Broker Perspectives on Medicare Advantage Enrollment and Coverage Decisions Among Veterans

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Introduction

Medicare Advantage (MA) plans are privately operated health plans that receive a prospective monthly payment from Medicare for each enrolled member. They can be more attractive to veterans than Original Medicare because many plans are available with a low or no monthly premium and offer supplemental benefits such as dental, hearing, vision, or a monthly rebate on their Medicare Part B premium (often called a "giveback").[1]

However, an increasing body of research has raised concerns about duplicative payments that occur when veterans obtain services from the Veterans Affairs (VA) health system while also enrolled in an MA plan that is receiving a monthly capitated payment for full medical coverage, regardless of how many MA-covered services that veteran uses each month.[2,3] Some MA carriers have recognized this as a profit opportunity and developed plans that are specifically marketed to veterans.[4] These carriers are more likely to offer these plans in areas where CMS adjusts payment benchmarks upward and where lower Medicare spending has been observed among veterans.[5]

KEY FINDINGS

- Veteran status is a key factor in plan counseling; brokers aim to help veterans obtain MA benefits that complement or wrap around their existing VA benefits. Interest in specific benefits is often tied to how much veterans use VA care.
- Brokers generally do not recommend specific plans, but they said that veterans often choose an MA plan based on supplemental benefits and Part B givebacks.
- Brokers tended to view veteran-targeted plans as mostly a marketing strategy and said that plan features were often similar to other low- or no-cost MA plans.
- Brokers tended to view continued enrollment in MA plans as a sign of general satisfaction, but they agreed that more coordination of benefits would be helpful for veterans that use both MA and VA benefits.

[1] Reduction in Medicare Part B premium as an additional benefit under Medicare + Choice plans, 42 C.F.R. §408.21 (2022). *Code of Federal Regulations*. U.S. Government Publishing Office. www.govinfo.gov/content/pkg/CFR-2022-title42-vol2/pdf/CFR-2022-title42-vol2-sec408-21.pdf

[2] Trivedi, A. N., Jiang, L., Meyers, D. J., Schwartz, A. L., Kizer, K. W., & Yoon, J. (2025). Spending by the Veterans Affairs Health Care System for Medicare Advantage enrollees. *JAMA Health Forum, 6*(12), e255653. doi:10.1001/jamahealthforum.2025.5653

[3] Ma, Y., Phelan, J., Jeong, K. Y., Tsai, T. C., Frakt, A. B., Pizer, S. D., Garrido, M. M., Dorneo, A., & Figueroa, J. F. (2024). Medicare Advantage plans with high numbers of veterans: Enrollment, utilization, and potential wasteful spending. *Health Affairs*, *43*(11). https://www.healthaffairs.org/doi/10.1377/hlthaff.2024.00302

[4] Hafner, M., Elkins, R., Ruiz, J., & Joy, S. (2026). *How Medicare Advantage plans market to veterans—and why it matters for VA spending*. American Institutes for Research. https://www.air.org/sites/default/files/2026-05/Medicare-Advantage-Marketing-to-Veterans-Issue-Brief-May-2026.pdf

[5] Pathak, A., & Joy, S. (2026). *Unintended consequences: Examining how Medicare Advantage payment policies encourage aggressive marketing to veterans and duplicative spending*. American Institutes for Research. https://www.air.org/sites/default/files/2026-07/Unintended%20Consequences-Medicare%20Advantage-and-Veterans-Issue-Brief-July-2026.pdf

In a previous issue brief, we described findings from focus groups with veterans regarding the factors that drive them to enroll in MA plans, how they use their MA benefits, and whether (or why) they continue to use the VA for care despite being enrolled in an MA plan.[6] We found that veterans enroll in MA plans to obtain more comprehensive coverage than they can get through Original Medicare or the VA, with low costs and supplemental benefits as major drivers, and more than half said they had worked with an agent or broker when enrolling in an MA plan. In addition, most veterans we spoke to said they continue to receive some of their care through the VA.

