Cigna Healthcare will conduct periodic claim reviews to verify compliance. Based on that review, providers may be eligible to be removed from the program. Supporting documentation will be requested should we determine the established guidelines were not followed.

Reconsideration requests

Providers who believe their medical record documentation supports reimbursement for the originally submitted level for the E/M service should follow the reconsideration and appeals processes.

To request a reconsideration, please submit the customer’s full record of the encounter to the secure Cigna Healthcarefax number **833.392.2092**. Should the original determination be overturned, claims will be adjusted, and an updated explanation of payment will be issued.

Administrative appeal rights are available if the original determination is upheld.

Additional information

For more information, view the [Evaluation and Management Coding Accuracy \(R49\)](#) reimbursement policy on the Cigna for Health Care Professionals portal (CignaforHCP.com).

Please note that you must log in to access the policy. If you are not a registered user, go to CignaforHCP.com and click Register.”

<https://providernewsroom.com/cigna-healthcare/new-reimbursement-policy-for-professional-evaluation-and-management-services-claims-effective-october-1-2025/?brand=cigna-healthcare>

Overview of Magnolia’s E&M Program. Magnolia Weekly News and Updates for Providers. July 11, 2025

“Magnolia Health is committed to continuously improving its claims review and payment processes. This letter is to notify you that effective 8/15/2025, we will begin applying national CPT billing guidelines for the appropriate coding of physician emergency department Evaluation and Management (E&M) code levels.

Both Centers for Medicare & Medicaid Services (CMS) and the Office of Inspector General(OIG) have documented that E&M services are among the most likely services to be incorrectly coded, resulting in improper payments to practitioners. The OIG has also recommended that payers continue to help to educate practitioners on coding and documentation for E&M services and develop programs to review E&M services billed for by high-coding practitioners.

Overview of Magnolia’s E&M Program:

- Evaluates and reviews only high-level E&M services based upon diagnostic information that appears on the claim.
- Applies the relevant E&M policy and recoding of the claim line to the corrected E&M level of service.
- Allows reimbursement at the highest E&M service code level for which the criteria is satisfied based on our comparative peer risk adjustment process.

Providers should report E&M service in accordance with American Medical Association’s(AMA) CPT Manual and the Centers for Medicare and Medicaid Services (CMS')guidelines for billing E&M service codes; “Documentation Guidelines for Evaluation and Management”. The proper reporting of E&M Services enables Magnolia to more precisely apply reimbursement-coding guidelines and ensure that an accurate record of patient care history is maintained.

Determinations should be made with reference to accepted standards of medical practice and the medical circumstances of the individual case.

Thank you for your continued participation and cooperation in our ongoing efforts to render the highest quality health care to our members.”

Policy Number	CC.PP.066 & CC.PP.076
Policy Name	Leveling of Care Office Based EM Overcoding & Leveling of Care Emergency Department EM Overcoding
Line of Business Impacted	Marketplace and Medicare

AOA Clinical Report: GLP-1ras and Vision Risk . AOA First Look. July 15, 2025

RHW: This medication should be added to the high risk medications list and coded as such, particularly if ocular complications are suspected.

“Millions of Americans—roughly 6% of the U.S. adult population—take glucagon-like peptide-1 receptor agonists (GLP-1RAs) for chronic disease or weight loss, and [their use can be associated with significant ocular complications](#).

The [AOA Clinical Report: Glucagon-like Peptide-1 Receptor Agonists \(GLP-1RAs\) and Ocular Health: Guidance for Optometric Practice](#), developed by the AOA’s Evidence-based Optometry Committee, details the rare ocular side effects, including vision-loss inducing non-arteritic anterior ischemic optic neuropathy (NAION).

While GLP-1RAs are “very positive and transformative pharmaceutical agents for chronic disease management,” the report states, the drugs have also been associated with exacerbation of age-related macular degeneration and progression of diabetic retinopathy.

[Access the AOA Clinical Report](#) to learn more about GLP-1RAs and ocular risk, as well as clinical recommendations for patients taking or beginning GLP-1RAs. “

Evaluation of the Effects of mRNA-COVID 19 Vaccines on Corneal Endothelium. Sumer and Subasi.

Ophthalmic Epidemiology. 07/14/2025

“The study aimed to compare corneal topographic and specular microscopic parameters before and after vaccination with activated (Pfizer -BioNTech (BNT162b2)) SARS-CoV-2 mRNA vaccine. ...

Changes in corneal endothelium occur in the short term after two-doses of the Pfizer-BioNTech (BNT162b2) COVID-19 mRNA vaccine. Hence the endothelium should be closely monitored in those with a low endothelial count or who have had a corneal graft.”

<https://www.tandfonline.com/doi/full/10.1080/09286586.2025.2522724>

Individual Market Insurers Requesting Largest Premium Increases In More Than 5 Years. Jared Ortaliza et al. Peterson KFF Health System Tracker. July 18, 2025

“...KFF ‘found that ‘the median monthly premium increase would be 15 percent.’ The increase ‘in costs would mark the largest premium hike in seven years, according to KFF’s analysis of preliminary filings by 105 insurers in 19 states and the District.’...”

<https://www.healthsystemtracker.org/brief/individual-market-insurers-requesting-largest-premium-increases-in-more-than-5-years/#Distribution%20of%20proposed%202026%20rate%20changes%20among%20105%20ACA%20Marketplace%20insurers%20in%2019%20states%20and%20The%20District%20of%20Columbia>

Lawsuit Alleges Surgeon, Anesthesiologist Played Music Bingo Game During Routine Eye Surgery, Leading To Patient’s Death. AOA First Look. July 22, 2025

“KUSA-TV Denver reported, “A now-settled lawsuit alleges a surgeon and anesthesiologist played a music bingo game during a routine eye surgery, which caused them to miss critical signs that their patient was no longer breathing.” Bart Writer “never regained consciousness and died shortly after he was transferred from an operating room inside InSight Surgery Center in Lone Tree in 2023.” The man’s “widow, Chris Writer, sued the surgeon, alleging ‘the distraction of the music bingo game...contributed to the operating room staff’s failure to monitor Mr. Writer’s vital signs during the procedure.’” Meanwhile, “the surgeon, Dr. C. Starck Johnson, blames his longtime colleague and anesthesiologist, Dr. Michael Urban, for ‘decisions that violated proper protocol.’”

HHS To Probe ‘Misleading’ Medicare Advantage Marketing Practices. Jakob Emerson. Becker’s Payer Issues. July 18, 2025

“HHS says it has [launched](#) a study into “misleading” Medicare Advantage marketing practices “and the harms they cause to individuals.”

“In recent years, concerns about aggressive and deceptive marketing practices in Medicare Advantage have become more pressing,” the HHS OIG wrote in July. “These concerns have focused on agents and brokers used by Medicare Advantage plans who target and mislead seniors, at times enrolling them in plans without their knowledge or directing them to plans that substantially increase their out-of-pocket costs.”

The study will focus on complaints received by CMS from 2020 to 2024, specifically looking at the actions taken by agents and brokers that led to the complaints and the incentive structures that encouraged brokers to change individuals’ enrollments. The final study is expected to be released in 2026. ...”

https://www.beckerspayer.com/payer/medicare-advantage/hhs-to-probe-misleading-medicare-advantage-marketing-practices/?origin=PayerE&utm_source=PayerE&utm_medium=email&utm_content=newsletter&oly_enc_id=5767J801653418J

HHS: <https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000937.asp>