



COMPLIANCE POLICIES AND PROCEDURES

Use of Lead Vendors by Agents and Agencies



COMPLIANCE POLICIES AND PROCEDURES

I. SCOPE: These policies and procedures apply to all licensed agents and agencies contracted to sell Medicare Advantage and Part D Prescription Drug plans through YourPlanChoice, LLC (“YPC” or “Company”).

II. DEFINITIONS:

- **Agent/Agency:** A licensed person or entity authorized to sell Medicare Advantage (MA) and PDP plans
- **Lead Vendor:** A third-party entity contracted to generate leads for an agent who sells MA and PDP plans through a YPC MAO/PDP contract.
- **Beneficiary:** An individual eligible for or enrolled in an MA or Part D plan.
- **FCC:** Federal Communications Commission
- **FDR:** First Tier, Downstream and Related entity
- **FTC:** Federal Trade Commission
- **MAO:** Medicare Advantage Organization
- **Permission to Contact:** Documented consent from a beneficiary that authorizes outreach for plan-related purposes. Permission to Contact forms for MA and PDP products are valid for 12-months from the date of execution by the beneficiary.
- **TPMO:** Third-party Marketing Organization, which is an organization or individual, including an independent agent or broker, that is compensated to perform lead generation, marketing, sales, or enrollment-related functions as part of the chain of enrollment (the steps taken by a beneficiary from becoming aware of an MA/PDP plan or plans to making an enrollment decision). A TPMO may be a first tier, downstream or related entity (FDR), as defined in CMS regulations, but may also be an entity that is not an FDR but provides services to an MAO/PDP or an MAO/PDP's FDR.

III POLICIES AND PROCEDURES:

YPC requires the following controls to be in place for any lead vendor utilized by an agent or agency in the Company's hierarchy:

1. Compliant Lead Generation

Each broker agent and agency must maintain a documented process to ensure lead



generation activities comply with applicable federal and state regulations, including CMS, FCC, and FTC requirements. This includes:

- Due diligence on the vendor to ensure they are a legitimate business and that they generate and sell leads in compliance with all applicable laws. Appendix A includes a sample due diligence questionnaire.
- A documented lead vendor oversight plan – a sample oversight plan is included in Appendix B
- Maintaining a documented CMS one-to-one compliant permission to contact for each beneficiary that is contacted. If you or the lead vendor makes outbound calls using regulated technology, ensure the vendor uses an industry-standard tool such as Jornaya or TrustedForm to capture documentation of permission to contact. Solutions native to Facebook, Google, Yahoo, etc., are not adequate to defend against TCPA violations. See Appendix C for Lead Vendor Compliance Guidance.
- Ensuring all lead vendor-related marketing materials are filed and approved with the MAO/PDPs and CMS for each TPMO's use, as required.
- Ensuring lead forms clearly inform beneficiaries that their information will be provided to a licensed sales agent for future contact.
- Ensuring that the lead vendor utilizes a compliant sales script, which includes the required TPMO disclosures. If the script meets the definition of "marketing," ensuring that the script is properly filed and approved with carriers and CMS prior to use.

2. **Call Recording**

All calls with a beneficiary, both inbound and outbound, that result from lead generation activities must be recorded in their entirety and must be immediately retrievable, upon request.

3. **Record Retention**

All operational, contractual, and compliance-related records must be retained for a minimum of 10 years. Sales/marketing calls may be retained for 6 years. Years 1 through 3 must be retained in the original audio format. Years 4 through 6 can be in the original audio format or a **complete** transcript. Enrollment calls must still be retained for 10 years. If the call is a combination of sales and enrollment, then it must be retained for 10 years.

