



Frequently Asked Questions from Agents

This document is for agent use only and does not replace or supersede your Agent Contract, the Member's Evidence of Coverage, or Internal Revenue Service (IRS) tax code. Please refer to those documents for further details. Nothing in this document should be considered as "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 their Medical Savings Account. Centers for Medicare & Medicaid Services (CMS) or the IRS may change or update guidance from time to time, 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 "Request Contract" under New Agents. A member of our sales team will be in contact with additional information. We do not contract agents or agencies directly; however, we have partnered with several National Marketing Organizations (NMOs) with whom we can connect you to. You are also encouraged to check with your current upline to see if they are a contracted distribution partner of ours.

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

Yes, you are only required to complete the Individual MSA contract to sell both products in all available states. It's important to note that the HIP product is completely different from the MSA when it comes to regulation, enrollment, and disenrollment.

3. How do I complete the certification?

Once you've completed the onboarding process, you will be added to the [Lasso Healthcare Training & Certification Platform \(Litmos.\)](#) 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 can find 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. Your assigned certification will be on your dashboard when logged into the certification & training platform. Click the certification tile and follow the instructions through the learning path to complete the certification process. You are also able to access the certification platform anytime from the [Agent Section](#) of our website by clicking "Complete Certification" under Current Agents.

4. Is Medicare Compliance + Fraud, Waste, and Abuse (FWA) training required?

Yes, you must complete Medicare Compliance + FWA training and send us the results to access the Individual MSA product course. You have two options for this training: through AHIP or NAHU. We do not currently accept trainings from any other platforms.

5. Is face-to-face training required?

No.



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6. How do I access AHIP's certification and what is the cost?

You can access AHIP's Medicare training through the Lasso Healthcare AHIP link: (<https://www.ahipmedicaretraining.com/clients/lassohealthcare>.) The original cost for AHIP is **\$175** but you will receive a discount using our link, bringing the cost to **\$125**. View the AHIP User Guide [here](#).

7. How do I access NAHU's Medicare certification and what is the cost?

You can locate the [NAHU Medicare training](#) under the Professional Development section of their website. The standard annual cost for the NAHU Medicare Compliance training is **\$100**. View the [NAHU User Guide](#) and read the agent FAQs on the [NAHU Medicare Advantage Training](#).

8. What if I take AHIP through another carrier?

Even if you take AHIP through another carrier, you are able to electronically transmit your results via the Lasso Healthcare AHIP link: <https://www.ahipmedicaretraining.com/clients/lassohealthcare>. You can also upload your certificate of compliance during the certification process.

9. 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 do I do?

If Lasso Healthcare doesn't show, AHIP recommends you 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.

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

The exam is 20 questions. You must receive an 85% or higher within your first three attempts to successfully pass without additional training requirements. There is no time limit, however once you start an attempt, you must finish it. The exam is scored immediately upon completion.

11. When will I receive my writing number?

If you are a new agent, you will receive a welcome email containing your writing number once you've completed the Lasso Healthcare Individual MSA Certification learning path. If you are a returning agent, your writing number remains the same as long as you are affiliated with us.



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12. How do I receive supplies?

Paper supplies are sent by request only. Once you are appointed, 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](#).

13. What is included in an enrollment kit?

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

14. Does Lasso Healthcare offer online enrollments?

Yes, and we highly encourage this method! Your client can complete the online enrollment directly from the [Enroll Section](#) of our website. They have the ability to enter your agent writing number which will tie the application to you and you will receive commission for that sale. You must collect a signed Scope of Appointment (SOA) and present the product to the prospective member before initiating an online enrollment. SOAs must be retained for 10 years, per CMS requirements, and you must be able to produce it to us upon request.

15. 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 Financial MSA form. The SOA does not need to be submitted to us, however, you should retain the signed SOA per CMS requirements and produce it to us upon request.

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

We provide regular updates on enrollment statuses to our NMO partners. You may also contact our Agent Support team at 800-918-3859 (option 1) or call your upline.

