



## Agent Frequently Asked Questions

*This document is for agent use only, and does not replace or supersede the Agent's Contract, the Member's Evidence of Coverage, or the IRS tax code. Please refer to these documents for further details. Nothing in this document should be considered "Tax Advice" and your client should consult the IRS or their Tax Professional in matters involving the taxation and/or penalties (or lack thereof) associated with the use of the Medical Savings Account. From time to time, CMS or the IRS may change or update guidance, and we endeavor to update this document as quickly as possible.*

1. How do I get appointed to sell the Lasso Healthcare MSA?

Visit the **Agent section of our website** and click on the button at the top which says, "Get Contracted Now." A member of the Lasso Healthcare Sales Team will be in contact with additional information. Lasso Healthcare does not contract agents/agencies directly, however, we have partnered with several National Marketing Organizations (NMOs) which we can connect you with. You are also encouraged to check with your current upline to see if they are a contracted distributor of Lasso Healthcare.

2. If I want to appoint with Lasso Healthcare for both the Individual MSA product and the Group MSA product, do I complete just one contract?

No, since each product line has different certification requirements, they each have their own contract you would need to complete.

3. How do I complete certification?

First, you must have already completed a Lasso Healthcare contract and submitted it through your upline. Once your contract has been processed, you will be added into the **Lasso Healthcare Training & Certification Platform**. You will then receive an initial login email, with the subject header "Welcome to the Lasso Healthcare Certification & Training Platform: Please Confirm Your Account". Within this email, you are provided with your username and two links: (1) link to login and complete account set-up, and (2) link to access your certifications at any time after account set-up. When logged into the Lasso Healthcare Certification & Training Platform your assigned certification will be on your dashboard. Click the certification tile and follow the instructions through the learning path to successfully complete the certification process.

4. Is AHIP required?

AHIP is required for all agents contracting for the Lasso Healthcare Individual MSA. However, it is not a requirement for agents contracting only for the Lasso Healthcare Group MSA.

5. Are alternatives to AHIP accepted?

No.

6. Is there a discount on AHIP?

Yes. Agents who first access AHIP through the Lasso Healthcare AHIP link:

<https://www.ahipmedicaretraining.com/clients/lassohealthcare>, will receive the discounted rate of \$125.



## Agent Frequently Asked Questions

7. What if I take AHIP through another carrier; can I email you my results?

Unfortunately, we are unable to accept copies of an agent's AHIP certificate of completion. AHIP results must be electronically transmitted to us using the Lasso Healthcare AHIP link:

<https://www.ahipmedicaretraining.com/clients/lassohealthcare>. You can confirm you are on the Lasso Healthcare AHIP site if the Lasso Healthcare logo appears in the upper left-hand corner of the page. Once logged into AHIP through the Lasso Healthcare link, under My Certifications, toward the bottom there is a section called Completion Transmissions. Hit Transmit next to Lasso Healthcare. You can find instructions in the **AHIP Medicare User Guide**. Please note, upon transmittal, it will take 24-48 hours for AHIP to send us your results. You will not be able to continue to the product certifications during this time. When the product certifications do open, you will receive an email notifying you of this.

8. I've completed AHIP and logged in through the Lasso Healthcare AHIP link, however, Lasso Healthcare is not showing as an option under Completion Transmissions. What should I do?

If Lasso Healthcare doesn't show, AHIP recommends agents take the following steps:

- Clear your cache and cookies
- Close your browser entirely
- Reopen and try again (<https://www.ahipmedicaretraining.com/clients/lassohealthcare>)

If you have continued difficulties, please email [certify@lassohealthcare.com](mailto:certify@lassohealthcare.com)

9. What does the Lasso Healthcare Individual MSA exam consist of?

The exam is 20 questions. Agents must receive an 85% or higher within their first three attempts to successfully pass without additional training requirements. The exam is scored immediately upon completion.

10. Is face-to-face training required?

No.

11. When will I receive my writing number?

After you have passed the product certification test and we have completed your background check, Lasso Healthcare will process your state appointments. Once your state appointments are confirmed, you will receive a welcome email containing your writing number.

12. Will I use the same writing number for both the Individual MSA product and the Group MSA product?

Yes, the agent writing numbers assigned will be the same for both product lines.