4. **Incident Reporting**

Agents and Agencies must have a mechanism to report to MAO/PDPs and their uplines any known or suspected:

- Privacy breach
- Lost or missing call recording
- Website or system failure



- Data loss or misuse
- Other issue that may result in non-compliance with CMS regulatory requirements

5. Disclosure Requirements

Agents/Agencies must submit the following to all contracted MAO/PDPs with a copy to your direct upline:

- **Newly subcontracted lead vendor relationships**, within 5 business days of execution
- **Existing lead vendor relationships**, annually, or upon request
- **Discontinued lead vendor relationships**, within 5 business days of termination

Each MAO/PDP has its own requirements related to the submission of subcontractors used in connection with the sale of MA/PDP plans, including lead vendors. If a subcontractor has offshore operations, you must obtain MAO/PDP approval prior to contracting with the vendor.

MAO/PDPs may require additional information, but generally, a lead vendor disclosure to MAO/PDPs must include:

- Legal name of subcontractor (lead vendor)
- Nature of services provided
- Effective and termination dates
- Contact information
- Any adverse legal actions

Audits and Attestations

The Company and its contracted MAO/PDPs reserve the right to request attestations and/or conduct periodic audits to ensure agents/agencies are operating in compliance with all applicable regulations and YPC policies.

Agents/Agencies must promptly provide requested items, which could include any or all of the following (not all inclusive):

- Lead vendor contract
- Proof of CMS and MAO/PDP approval of marketing materials
- Evidence of beneficiary's consent to contact, if an outbound call was made to the beneficiary
- Call recordings or other supporting materials





Appendix A – Sample Lead Vendor Onboarding Questionnaire

Medicare Lead Vendor and Lead Generator Compliance Questionnaire

Vendor Name	
Date Submitted	
Primary Contact	
Email / Phone	
Completed By	
Title	
Requested Due Date	
Submitted To	

Lead Campaign Types

Select all lead campaign types covered by this questionnaire submission.

Campaign Type	Select All That Apply	Notes / Details
Inbound Web Lead Form	☐	
Inbound Call Campaign	☐	
Outbound Calling Campaign	☐	
Warm Transfer Campaign	☐	
Live Transfer Campaign	☐	
Appointment Setting Campaign	☐	
Digital Advertising / Paid Search	☐	
Social Media Lead Campaign	☐	
Email Campaign	☐	
Text Message Campaign	☐	
Direct Mail Campaign	☐	



Television / Radio / Audio Campaign	☐	
Purchased or Aggregated Lead Campaign	☐	
Other Medicare Lead Campaign Type	☐	

Purpose: This questionnaire helps assess whether a Medicare lead vendor or lead generator has appropriate controls to support Medicare Advantage, Medicare Prescription Drug Plan, and related Medicare marketing activities. It focuses on CMS requirements, federal and state telemarketing rules, privacy and security obligations, consent practices, lead source transparency, and contractual oversight expectations.

Instructions for Completion: Complete each section in full. For each question, enter **Yes**, **No**, or **N/A** and provide a brief explanation or supporting document reference. If a question does not apply, explain why. Attach all requested documentation listed in Section 11 and label each file using the applicable section number and document name.

1. Vendor Profile and Medicare Lead Generation Activities

Use this section to describe the lead vendor's or lead generator's business structure, Medicare-related services, operating footprint, and licensing status. Question	Response	Supporting Documentation
Provide the vendor's legal name, DBA names, and parent company.		
Identify the primary business model: lead vendor, lead generator, data aggregator, or other lead generation-related service.		
List states in which the lead vendor or lead generator generates, purchases, transfers, or sells Medicare-related leads.		
Identify all licenses, registrations, carrier appointments, or producer numbers held by vendor or its personnel, if applicable.		