To build on that work, we conducted interviews with MA plan brokers to explore their understanding of MA and VA benefits, how they serve veterans who are seeking to enroll in MA plans, and how they view the duplication of benefits that exists between MA and the VA. We recruited interviewees using a combination of sources—online databases of insurance agent associations, MA plan websites, veteran-targeted marketing materials, and general internet searches—reaching out via email to 112 agents or brokers across 23 U.S. states. Of this group, 14 expressed interest and eight brokers ultimately completed an interview. All the brokers we interviewed were independent; we were unsuccessful in recruiting agents who worked directly for MA carriers. A more detailed description of the methodology is included in Appendix A.

As our findings show, brokers want to help veterans obtain new benefits through MA plans that complement those they already have through the VA, like supplemental benefits and givebacks. Although brokers value their role as trusted advisors to their veteran clients, their knowledge of VA eligibility varies, and some rely on MA carriers to advise them on how best to serve veterans. Because brokers are highly motivated to help their veteran clients maximize their benefits, they may be more likely to emphasize aspects of MA plans that can decrease over time (such as vision benefits or the giveback) and cost the MA plan less than medical benefits. In addition, framing MA benefits as complementary or "wraparound" could reinforce the use of VA benefits as the primary source of care, even though MA plans are required to provide all Part A and B benefits. It may also contribute to cost shifting from MA plans to the VA.

Brokers described veteran status as a key factor in plan counseling, particularly when helping veterans navigate overlapping sources of coverage, address concerns about preserving VA benefits, and identify MA plans that complement existing VA coverage.

To better understand how veteran status influences MA plan selection, we asked brokers to describe their intake process for any new clients. All brokers reported collecting information through questionnaires or structured interviews to assess factors relevant to MA plan selection, including other

[6] Hafner, M., Elkins, R., Ruiz, J., & Joy, S. (2026). *Veterans in two systems: Medicare Advantage enrollment and ongoing reliance on VA care*. American Institutes for Research. https://www.air.org/sites/default/files/2026-08/Veterans-in-Two-Systems-Medicare-Advantage-Enrollment-Brief-508-August-2026.pdf

sources of coverage (e.g., VA health benefits or TRICARE[7]), prescription drug use, and current providers inside and outside the VA health system.

Most brokers said they then begin conversations by assessing how veterans currently use VA services and identifying any gaps in coverage because this influences the tradeoffs they discuss during plan selection. One broker also noted that identifying veterans enables them to connect clients with veteran-specific discounts and services offered by their firm or certain MA carriers. Veterans who receive most or all of their care through the VA were often viewed as strong candidates for plans with generous giveback benefits or supplemental benefits, particularly if they intend to use the MA plan primarily as secondary or backup coverage. One broker explained that veterans who receive virtually all care through the VA may prioritize a giveback benefit over broader health care coverage through the MA plan.

> "… most veterans are going to make it clear that they use the VA for certain things and they go outside of the VA for other things … if they're doing everything with the VA, then maybe they just want one of the Medicare Advantage giveback plans."
>
> "I talk to them about what they get from the VA, what gaps are they trying to fill?"
>
> "If they are going to have that Part B, if they are going to take that and they are specifically going to say, I have no intention of using this intentionally, you know, but I do want to have it as a backup just in case … very rare that I would discourage somebody who does rely very, very heavily on the VA from looking at one of these plans."

Brokers also described spending time educating clients about Medicare coverage options; one noted that individuals who choose Original Medicare tend to have higher incomes than those who select MA plans. Brokers acknowledged that some veterans may use few plan benefits after enrolling but nonetheless viewed many MA plans as offering good value because of the combination of givebacks and supplemental benefits.

Brokers' knowledge of VA benefits varied; veterans they serve are sometimes misinformed. Most brokers described themselves as somewhat to very familiar with VA benefits, particularly disability ratings, service-connected eligibility, TRICARE, and the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA).[8] However, one broker said he was "not at all" familiar, and others acknowledged limits to their expertise and said they sometimes referred veterans to VA representatives when questions extended beyond their knowledge.

[7] TRICARE is the health care program for service members, retirees, and their families. See: *What is TRICARE?* U.S. Department of Defense. (n.d.). https://www.tricare.mil/Plans/New

[8] CHAMPVA provides health care benefits to spouses, dependents, or survivors of a veteran who meets certain service-connected disability requirements. See: *CHAMPVA Benefits*. U.S. Department of Veterans Affairs. (n.d.). https://www.va.gov/family-and-caregiver-benefits/health-and-disability/champva/

> "I'd say I'm pretty familiar, but I know in terms of all the different levels, I often refer out to the people that I know at the VAC [Veterans Advocate Center] because there's so many things that play into that, having to do with their income, what they did while they were serving, like I have one that has hearing loss, so he's where he falls in that line of the levels. So yeah, if it's outside of my realm, then I refer over to them [the VAC] and they're pretty good about walking him through that part."