17. Where do I go to register an informal and formal sales event?

You can do this from the [Agent Section](#) of our website. You should register your event a minimum of 24-hours in advance.



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

We pay MSA commissions 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.

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

Commissions are based on the contract you sign. If you are paid directly, they will be delivered electronically to the account you indicated on your completed ACH. If your commissions are assigned to another agent or agency, they will be paid to that agent or agency. We have contracted Ritter Insurance Marketing as a "First Tier Entity," so commissions will be deposited from them.

20. Where can I view my commission statement?

We have contracted Ritter Insurance Marketing as a "First Tier Entity" to pay commissions, so they will provide commission statements for you to view online or through your upline.

21. 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 the terms of payment. If you are paid directly, they will be advanced in full for the calendar year. The Medicare Communication 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."

22. 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 their 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 previous plan history, the initial commission MUST be prorated for only the months the member is enrolled in the plan.

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

Members with inquiries should call Member Services at 866-766-2583 (TTY: 711) 8 a.m. to 8 p.m., seven days a week from Oct. 1 through Mar. 31, and M-F from Apr. 1 through Sep. 30.



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

The Agent of Record (AOR) on the business can contact Member Services at 866-766-2583 and follow up on Member issues. It must be the AOR to call. Information will not be provided to support personnel.

25. 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.

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

There are no contracted providers with an MSA. The member has access to any Medicare provider. Selecting a Medicare-participating provider will bring the member the most value. We include a copy of our provider guide in the enrollment kit. Provider guides can also be ordered separately in the supply ordering process.

27. How can I or my client find out if a health care provider is a Medicare-participating provider?

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

28. Can a Medicare-participating 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. Before the MSA plan member receives any services, we encourage them to share our detailed provider guide with their provider and confirm they'll accept our plan. Providers can also view the provider guide, from the [Documents Section](#), of our website or they can call the Provider Service number at 800-579-0254, for further information.

29. Can Lasso Healthcare provide first-dollar coverage for preventative services?

No. By law, services below the MSA plan deductible, including preventative services, are not allowed to be covered by the health plan. With that said, we believe in proactive preventative care, and offer an optional rewards program for members, offering extra perks for completing a series of preventive health activities.

30. Does Lasso Healthcare cover testing and care for COVID-19?

COVID-19 services are Medicare-covered services and therefore would be covered like any other Medicare Part A or Part B service under the MSA coverage. 100% below the plan deductible is the responsibility of the member and 100% over the plan deductible will be covered by us.



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31. Do excess charges charged by non-participating physicians count toward the deductible?

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 us and do not count toward the plan deductible.

32. If Lasso Healthcare does not have a network of providers, what protections, if any, does a member have against accidentally using a provider that is on the CMS/OIG Sanction/Reinstatement list?

The member should always confirm that the provider is a Medicare provider. Additionally, the member can search providers at the Medicare Physician Compare Page located at <https://www.medicare.gov/physiciancompare/>.

33. 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. Further, none of these charges count toward the member's plan deductible.

34. If someone leaves the plan mid-year, what happens to the MSA funds?

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 are their funds to keep. IRS rules still apply for the balance left in the medical savings 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 plan would terminate if the member is no longer qualified (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 for repaying the unearned deposit.

Example: Let's assume the member permanently leaves the service area, is disenrolled on July 1 and owes us \$1,620 for the prorated portion of the current year deposit. In this example, the member has \$2,000 still in their medical savings account. The member can pay us back the \$1,620, and the remaining balance of \$380 in their account can be kept by the member.

35. Can a member choose a custodial account other than Optum Financial?

Upon initial enrollment, the member must select Optum Financial. After the funds are deposited into the Optum Financial 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.



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36. Does Optum Financial charge an administrative fee?

Optum Financial does not charge any custodial fees while the member is a Lasso Healthcare MSA plan member.