2. CMS Marketing and TPMO Compliance

Use this section to confirm that Medicare communications, marketing materials, disclosures, and approval processes are controlled before leads are generated, transferred, or used. Question	Vendor Attestation / Response	Evidence or Explanation
Does the lead vendor or lead generator maintain written policies addressing CMS Medicare communications and marketing requirements for MA and Part D products?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator distinguish between communications and marketing activities based on content, intent, audience, timing, and context?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator use required TPMO disclaimers, when applicable, including on websites, emails, print materials, digital ads, calls, and other lead generation materials?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator prohibit misleading, confusing, high-pressure, inaccurate, or government-like advertising?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator prohibit use of Medicare cards, CMS logos, carrier logos, or government imagery unless specifically authorized?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator submit Medicare lead generation materials, scripts, landing pages, ads, and call flows for required review and approval before use?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator maintain version control and archival records for all Medicare-related materials used to generate or transfer leads?	☐ Yes ☐ No ☐ N/A	

3. CMS TPMO Compliance Requirements for Lead Vendors

Use this section to confirm whether the lead vendor or lead generator understands and follows CMS requirements applicable to Third-Party Marketing Organizations involved in Medicare lead generation, marketing, sales, or enrollment-related activities.

Requirement Area	Vendor Attestation/Response	Evidence or Explanation
TPMO Policies: Maintain written policies and procedures addressing CMS TPMO obligations for Medicare Advantage and Part D lead generation activities.	☐ Yes ☐ No ☐ N/A	

Required TPMO Disclaimer: Use applicable CMS-required TPMO disclaimer language on consumer-facing websites, digital ads, emails, print materials, television or audio ads, and calls when required.	☐ Yes ☐ No ☐ N/A	
Disclaimer Timing and Placement: Ensure required TPMO disclaimers are presented clearly and conspicuously and are delivered before plan benefit discussions, when applicable.	☐ Yes ☐ No ☐ N/A	
Lead Generation Disclosure: Disclose to the beneficiary, when conducting lead generation, that the beneficiary's information may be provided to or used by a licensed insurance agent for future contact, as applicable to the communication channel.	☐ Yes ☐ No ☐ N/A	
Transfer Disclosure: Disclose to the beneficiary when the beneficiary is being transferred to a licensed insurance agent who may discuss Medicare plan options or enrollment.	☐ Yes ☐ No ☐ N/A	
One-to-One Consent: Obtain clear, conspicuous, prior express written consent before sharing personal beneficiary data with another TPMO for Medicare marketing or enrollment purposes, and obtain consent separately for each receiving entity.	☐ Yes ☐ No ☐ N/A	
No Blanket Redisclosure: Prohibit blanket consent, generic partner lists, hidden seller lists, or broad authorization that permits redistribution of beneficiary data to unspecified recipients.	☐ Yes ☐ No ☐ N/A	
Material Review and Approval: Submit Medicare lead generation materials, including landing pages, ads, scripts, disclosures, email templates, text templates, and call flows, for required client, carrier, or CMS review before use.	☐ Yes ☐ No ☐ N/A	
Call Recording and Retention: Record and retain calls with beneficiaries when required by CMS, contract, carrier, or client requirements, including inbound, outbound, and virtual calls where applicable.	☐ Yes ☐ No ☐ N/A	

Complaint and Incident Reporting: Promptly report beneficiary complaints, suspected noncompliance, misleading marketing, unauthorized data sharing, or CMS/carrier inquiries to the client according to contractual timelines.	☐ Yes ☐ No ☐ N/A	
Record Retention and Audit Support: Maintain and provide upon request records supporting TPMO compliance, including consent evidence, scripts, disclaimers, materials approvals, call recordings, lead source records, complaints, and corrective action documentation.	☐ Yes ☐ No ☐ N/A	

4. Lead Sources, Acquisition, and Data Flow

Use this section to document where Medicare leads originate, how they are acquired, how beneficiary information moves through vendor systems, and whether each lead can be traced back to the original consumer interaction. Requirement Area	Vendor Attestation / Response	Evidence or Explanation
Identify all sources of Medicare leads, including owned websites, paid search, social media, TV, mail, referral partners, affiliate networks, data brokers, inbound calls, outbound calls, and transfers. Provide a complete list of URLs, including those from third-parties.		
Does the lead vendor or lead generator prohibit purchasing or accepting leads from sources that cannot provide auditable proof of compliant consent and source history?	☐ Yes ☐ No ☐ N/A	
Can the lead vendor or lead generator trace each lead from the original consumer interaction through transfer, sale, appointment, or enrollment referral?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator maintain a documented data flow map showing where beneficiary information is collected, stored, processed, shared, transferred, sold, or deleted?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator screen lead sources for deceptive ads, bait-and-switch offers, prohibited inducements, or misleading benefit claims?	☐ Yes ☐ No ☐ N/A	