13. How do I receive supplies?

Paper supplies are sent to appointed agents upon request only. You may submit your supply request to us electronically from the **Agent Section** of our website. An electronic, PDF version of the enrollment kit is also available for download in the **Documents Section**.



## Agent Frequently Asked Questions

14. What is included in an enrollment kit?

- Lasso Healthcare MSA Scope of Appointment Form
- Lasso Healthcare MSA Pre-Enrollment Checklist
- Lasso Healthcare MSA Summary of Benefits
- Lasso Healthcare MSA Enrollment Form
- Optum Bank Medicare Advantage MSA Authorization Form
- Lasso Healthcare MSA Plan Overview
- Lasso Healthcare MSA Provider Guide

15. Does Lasso Healthcare offer online enrollments?

Yes, and we highly encourage you and your clients to enroll online. The client can complete the online enrollment form in the **Enroll** section of our website, using your writing number; as your NPN is included on the online enrollment form, commission will still be paid for online enrollments. Agents must collect a signed Scope of Appointment (SOA) and present the product to the prospective member prior to initiating an online enrollment. The agent must retain the signed SOA for 10 years, per CMS requirements, and be able to produce it upon request by Lasso Healthcare.

16. Where do I submit my paper application?

Paper applications should be faxed to 888-638-6943 as soon as possible, but never later than 48 hours from completion. Include a Cover Sheet, the Lasso Healthcare MSA Enrollment Form and the Optum Bank MSA form. Scope of Appointment (SOA) forms do not need to be submitted to us, however you should retain the signed SOAs per CMS requirements and be able to produce it to Lasso Healthcare upon our request.

17. Is there somewhere I can track my submitted applications?

Lasso Healthcare will provide daily updates to enrollment status to the FMOs. You may also contact Lasso Healthcare Support Unit at 800-918-3859 or call your upline.

18. Where do I go to register an informal or formal sales event?

You can do this from the **Agent Section** of our website. Events should be registered a minimum of 24-hours in advance.

19. When will I get paid my Lasso Healthcare commissions?

MSA commissions will be paid no later than the end of the month the member is effective. Per CMS guidelines, commissions must be paid in the calendar year the member is effective.

20. How will my Lasso Healthcare commissions be paid to me?

Commissions are based on the contract you sign. If your commissions are assigned to another agent or agency, they will be paid to that agent or agency. If you are paid directly, they will be paid electronically to the account you indicated in your contracting paperwork. Lasso Healthcare has contracted with Ritter Insurance Marketing, so commissions will be deposited from them.



## Agent Frequently Asked Questions

21. Where can I view my commission statement?

Lasso Healthcare has contracted Ritter Insurance Marketing to pay commissions, so commission statements will be provided by them for you to view online or through your upline.

22. Are commissions advanced?

Commissions are based on the contract you sign. If your commissions are assigned to another agent or agency, they will be paid to that agent or agency and your agreement with them will dictate terms of payment. If you are paid directly, they will be advanced in full for the calendar year. The Medicare Communications and Marketing Guidelines (MCMG) dictate agent compensation regarding full year (12 month) commission for members who enter our plan mid-year. The MCMG also dictates when commissions are considered "initial" or "renewal."

23. Are commissions prorated for members who join mid-year?

Commissions are only prorated when required by the MCMG. Under current MCMG guidelines, if a member is joining the Lasso Healthcare MSA plan mid-year using the ICEP, they are in cycle year 1 and there is no prior plan history, the full Initial commission (12 months) would be paid without proration. Under current MCMG guidelines, if there is prior plan history, the Initial commission MUST be prorated for only the months the member is enrolled in the plan.

24. If my client has an issue, who can they call?

Members with inquiries should call Lasso Healthcare Member Services at 866-766-2583.

25. Is there a way I can help my client with any issues they have?

Agents are welcome to follow up on Member issues by contacting Agent Services at 877-293-2792.

26. Does the Lasso Healthcare MSA include Prescription Drug coverage?

By law, MSAs are not allowed to include prescription drug coverage. The member is able to enroll in any stand-alone Medicare Prescription Drug Plan (PDP) offered in their service area.