37. Is the Optum Financial medical savings account interest-bearing?

Yes, the account is interest bearing. The member can also invest funds in excess of \$2,000 in various investment vehicles offered through Optum Financial. For current rates and investment options, visit Optum Financial's website at www.optumbank.com.

38. Does Optum Financial provide online statements or paper statements?

Under the Lasso Healthcare MSA, Optum Financial will have monthly electronic statements showing account activity. Should the member prefer a paper statement, they can make that request to Optum Financial and one would be mailed out on a quarterly basis for a small fee.

39. If someone is enrolled in the MSA and a stand-alone PDP, can they use their deposit to pay for the Part D deductible and copays or coinsurance? Does it qualify toward their MSA plan deductible?

Per the IRS, MSA funds can be used 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 their MSA plan deductible. Only Medicare Part A & Part B qualified medical expenses (QMEs) count toward the deductible. The member may not pay the premium on the PDP plan with the MSA funds on a tax-free basis (taxes and penalties would apply), and this, of course, would also not count toward their MSA plan deductible.

40. Can a member contribute to their medical savings account?

No, the member is not allowed to contribute to the savings account, per IRS rules.

41. Is the deposit an annual deposit or a one-time deposit?

The deposit is an annual deposit, provided the member renews with us. Unused funds remaining at the end of the calendar year roll over to the following year provided the member remained in the plan through year-end. If the member renews their MSA membership, the new year's deposit is added to their medical savings 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 to us. Any balance accrued from previous year(s) is theirs to keep.



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42. What happens to the MSA funds upon the death of the MSA plan member?

If the member passed away during the plan year, the deposit would go to their beneficiary, either a spouse or some other designee. We are 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, ordinary income tax will apply, subject to IRS rules. Optum Financial would charge custodial fees; however, the account could also be moved to a custodial account of the beneficiary's choosing.

43. When can someone enroll or disenroll?

AEP and ICEP are the only two times a beneficiary can enroll into the MSA. Except for rare cases, AEP is the only time a member can disenroll from the MSA. SEP65 is not available for enrollment or disenrollment. OEP is not available for enrollment or disenrollment. OEP NEW 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, we must disenroll the member, and the member must repay the unearned portion of the current year of their deposit. The member can also be disenrolled if they no longer meet the qualifications of the MSA plan (for example, gaining Medicaid eligibility).

44. Is someone on Medicare Disability allowed to enroll in the MSA?

There are no rules excluding this, so if the beneficiary meets all of the eligibility criteria, they would be able to enroll in the 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.

45. If my client is enrolled in both the MSA and the HIP, then chooses to leave the MSA, is their HIP coverage also cancelled?

No, the MSA and the HIP are two completely different products; with Medicare managing the MSA and each state regulating the HIP. Therefore, they each have different disenrollment requirements. For the HIP, the member must submit in writing their disenrollment request and send to Lasso Healthcare via fax to (888) 638-6943 or mail to:

Lasso Healthcare Insurance Company
Attention: HIP
PO Box 60690
Harrisburg, PA 17106-0690



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46. Does Lasso Healthcare waive the 3-day hospital stay requirement for Skilled Nursing Facility (SNF) benefits?

No.

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

Yes, but it would not count toward the deductible.

48. Can the member do a 1035 exchange and roll their health savings account (HAS) into their medical savings account?

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

49. 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.

50. Is the trial period an allowable disenrollment opportunity for MSA members?

Medicare has two types of trial periods. The trial period tied to a Medicare beneficiary's 65 birthday (SEP65) is not allowable. The other trial period is for individuals who terminated their Medicare Supplement to enroll into a Medicare Advantage plan for the first-time during AEP. This Trial Period is acceptable with the MSA. To use this trial period, the member must submit a formal disenrollment request anytime during their first 12 months in the MSA to go back to Original Medicare. CMS will confirm whether the member qualifies.