Does the lead vendor or lead generator prohibit reuse, resale, or redisclosure of Medicare beneficiary data except as expressly permitted by contract and applicable consent?	☐ Yes ☐ No ☐ N/A	
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5. Consent, Permission to Contact, and One-to-One Sharing Controls

Use this section to evaluate whether beneficiary consent is clear, specific, properly captured, and sufficient to support Medicare-related contact, lead sharing, and follow-up activity. Requirement Area	Vendor Attestation / Response	Evidence or Explanation
Does the lead vendor or lead generator obtain prior express written consent before sharing personal beneficiary data for Medicare marketing or enrollment-related lead purposes?	☐ Yes ☐ No ☐ N/A	
Does each consent identify the specific entity or entities authorized to receive the beneficiary's information and contact the beneficiary?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator avoid blanket consent language, hidden partner lists, hyperlinked seller lists, or broad authorization to be contacted by unspecified lead recipients?	☐ Yes ☐ No ☐ N/A	
Are consent disclosures clear, conspicuous, and displayed before the consumer submits information?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator capture and retain consent evidence, including date/time stamp, IP address, URL, disclosure version, form field values, consumer action, and entity-specific consent selections?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator ensure communications are logically and topically related to the consent obtained?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator promptly honor revocation of consent, opt-outs, STOP requests, do-not-call requests, and requests not to share data?	☐ Yes ☐ No ☐ N/A	

6. TCPA, DNC, Email, Text, and Telemarketing Controls

Use this section to confirm that outreach practices, suppression processes, consent evidence, and screening controls are sufficient before any Medicare lead is called, texted, emailed, transferred, or otherwise contacted. Requirement Area	Vendor Attestation / Response	Evidence or Explanation
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Does the lead vendor or lead generator maintain written TCPA, National Do Not Call, state do-not-call, CAN-SPAM, text messaging, and telemarketing compliance policies?	☐ Yes ☐ No ☐ N/A	
Are calling lists scrubbed before outreach against the National DNC Registry, state DNC lists where applicable, internal DNC lists, carrier or client suppression lists, reassigned number databases, and known litigator lists?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator maintain an internal DNC list and apply opt-outs across all systems and campaigns?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator prohibit prerecorded messages, artificial voice, autodialed calls, ringless voicemail, or automated texts unless expressly approved and legally supported?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator ensure caller ID is accurate, valid, callable, and not misleading?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator maintain call attempt limits, quiet hours, abandonment controls, and documentation of contact cadence?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator retain proof of consent and scrubbing records for each lead provided, including DNC, suppression, reassigned number, and known litigator list screening results?	☐ Yes ☐ No ☐ N/A	

7. Scripts, Disclosures, Transfers, and Call Recording

Use this section to confirm that scripts, transfer processes, disclosures, and call recording practices are approved, documented, and retained as required. Requirement Area	Vendor Attestation / Response	Evidence or Explanation
Does the lead vendor or lead generator use approved scripts for inbound calls, outbound calls, warm transfers, verification calls, and quality assurance calls related to Medicare leads?	☐ Yes ☐ No ☐ N/A	
Do scripts clearly disclose the lead vendor or lead generator identity, purpose of contact, Medicare-related nature of the inquiry, and whether the beneficiary may be transferred to or contacted by a licensed insurance agent?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator prohibit discussing plan-specific benefits, premiums, provider networks, or enrollment recommendations?	☐ Yes ☐ No ☐ N/A	