27. Does Lasso Healthcare have any contracted providers in my client's area?

Lasso Healthcare does not contract with providers. The member has access to any provider who accepts Medicare. Providers can decide at every visit whether to accept the Plan and agree to treat the MSA plan member, however, the member cannot be denied emergency care due to their insurance plan. Thousands of providers already accept the Lasso Healthcare MSA, including some of the largest and most renowned systems. We include the provider guide in the enrollment kits and ask that you and your clients work with their providers prior to enrollment to minimize situations where providers decline to see the MSA member.

28. How can I find out if a health care provider accepts Medicare?

You can search for Medicare providers on the Medicare Physician Compare Page:  
<https://www.medicare.gov/physiciancompare/>.



## Agent Frequently Asked Questions

29. Can a Medicare provider decide whether or not to treat an MSA plan member?  
Providers can decide at every visit whether to accept the Plan and agree to treat the MSA plan member, however, the member cannot be denied emergency care due to their insurance plan. Thousands of providers already accept the Lasso Healthcare MSA, including some of the largest and most renowned systems. Before the MSA plan member receives any services, we encourage MSA members to share our detailed provider guide with their providers and confirm they'll accept our Plan. Providers can view the provider guide, available in the **Documents** section of our **website**, or they can call the Lasso Healthcare Provider Service number at 800-579-0254, for further information.
30. Can Lasso Healthcare provide first-dollar coverage for preventive services?  
No. By law, services below the MSA plan deductible, including preventive services, are not allowed to be covered by the health plan. As Lasso Healthcare believes in proactive preventive care, we offer an optional health incentive program, called For Your Health, that allows members to earn up to \$250 in gift card rewards to major retailers by completing a series of preventive health activities.
31. Do excess charges charged by non-participating providers count toward the deductible?  
Some Medicare providers do not accept the Medicare allowed amount for services. These providers are called non-participating providers. If the member sees a Medicare non-participating provider, that provider may (where allowed by state law) balance bill the member up to a limiting charge. The limiting charges are not reimbursed by Lasso Healthcare and do not count toward the deductible.
32. What happens if my member sees a provider who has opted out of Medicare?  
The member is 100% responsible for any charges from providers who have opted out of Medicare. None of these charges count toward the member's deductible, however, MSA funds can still be applied tax-free toward qualified medical expenses (QMEs).
33. If someone leaves the plan mid-year, what happens to the money in the MSA account?  
The member is required to pay back the prorated unearned portion of their MSA deposit for that plan year only. Any funds accumulated from prior years in the MSA bank account are their funds to keep. IRS rules still apply for the balance left in the MSA account.
- Keep in mind, unlike most other Medicare Advantage plans, there are very few allowable instances where the member can leave the plan voluntarily. In some cases, the member would be disenrolled if the member was no longer qualified for the plan (examples include leaving the plan's service area or becoming entitled to Medicaid). Additionally, if the member died during the plan year, the estate would be responsible to repay the unearned deposit.
34. Can a member choose a custodial account other than Optum Bank?  
Upon initial enrollment, the member must select Optum Bank. After the funds are deposited into the Optum Bank account, the member is free to move their funds to a custodial account of their choosing. However, any custodial fees, minimum balance amounts, other fees and reporting requirements become the member's responsibility. Lasso Healthcare recommends keeping the Optum Bank account open so deposits for subsequent years can be deposited.



