ADVANTAGEPLUS
HEALTH PLAN EXPERTS
A FULL-SERVICE NATIONAL INSURANCE FMO

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October 30, 2026

VIA ELECTRONIC CORRESPONDENCE

UCLA Health Medicare Advantage
Attention: Compliance Department and Compliance Leadership

RE: Formal Request for Independent Compliance Review
Exclusive Distribution, Beneficiary Access, and Distribution Oversight

Dear Compliance Leadership:

Advantage Plus Insurance Agency, a national insurance organization supporting several hundred licensed agents, formally requests an independent, documented compliance review of the reported exclusive distribution arrangement involving UCLA Health Medicare Advantage and Berwick Insurance Group. Our primary concern is not simply access to an agency contract; it is whether the distribution structure creates avoidable barriers to Medicare beneficiaries receiving informed enrollment assistance from their established, trusted licensed agents.

Berwick Insurance Group training materials dated August 6, 2024 publicly described Berwick as holding the “exclusive NMO contract” for UCLA Health Medicare Advantage. Separately, UCLA representatives have advised our organization verbally that Berwick remains the only agency channel through which independent agents may obtain access to offer UCLA Health Medicare Advantage products. The arrangement appears to have originated during the plan’s 2024 launch preparations, continued through the 2026 Annual Enrollment Period, and remains in effect during the ongoing 2027 Annual Enrollment Period. The 2024 materials do not establish the duration or current terms of the agreement. We request UCLA’s written confirmation of its present scope, term, and any available alternative contracting arrangements.

Beneficiary access, established agent relationships, and practical barriers

Many independent agents throughout California - not only those affiliated with Advantage Plus operate under existing agency relationships that may restrict their ability to affiliate with another distribution hierarchy. Where access to a Medicare Advantage product requires affiliation through a single competing agency, beneficiaries may be unable to obtain plan-specific assistance from the licensed professional who already knows their coverage history, physicians, prescriptions, and individual needs. They may instead need to seek a different agent or navigate an alternative enrollment channel, despite preferring continuity with their existing advisor. We are particularly concerned that beneficiaries should not be placed in a position where accessing assistance with a Medicare Advantage plan requires abandoning an established relationship with a trusted licensed insurance professional.

These concerns are particularly significant for beneficiaries with limited internet connectivity, low digital literacy, disabilities, limited English proficiency, or difficulty navigating complex telephone and online enrollment processes. The availability of a website or call center does not, by itself, establish that every beneficiary has a practical and accessible route to informed assistance. We therefore request an assessment of usable, language-appropriate, and accessible enrollment support, rather than merely a list of available channels.

Distribution governance, compensation, and compliance safeguards

We also seek clarity regarding downstream contracting, override compensation, consistently applied appointment standards, marketing oversight, and conflict-of-interest safeguards. Exclusive distribution and ordinary override compensation are not inherently improper. Nevertheless, when one intermediary controls independent-agent access and receives compensation associated with downstream

production, appropriate oversight is important to ensure commercial incentives do not undermine beneficiary interests or the integrity of marketing and enrollment practices.

We ask whether UCLA's compliance function has independently assessed this distribution model against applicable CMS Medicare Advantage marketing and communications requirements, accessibility obligations, and first-tier, downstream, and related entity oversight standards. We further request confirmation that relevant personnel relationships and distribution decisions are subject to appropriate disclosure, recusal, and independent review safeguards where applicable. We make no allegation of individual wrongdoing. We respectfully request that this matter be evaluated independently of the sales and distribution departments responsible for the existing contracting arrangement.

Requested written responses and compliance review

1. Confirm whether Berwick currently holds exclusive agency, FMO, or NMO distribution rights for the relevant UCLA Health Medicare Advantage products, including the scope, term, renewal provisions, and exceptions, if any.
2. Explain whether other qualified agencies or FMOs may apply for direct agreements, the objective criteria used to evaluate applicants, and any reconsideration or alternative-access process.
3. Identify practical enrollment-assistance options for beneficiaries whose existing licensed agents cannot affiliate through Berwick, including in-person, telephone, disability-accommodation, and language-access resources.
4. State whether UCLA has assessed beneficiary access barriers, continuity of agent assistance, related complaints, or potentially disproportionate practical impacts arising from this distribution model, and what corrective measures are available.
5. Describe the compliance controls governing downstream organizations, override compensation, marketing and communications oversight, and potential conflicts of interest, including any independent assessment against applicable CMS requirements.
6. Confirm whether UCLA will evaluate Advantage Plus Insurance Agency for a direct distribution agreement or another compliant arrangement that permits interested beneficiaries to receive assistance from their established agents without changing their agency affiliation.

Please acknowledge receipt, assign a case or tracking reference number, identify the compliance function responsible for this review, and provide a substantive written response within 15 business days. If additional time is required, please provide an anticipated response date. We can provide appropriately authorized examples of affected agents and beneficiaries through a secure process; we will not transmit beneficiary-sensitive information by ordinary email.

Advantage Plus seeks constructive engagement and a transparent, beneficiary-centered resolution. If material access concerns remain unresolved, we may seek guidance or review from CMS or other appropriate authorities. This correspondence requests clarification and independent assessment; it does not assert that any organization or individual has violated law or regulation.

Sincerely,

Bobby Bakhshandeh

CEO | National Medicare Distribution | Advocate for Compliance & Beneficiary Protection
Advantage Plus Insurance Agency