Does the lead vendor or lead generator record calls where required by CMS, client, carrier, or contractual obligations, and retain recordings for the required retention period?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator disclose call recording where required by applicable law?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator document transfer outcomes, receiving entity, agent identification, date/time, and consumer consent for transfer?	☐ Yes ☐ No ☐ N/A	

8. Privacy, Security, and Data Retention

Use this section to evaluate how the lead vendor or lead generator protects beneficiary information, limits access, manages incidents, and retains or destroys records. Requirement Area	Vendor Attestation / Response	Evidence or Explanation
Does the lead vendor or lead generator maintain privacy and information security policies covering Medicare beneficiary data, personally identifiable information, protected health information, and sensitive personal information?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator limit access to beneficiary data based on role, business need, and least-privilege principles?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator encrypt data in transit and at rest where feasible and appropriate?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator maintain incident response, breach notification, business continuity, and disaster recovery procedures?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator prohibit storing beneficiary data in unauthorized systems, personal devices, spreadsheets, removable media, or unapproved cloud tools?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator have documented data retention and secure destruction schedules for leads, consent records, call recordings, scripts, audit logs, and marketing materials?	☐ Yes ☐ No ☐ N/A	
Has the lead vendor or lead generator experienced any privacy, security, telemarketing, CMS, carrier, or consumer complaint incident in the past 36 months? If yes, describe root cause and corrective action.	☐ Yes ☐ No ☐ N/A	

9. Subcontracted Lead Sources and Lead Generation Support Vendors

Use this section to determine whether any subcontracted lead sources or lead generation support vendors are used, and whether those relationships are governed by written agreements, due diligence, oversight, and audit rights. Requirement Area	Vendor Attestation / Response	Evidence or Explanation
Does the lead vendor or lead generator use subcontracted lead sources or lead generation support vendors for Medicare-related lead generation work?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator require written agreements with subcontracted lead sources or lead generation support vendors that include Medicare compliance, privacy, audit rights, record retention, reporting, and termination provisions?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator perform due diligence before engaging subcontracted lead sources or lead generation support vendors and periodic oversight after engagement?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator maintain a current list of subcontracted lead sources or lead generation support vendors involved in Medicare lead generation, transfer, storage, processing, or outreach?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator prohibit subcontracted lead sources or lead generation support vendors from further sharing, selling, or using beneficiary data outside authorized purposes?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator require subcontracted lead sources or lead generation support vendors to provide consent evidence, source documentation, marketing materials, scripts, and call records upon request?	☐ Yes ☐ No ☐ N/A	

10. Training, Monitoring, Auditing, and Corrective Action

Use this section to assess whether the lead vendor or lead generator trains personnel, monitors Medicare lead generation activity, documents findings, and resolves issues through corrective action. Requirement Area	Vendor Attestation / Response	Evidence or Explanation
Does the lead vendor or lead generator provide initial and annual Medicare compliance training to employees and contractors involved in Medicare lead generation?	☐ Yes ☐ No ☐ N/A	

Does training cover CMS marketing rules, TPMO obligations, consent, DNC/TCPA, privacy, prohibited practices, complaint escalation, and disciplinary standards?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator conduct quality monitoring of calls, transfers, landing pages, ads, scripts, consent forms, and lead records?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator maintain audit results, issue logs, root cause analyses, corrective action plans, retraining records, and disciplinary actions?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator notify clients promptly of suspected noncompliance, consumer complaints, regulator inquiries, data incidents, or unauthorized data sharing?	☐ Yes ☐ No ☐ N/A	
Does the lead vendor or lead generator permit client, carrier, or regulatory audits and provide records upon request within contractually required timelines?	☐ Yes ☐ No ☐ N/A	

11. Required Documentation Checklist

Use this checklist to confirm that all documents needed for compliance review are included with the completed questionnaire. Requested Documentation	Included?	File Name / Reference	Comments
Corporate profile, ownership, and key compliance contacts.			
Medicare compliance policies and procedures.			
TPMO compliance policies, required disclaimer samples, lead generation disclosures, transfer disclosures, and material approval records.			
TCPA, DNC, email, text, and telemarketing policies.			
Privacy, information security, incident response, and data retention policies.			
Sample landing pages, lead forms, disclosures, advertisements, scripts, and call flows.			