## Agent Frequently Asked Questions

35. Does Optum Bank charge an administrative fee?  
Lasso Healthcare pays any custodial fees while a Lasso Healthcare MSA plan member.
36. Is the Optum Bank MSA account interest bearing?  
While the member holds the account as a Lasso Healthcare MSA plan member, the account will be interest bearing. The member can also invest funds in excess of \$2,000 in various investment vehicles offered through Optum Bank. For current rates and investment options, visit Optum Bank's website at [www.optumbank.com](http://www.optumbank.com).
37. Does Optum Bank provide online statements or paper statements?  
Under the Lasso Healthcare MSA, Optum Bank will have monthly statements showing account activity available to view online. Should the member prefer a paper statement, please contact Optum Bank at 855-893-2300.
38. If someone is enrolled in the MSA and a standalone prescription drug plan (PDP), can they use their deposit to pay for the Part D deductible and copays or coinsurance? Does it qualify toward their Lasso Healthcare MSA plan deductible?  
Per the IRS, members can use their MSA funds on a tax-free basis to pay for their Part D deductible, copays and/or coinsurance. However, the funds used to pay for these expenses **will not** count toward the Lasso Healthcare MSA plan deductible. Only Medicare Parts A & Part B covered services count toward the plan deductible. The member may not pay the premium for the Part D plan with the MSA funds on a tax-free basis (taxes and penalties would apply).
39. Can a member contribute to the MSA bank account?  
No, the member is not allowed to contribute to the MSA bank account, per IRS rules.
40. Is the deposit an annual deposit or a one-time deposit?  
The deposit is an annual deposit, provided the member renews with Lasso Healthcare. If the member renews the Lasso Healthcare MSA, the new year's deposit is added to their MSA account, per the terms of that future year's benefit design. If the member leaves the plan during the calendar year, they must repay a prorated portion of that year's deposit back to Lasso Healthcare. Any balance accrued from previous year(s) is theirs to keep.
41. What happens to the MSA funds upon death of the MSA plan member?  
If the member passes away during the plan year, the deposit would go to their beneficiary which could either be a spouse or some other designee. The plan is required to collect any unearned deposit amounts for the current calendar months following the member's death. Any remaining funds would be passed to their named beneficiary. If the beneficiary is the spouse, there would be no tax implications. If the beneficiary is not the spouse, taxes may apply, subject to IRS rules. Custodial fees would be charged by Optum Bank; however, the account could also be moved to a custodial account of the beneficiary's choosing.



## Agent Frequently Asked Questions

42. When can someone enroll or disenroll?

AEP and ICEP are the only two times a beneficiary is able to enroll into an MSA plan. Except for rare cases, AEP is the only time a member can disenroll from an MSA plan. SEP65 is not available for enrollment or disenrollment. OEP is not available for enrollment or disenrollment. Moving into the plan's service area does NOT allow a member to join mid-year. If a member permanently leaves the plan's service area, Lasso Healthcare must disenroll the member and the member must repay the unearned portion of their deposit for the current year. The member can also be disenrolled if they no longer meet the qualifications of an MSA plan (for example, gaining Medicaid eligibility).

43. Is someone on Medicare Disability allowed to enroll into the MSA?

There are no rules excluding this, so if the beneficiary meets all of the eligibility criteria, they would be able to enroll into an MSA. Keep in mind, if any Medicare beneficiary is dual eligible (qualified for both Medicare and Medicaid), they are NOT eligible to join a Medicare MSA plan.

44. Can the member use the MSA tax-free to pay for Part A and B type services they received outside of the continental US?

The MSA funds can be used tax-free for any IRS approved qualified medical expenses (QMEs). Services received outside of the United States are not covered by Medicare and therefore would not apply toward the deductible.

45. Can the member do a 1035 exchange and roll their HSA into the MSA account?

No. Only Medicare, through authorized MSA plans, can deposit money into an MSA account. A member who had funds in a previous Medicare MSA account is allowed to combine MSA accounts. There are options with Optum Bank to host both the HSA and MSA accounts "side-by-side" to make managing the accounts easier, but they cannot be combined.

46. If the member uses the MSA funds for prior year expenses, how is that treated?

See IRS form 8853 for details on how to submit prior year expenses for qualified medical expense use. No expenses can be submitted prior to the initial MSA plan effective date.

47. Is the trial right allowed with an MSA for a Guaranteed Issue of Medicare Supplement?

If this is the first time a Medicare beneficiary has enrolled into a Medicare Advantage plan (based on information held by CMS) and they left their Med Supp to enroll into the MSA, they may disenroll from Lasso Healthcare MSA anytime within the first 12 months of enrollment.

However, members are not permitted to disenroll from MSAs for SEP65. Therefore, if the beneficiary enrolled in Lasso Healthcare MSA when first eligible for Medicare Part A at 65, the first available timeframe to disenroll would be the next AEP.

48. If a member uses the MSA funds for non-medical uses what is the tax penalty?

See IRS form 8853, but generally, an individual will be taxed at their nominal tax rate + a 50% penalty.



