



# 2025 Certifications What's New



There are several new changes that go into effect for the 2025 plan year. Our 2025 certifications will help you learn about what's changing and get ready to sell. For your convenience, we've highlighted some of the key changes on the following pages.

Check out the Agent Certification Study Guide for additional information and watch Jarvis for more resources and training opportunities.

## New Agent Enhancements

- UnitedHealthcare's electronic enrollment tool is changing to JarvisEnroll, replacing LEAN for 2025 plan enrollments. You will see JarvisEnroll referenced in place of LEAN within certifications. Check the training calendar in Jarvis to sign up for a training session.
- **Events Basics Certification:** The Event Basics section has been removed from the standard certification path to a stand-alone module with no assessment. You only need to complete this module if you are hosting events. For agents who were notified they are eligible for the Fast Track path, Events Basics questions are included in the Fast Track Certification path.

## Part D Changes (Study Guide – Medicare Basics/Drug Payment Stages)

The Inflation Reduction Act of 2022 makes updates to the 2025 Part D benefit aimed at reducing enrollees' out-of-pocket costs. These include a new \$2,000 cap on enrollee out-of-pocket spending for covered Part D drugs, and eliminating the Coverage Gap (donut hole). For 2025, the Part D benefit will have three stages instead of four:

- Yearly Deductible (Note: Some plans have a \$0 drug deductible)
- Initial Coverage
- Catastrophic Coverage

To determine when a member moves from one stage to the next, the plan keeps track of the member's TrOOP (True Out-of-Pocket) costs. Reference Medicare Basics/Drug Payment Stages of the Agent Certification Study Guide to learn more about how the TrOOP is calculated.



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## **Third Party Marketing Organizations (TPMO) changes (Study Guide – Ethics and Compliance/Third Party Marketing Organizations/Requirements)**

- CMS finalized requirements related to sharing of personal beneficiary data collected by TPMOs. TPMOs are required to acquire prior express written consent from the beneficiary in order to share personal beneficiary data collected for enrollment or marketing purposes with other TPMOs (effective Oct. 1, 2024).

## **Dual Eligible Special Election Periods (SEPs) (Study Guide – D-SNP Overview/ Special Election Periods)**

CMS made adjustments to Special Election Period (SEP) options for Dual Eligible Members, including when, how often and which Medicaid status levels allows them to change to a new plan.

- CMS grants Dual Eligible consumers that meet enrollment criteria a special election period in addition to the Initial Enrollment Period (IEP), Annual Election Period (AEP), and Medicare Advantage Open Enrollment Period (MA OEP).
- Outside of those election periods, dual eligible consumers enrolled in Original Medicare may enroll in a PDP on a monthly basis. In addition, they may make a monthly election into a fully integrated Dual-Eligible Special Needs Plans (e.g., Fully Integrated Dual Eligible (FIDE) SNP, Highly Integrated Dual Eligible (HIDE) SNP or Applicable Integrated Plan (AIP). as eligible, provided it is an aligned enrollment (i.e., the same organization, parent organization, or another entity owned by the same parent organization manages both Medicaid and Medicare coverage). Electing a non-integrated D-SNP or other MA plan is not permitted using the SEP - Integrated Care election period. ICEP, AEP, MA OEP and other SEPs continue to be available for enrollment into non-integrated D-SNP plans.
- The Dual/LIS Maintaining quarterly SEP is no longer available for D-SNP or Medicare Advantage Prescription Drug Plan (MAPD) enrollments effective October 1, 2024.



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## **Medication Therapy Management (MTM) (Study Guide – Medicare Basics/ Prescription Drug Coverage/Coverage Considerations)**

CMS also expanded access to the Part D Medicare Part D MTM program. The Plan may enroll a member into an MTM program if they meet all of the following 3 requirements\*:

- Member has more than one chronic health condition from 10 core conditions (conditions list in study guide).
- Member takes several different medications.
- Member's medications have a combined cost of more than \$1,623 (2025) per year. This dollar amount (which can change each year) is estimated based on out-of-pocket costs and the costs the plan pays for the medications each calendar year.

\*Or members who are in a Drug Management Program to help better manage and safely use medications such as those for pain.