Sample consent record showing clear disclosure, entity-specific consent, timestamp, URL, IP address, and submission evidence.			
Sample lead source report and data lineage record.			
Training materials, attendance logs, and testing records.			
Call recording retention policy and sample quality monitoring form.			
Subcontracted lead source or lead generation support vendor list, due diligence files, and agreement template.			
Complaint log, audit findings, corrective action examples, and escalation procedures.			
Cybersecurity assessment, SOC report, penetration test summary, or equivalent security documentation, if available.			

Submission Reminder: Return the completed questionnaire and all supporting documentation by the requested due date. Incomplete responses, missing evidence, or unexplained **No** or **N/A** answers may delay onboarding, approval, or continued use of lead vendor or lead generator services.

12. Vendor Certification

By signing below, the lead vendor or lead generator certifies that the information provided in this questionnaire is complete and accurate to the best of its knowledge. The lead vendor or lead generator also certifies that it will comply with applicable CMS Medicare communications and marketing requirements, TPMO obligations, TCPA and DNC requirements, privacy and security laws, contractual obligations, and client policies. The lead vendor or lead generator must promptly notify the client of any material change, suspected noncompliance, consumer complaint, data incident, regulatory inquiry, or unauthorized use or disclosure of beneficiary information.

Vendor Legal Name	
Authorized Representative Name and Title	
Signature	
Date	
Compliance Contact Name, Email, and Phone	

Reviewer Quick Summary

Use this section to record the overall review outcome, identify key gaps, and document follow-up needed before approving or continuing use of the lead vendor or lead generator.

Reviewer Use Only: Complete this section after reviewing the vendor's responses and supporting documentation. This section is intended to summarize the review outcome and should not be completed by the lead vendor or lead generator. Review Item	Reviewer Notes
Overall Review Status	☐ Approved ☐ Approved with Conditions ☐ Pending Additional Information ☐ Not Approved
Lead Vendor / Lead Generator Type	
Medicare Products or Lead Types Covered	
Primary Lead Sources	
Consent and Permission-to-Contact Evidence	☐ Sufficient ☐ Needs Clarification ☐ Not Provided ☐ Not Applicable
CMS / TPMO Marketing Controls	☐ Sufficient ☐ Needs Clarification ☐ Not Provided ☐ Not Applicable
TCPA / DNC Controls	☐ Sufficient ☐ Needs Clarification ☐ Not Provided ☐ Not Applicable
Privacy, Security, and Data Retention Controls	☐ Sufficient ☐ Needs Clarification ☐ Not Provided ☐ Not Applicable
Subcontracted Lead Sources or Support Vendors	☐ None ☐ Disclosed ☐ Needs Clarification ☐ Not Provided
Open Issues / Required Follow-Up	
Reviewer Name and Date	

Key Risk Indicators

Use this table to flag issues that may require escalation, remediation, additional documentation, or rejection of unsupported lead sources.

Key Risk Indicator	Risk Rating	Reviewer Notes / Follow-Up
Missing or insufficient entity-specific consent evidence.	☐ High ☐ Medium ☐ Low ☐ N/A	
Use of broad consent language, hidden partner lists, or unspecified lead recipients.	☐ High ☐ Medium ☐ Low ☐ N/A	
Lead source cannot be traced from original consumer interaction through transfer or sale.	☐ High ☐ Medium ☐ Low ☐ N/A	
Medicare-related advertising, landing pages, scripts, or disclosures not reviewed or approved before use.	☐ High ☐ Medium ☐ Low ☐ N/A	
Insufficient TCPA, DNC, text, email, or telemarketing controls.	☐ High ☐ Medium ☐ Low ☐ N/A	
Use of subcontracted lead sources or lead generation support vendors without adequate oversight.	☐ High ☐ Medium ☐ Low ☐ N/A	
Inadequate privacy, security, data retention, or incident response controls.	☐ High ☐ Medium ☐ Low ☐ N/A	
Prior privacy, security, telemarketing, CMS, carrier, or consumer complaint incidents within the past 36 months.	☐ High ☐ Medium ☐ Low ☐ N/A	
Incomplete questionnaire responses, missing documentation, or unexplained “No” or “N/A” responses.	☐ High ☐ Medium ☐ Low ☐ N/A	