## Agent Frequently Asked Questions

49. Can a member use MSA funds tax-free to pay for Parts A and B premiums?  
IRS rules start with IRS Publication 969, which refers individuals to IRS Publication 502 on qualified medical expenses. For MSAs, individuals need to consult at least two additional sources: IRS Code 220 (Archer MSA) and IRS Code 138 (Medicare MSA, which is a subset of an Archer MSA). Inside these codes are the specifics that disallow using Medicare MSA funds for all premiums other than tax-qualified long-term care insurance premiums.
50. Can the member use MSA funds tax-free to pay for services from an opt-out provider?  
Yes, as long as the funds are being spent on qualified medical expenses. No portion of the opt-out services are reimbursed by Lasso Healthcare, nor do they accrue toward the Lasso Healthcare MSA deductible.
51. Can the member use MSA funds tax-free to pay for balance bill charges?  
Yes, but those charges do not accrue toward the Lasso Healthcare MSA deductible.
52. Can the member use MSA funds tax-free to pay for someone else's medical expenses?  
No. Different than health savings accounts, for MSA plans only qualified medical expenses of the MSA account holder are allowed.
53. Can the member use MSA funds tax-free to pay for their concierge fees?  
There are currently no exclusions in the IRS rules governing qualified medical expenses for concierge fees. Please consult the IRS and/or a tax advisor to confirm.
54. What if a doctor prescribes something like a service pet, etc.?  
The IRS rules and regulations should always be referenced prior to using MSA funds to ensure the services being prescribed are considered qualified medical expenses (QMEs).
55. Can a member use MSA funds tax-free to pay for prescribed medical marijuana?  
There are currently no exclusions in of the IRS rules governing qualified medical expenses for medical marijuana. Please consult the IRS and/or a tax advisor to confirm.
56. Is there a document available which lists the IRS Qualified Medical Expenses (QMEs)?  
Yes, IRS Publication 502 is a great resource and includes a comprehensive list of the services that are considered QMEs for tax-free coverage.
57. Since Lasso Healthcare doesn't charge a monthly plan premium, how is Lasso Healthcare funded, claims paid, and agents paid commission?  
All Medicare Advantage insurance companies receive a capitated monthly per member payment from CMS that is a combination of county level benchmark rates (large variation across states and urban to rural areas), Star ratings and risk severity of each individual. Other companies can supplement their CMS monthly capitated payment through charging premiums for their products, although many choose to offer \$0 premium Medicare Advantage options.





## Agent Frequently Asked Questions

MSA plans are required by law to have a \$0 premium. All other Medicare Advantage plans have strict guidelines from CMS but do get to choose their own combination of how to offer Medicare Parts A and B services:

- Premium
- Deductible
- MOOP
- Copays
- Coinsurance
- Narrow to broad network (out of network options)
- Prior authorizations

MSA plans bring insurance back into insurance products by having only two components: deposit and deductible, which have to be the same for all members in the same plan – 100% individual responsibility below the deductible and catastrophic coverage of 100% Medicare A/B covered services by the MSA insurance company above the deductible. Combine the clean catastrophic insurance + annual deposit with clinical access that works exactly like Original Medicare and it is hard to beat the Lasso Healthcare MSA value proposition unless an individual knows they are truly out of control with their disease states.

58. Who is Lasso Healthcare and what is their financial background?

Lasso Healthcare Insurance Company is a privately-owned company with the necessary capital to meet and exceed our agreed upon 300% risk-based capital (RBC) requirements. Our financials are reported and supplied to state regulators in our current service area on a quarterly basis and annually to CMS, our federal regulator.

59. What happens if Lasso Healthcare goes out of business?

Lasso Healthcare continues to expand the Medicare MSA product; however, if we had to discontinue the MSA plan for any reason, CMS ensures MSA plan members will be protected. The member will always receive a guarantee issue to choose any available Medicare insurance plan in their service area and never be liable for any financial risk that was the insurance company's responsibility.

60. Are Native Americans eligible for the Lasso Healthcare MSA?

There are no exclusions with the MSA specifically around Native Americans. Everyone has to meet the Medicare Advantage enrollment requirements along with additional MSA specific requirement, such as not having other medical insurance that covers below the deductible amount (other than allowed complementary types such as hospital indemnity, critical illness, disease specific, accident, etc.).