Example 1: If the member used their ICEP to enroll in the MSA in March of 2021 for an April 1, 2021, effective date, they would need to disenroll during the next AEP (October 15 through December 7, 2021)

Example 2: If the member dropped their Medicare Supplement to enroll for the very first time in Medicare Advantage (the MSA) during AEP (October 15 through December 7), they would be able to submit a disenrollment request to us anytime within the first 12 months of their enrollment to go back to Original Medicare. There are time restrictions as to when the applications must be submitted. See [Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare](#), section 3, Your Rights to Buy a Medigap Policy, for more details.



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51. 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.

52. Can a member use the money tax-free to pay for Part A and Part B Premiums?

IRS rules start with IRS Publication 969, which refers individuals to IRS Publication 502 on qualified medical expenses. Then, for MSAs, individuals need to consult at least two additional sources: IRS Code 220 (Archer MSA) and IRS Code 138 (Medicare MSA, 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.

53. Can the member use their MSA funds tax-free to pay for services from an opt-out provider?

Yes, if it is for a qualified medical expense. However, no portion of the opt-out services are reimbursed by us, nor do they accrue to the MSA plan deductible amount.

54. Can the member use their MSA funds tax-free to pay for balance bill charges?

Yes, but it does not accrue to the MSA plan deductible amount.

55. Can the member use their MSA funds tax-free to pay for someone else's medical expenses?

No. This is different from the HSA. See question 44 for IRS references. Only qualified medical expenses of the medical savings account holder are allowed.

56. Can the member use their MSA funds tax-free to pay for their concierge "fees"?

There is no exclusion in any of the IRS rules governing qualified medical expenses. Please consult the IRS and/or a tax advisor to confirm.

57. What if a doctor prescribes something like a service pet, etc.?

Each of these will need to be handled on a case-by-case basis with the IRS. Just because a doctor prescribes it does not supersede IRS exclusions for qualified medical expenses.

58. Can a member use their MSA funds tax-free to pay for prescribed medical marijuana?

There is no exclusion in any of the IRS rules governing qualified medical expenses. Please consult the IRS and/or a tax advisor to confirm.

59. Can a member use their MSA funds tax-free to pay for COVID-19 services?

Yes, COVID-19 services are considered Medicare-covered services.



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60. What if a member visits a non-participating provider, and there is a chance the provider is on the OIG sanctioned provider listing?

Lasso Healthcare members are encouraged to utilize the Medicare Physician Compare Tool at <https://medicare.gov/physiciancompare/>, which will provide them with a complete listing of physicians and facilities participating with Medicare. If a member elects to utilize a non-par provider and later identifies that provider is on the OIG sanction list, the provider would be handled as a sanctioned/opt-out provider. Any claims submitted will be reviewed to ensure the date of service (DOS) falls outside of the exclusion period and will be processed accordingly. We would follow Original Medicare guidelines for processing the claim if the services were performed during the exclusion period.

61. 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 combines 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;

MSA plans are required by law to have \$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 Part A and Part B services:

- Premium
- Deductible
- MOOP
- Copays
- Co-insurance
- 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 Part A and Part 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 individuals know they are truly out of control with their disease states.



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62. Who is Lasso Healthcare, and what is their financial background?

We are a privately-owned company with the necessary capital to meet and exceed our agreed-upon 300% risk-based capital (RBC) requirements. Anything lower than 200% is when oversight and required action occurs. Due to the new product offering, we agreed to higher RBC limits for financial assurance to all parties. Our financials are reported and supplied to state regulators in our current service area every quarter + annually to CMS, our federal regulator.

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

Our intent is to continue to grow and expand the Medicare MSA product offering; however, if we had to discontinue the MSA for any reason, CMS ensures MSA plan members will be protected. The member will always receive a guaranteed 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.

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

There are no exclusions with the MSA specifically around Native Americans. Everyone has to meet typical Medicare Advantage enrollment requirements and additional MSA-specific requirements, but no exclusions related to Native Americans. In other words, there can be no medical insurance that covers below the deductible amount (other than allowed complementary types such as hospital indemnity.)

65. Is there a document available that 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.