Appendix A: High-Risk Scenario Examples

The examples below illustrate common situations that may require additional review, corrective action, or rejection of affected lead sources.

High-Risk Scenario	Why It Matters	Recommended Reviewer Action
Lead vendor or lead generator cannot provide a sample consent record showing the consumer's action, timestamp, disclosure language, URL, IP address, and specific entity authorized to receive the lead.	Without auditable consent evidence, the lead may not be supportable for Medicare marketing or contact purposes.	Request complete consent evidence before approval; consider rejecting leads from unsupported sources.
Consent language authorizes contact by "partners," "marketing companies," or "licensed agents" without naming the specific receiving entity.	Broad or unclear consent may not support one-to-one sharing or contact expectations for Medicare lead activity.	Require revised consent language and prohibit use of leads generated under unclear authorization.
Lead source history stops at an aggregator or reseller and does not show the original consumer interaction.	The reviewer cannot confirm how the lead was generated, what the consumer saw, or whether consent was valid.	Require source lineage documentation from original collection through transfer; do not approve untraceable sources.
Landing pages, ads, scripts, or transfer disclosures were used before Medicare compliance review and approval.	Unreviewed materials may contain misleading claims, missing TPMO disclosures, improper benefit statements, or prohibited language.	Require immediate removal or suspension of unapproved materials and conduct retrospective lead impact review.
Lead vendor or lead generator uses subcontracted lead sources but cannot provide contracts, oversight records, or audit rights.	Lack of oversight increases risk of unauthorized data sharing, noncompliant consent, deceptive marketing, and poor record retention.	Require subcontracted source inventory, agreement templates, due diligence files, and monitoring evidence before approval.
DNC, opt-out, STOP, or revocation requests are handled manually	Manual or fragmented suppression processes increase the risk of	Require evidence of centralized suppression

without centralized tracking across campaigns and systems.	contacting consumers after opt-out or revocation.	controls, testing, and escalation procedures.
Beneficiary data is stored in spreadsheets, personal drives, unapproved systems, or shared folders without access controls.	Uncontrolled storage increases privacy, security, breach, and unauthorized disclosure risk.	Require remediation plan, access review, secure storage controls, and deletion of unauthorized copies.
Prior consumer complaints, carrier findings, regulatory inquiries, or privacy incidents are disclosed without documented root cause and corrective action.	Unresolved or recurring issues may indicate weak compliance governance or ineffective monitoring.	Request complaint logs, corrective action plans, closure evidence, and monitoring results before approval.



Appendix B – Sample Oversight Plan

A lead vendor oversight plan should include any or all of the following, depending on the campaign type and lead vendor structure and should be performed on a regular, recurring basis, but no less often than annually.

For all Lead Types:

- Select a sample of leads
- Review the ad, website, URL, etc., that generated the lead:
 - Verify ad was approved for use and, if the ad constitutes Marketing pursuant to CMS rules, that the material was approved for use by YPC
 - Verify the website/URL was approved for use by YPC
 - Verify that the website is logically and topically related to Medicare

Additional Steps for Inbound:

- Verification of inbound call to lead vendor
- If lead was an inbound warm transfer, review call recordings to verify an approved call script was used

Additional Steps for Outbound Warm Transfer:

- Verify permission to contact was appropriate for outbound call by the vendor
- Review call recording to verify the vendor followed an approved call script

