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NABIP Responds to Major Carrier Policy Change Impacting Medicare Beneficiaries

Washington, D.C. — The National Association of Benefits and Insurance Professionals (NABIP) is voicing deep concern over Elevance Health’s recent decision to withdraw all plans from digital agent-accessible platforms, mandate manual submissions via PDFs, and suspend enrollment kit fulfillment. This policy will remain in effect through the end of the calendar year, except for dual-eligible special needs plans.

“This decision directly harms Medicare beneficiaries by limiting their access to essential healthcare options and support during Medicare’s enrollment period,” said NABIP CEO Jessica Brooks-Woods. “By removing digital tools and shifting to manual processes, Elevance Health is making it harder for seniors to make informed decisions. And these changes eliminate the trusted guidance seniors rely on, creating unnecessary barriers at a time when making informed healthcare decisions is most critical for them.”

NABIP highlights the following concerns regarding the policy change:

- **Loss of Access to Essential Tools:** Seniors are being denied the critical support they rely on, as independent agents are stripped of the vital tools necessary to assist clients effectively.
- **Limited Consumer Access:** Medicare beneficiaries are pushed into paper-only submissions creating a significant barrier to enrollment and access to information.
- **Elimination of Trusted Guidance:** The removal of agent tools takes away the crucial transparency and guidance that Medicare beneficiaries need to make informed decisions about their healthcare.
- **Undermining the Agent-Beneficiary Relationship:** The longstanding, trusted relationship between agents and beneficiaries, which has been a cornerstone of Medicare enrollment for decades, is being dismantled, leaving seniors without critical support.

NABIP is calling for immediate action from the Centers for Medicare & Medicaid Services (CMS), Congress, and health plans to address the negative impacts on beneficiaries caused by these changes. Specifically, NABIP urges CMS to freeze any carrier-initiated changes after October 1 that would reduce transparency, limit agent access, or create confusion during the crucial Medicare enrollment period from October 15 to December 7.

“This is not just about policy; it’s about the well-being of seniors who depend on agents for guidance,” added Brooks-Woods. “We stand with Medicare beneficiaries and agents to ensure that they have fair access to healthcare options and the support they need to make informed choices.”

These recommendations align with [NABIP’s Healthcare Bill of Rights](#), our commitment to ensuring all Americans have access to accurate, unbiased information and a full range of coverage options. NABIP is committed to ensuring that policymakers recognize the indispensable role that licensed agents play in supporting Medicare beneficiaries.

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[NABIP](#) is the preeminent organization for health insurance and employee benefits professionals, working diligently to ensure all Americans have access to high-quality, affordable healthcare and related benefits. NABIP represents and provides professional development opportunities for more than 100,000 licensed health insurance agents, brokers, general agents, consultants and benefit professionals through more than 150 chapters across America.