Additional Steps if the Lead Vendor Utilizes a Third-Party:

- Verify vendor followed its audit/review plan of their contracted third parties

Appendix C – Compliance Guidance

Lead Forms and Disclosures

Lead forms must clearly inform beneficiaries that their information will be provided to a licensed sales agent for future contact. Additionally, the beneficiary must be clearly informed that they are being transferred to a licensed sales agent who can assist them with enrolling into a new Medicare Advantage plan. These disclosures must be provided as follows:

Channel	Required Disclosure Method
Telephone	Verbal disclosure to the beneficiary
Mail/Paper	Written disclosure on the form
Email/Online Chat/Electronic Messaging	Electronic disclosure

TPMO Lead Data Sharing – 1-to-1 Consent

Personal beneficiary data collected by a TPMO for marketing or enrollment purposes may only be shared with another TPMO when prior express written consent is given by the beneficiary. Consent must be obtained through a clear and conspicuous disclosure that **LISTS EACH ENTITY** receiving the data and allows the beneficiary to consent or reject sharing with each individual TPMO. General terms like "marketing partners" are no longer sufficient. You must provide the specific names of the agencies or carriers the consumer is consenting to be contacted by.

TPMO Lead Sharing Do's and Don'ts:

- Do: Use individual checkboxes/toggles for each entity.
- Don't: Use a single "I agree to all terms and share my data with all partners" checkbox.
- Don't: Use generic terms like "marketing partners"; you must list specific entities.

Permission to Contact (PTC)

PTC must be clear — the consumer must understand they are agreeing to give their contact information and requesting a licensed sales agent to contact them regarding Medicare plan information.

- Event-specific only: If a potential enrollee provides permission to be called, the contact must be event-specific and may NOT be treated as open-ended permission for future contacts.
- Prominent placement: PTC language must be clear, easy to read, and in a prominent location on the material. Language may not be buried or hidden in disclaimer language or small print.



Telephone Consumer Protection Act (TCPA)

Per FCC guidelines, when requesting information from a beneficiary, agencies must at minimum disclose:

- Calls may be made by auto dialer, text (if applicable), or robocall (if applicable)
- Calls are for marketing purposes
- Cellular carrier charges may apply
- Providing permission does not impact eligibility to enroll or the provision of services
- Permission preferences can be changed at any time

Lead Generation Websites

- Permission to contact must be clear
- TCPA disclaimer language is required, along with all other required disclaimers
- Agency-created websites or partner websites that contain lead forms must be clear, easy to understand, and easy to navigate
- Agencies cannot require consumers to disclose their health status, gender, or date of birth to solicit for Medicare Advantage or Prescription Drug Plans
- When requesting beneficiary contact/demographic information, must not require users to enter anything other than zip code, county, and/or state for access to non-beneficiary specific website content

Prohibited & Non-Compliant Lead Sources

PROHIBITED Lead Tactics

Financial Hooks: Promises of "Cash Assistance," "Financial Relief," "Stimulus Help," "Free Groceries," or "Monthly Cash Allowance." Lifestyle-related rewards or surveys used to gather leads.

Misleading Language/Benefits: "Discussing additional benefits" or "upgrading" a beneficiary's current plan. False or exaggerated claims about plan features (e.g., "unlimited dental coverage" or exaggerated grocery card allowances).

Government Mimicry: Domain names, logos (flag themes), or headlines that appear to be from government agencies. Use of "Medicare" or "Social Security" in a way that suggests official government communication.

Bait-and-Switch: Government-mimicking logos, headlines such as "Millions in Cash Assistance available in your area!", or anything that lures consumers with non-Medicare promises.

Disconnected Tactics: Promoting unrelated products/services (life insurance, non-health



discounts) alongside Medicare enrollment.

! Consequences: Any agent or agency found to be using these types of lead sources will be required to cease immediately and may be subject to further disciplinary action, up to and include contract termination.