> "I know just what I know about service connection and what they typically get for what service connection level they have … my understanding is, a certain level of service connection, you can get glasses. I mean, they got vision benefits. Typically, not dental unless you're 100% and unless it had something to do with something else … So yeah, that's about the extent of anything that I've really kind of worked with them on."

Brokers generally understood that veterans can be enrolled in both MA and VA care simultaneously, and they recognized overlap between the two programs for medical services and, in the case of MA-PD plans,[9] prescription drug coverage. Several brokers understood that overlapping prescription drug benefits can offer flexibility and backup access to medications. They also understood that many supplemental benefits offered through MA plans, such as dental coverage or gym memberships, may complement rather than duplicate VA benefits.

> "I think that if you're looking at the health care, then you're going to have duplication in that, of course. I think that if you're looking at the extra benefits that you get from Medicare Advantage plans, like the dental coverage and other things, I don't, in gym memberships and stuff, I don't think that there's overlap in that."

Despite their own understanding of MA and VA plans, some brokers said they had encountered veterans who believed that enrolling in Medicare or an MA plan could jeopardize their VA benefits. Brokers attributed these concerns to misinformation and described spending time explaining how MA and VA coverage can work together. One broker reported avoiding enrollment conversations when a veteran remained concerned about losing VA benefits, preferring that the individual first obtain reassurance regarding their eligibility from the VA.

> "Veterans are told, you don't want to go on Medicare because it'll screw up all your VA benefits. So, they're like, I don't want to do that. And then we sit down, we start talking about what the MA plan benefits are, what it actually does alongside of their VA benefits. And then they, it really kind of comes down to they trust what I'm saying, or they trust what somebody else is saying …"

> "What I've found though is I really don't make it a habit of working with someone or helping them get on a Medicare Advantage plan if they have any doubts about their VA benefits being interrupted or, you know, anything happening to those, because those are the most important things for them."

Brokers independently research MA plan information but also rely on carriers and industry peers. Brokers reported relying on a combination of MA carrier trainings, certification programs, educational materials, peers, and their own independent research to learn about MA plans for veterans. Carrier resources included annual product rollouts, marketing materials, and guidance on veteran-focused

[9] MA-PD plans are Medicare Advantage plans that include Medicare Part D prescription drug coverage.

plans. However, brokers said both the quality and depth of these resources varied, particularly regarding coordination among MA coverage, VA benefits, and TRICARE. Brokers often supplemented formal training with self-directed learning and consultation with colleagues. Several noted substantial differences across carriers, with some, particularly Humana, viewed as more proactive in providing veteran-focused educational materials and guidance.

> "All of the carriers would every year give us, you know, a rollout where they talk about each of their products and a veteran product is always in there. And then like [MA carrier] had a really nice veteran playbook and I still have it. And it talked about the different service levels and it gave you a really good idea of how to approach the veterans or how to position the products to really help them achieve their goals."
>
> "[E]very carrier I've ever worked with has been very proactive about making sure that reps have that information, constant emails. Probably from all of the major carriers, I get more emails regarding veteran-based education and plans than any others. Because I think that they know that that is a demographic that they're probably going to be in more trouble for screwing around with than others."

Brokers said that veterans' MA enrollment decisions are driven primarily by interest in supplemental benefits and Part B giveback benefits, with plan choice heavily influenced by the extent to which veterans rely on VA care.

Brokers consistently identified four primary factors that influence veterans' MA plan choices: supplemental benefits and Part B giveback benefits, and to a lesser extent, prescription drug coverage and providers. Several brokers reported that giveback benefits are especially appealing because they reduce out-of-pocket costs and can help veterans maximize the value of MA coverage, which they may use primarily as a supplement to VA care.

> "They love the giveback. Usually what I hear is, 'Oh my God, that's a great dental benefit. Oh, that's a great giveback.' You know, the giveback is like, 'Oh, yes, I want that '… So having those and then the hearing benefit."

Brokers and veterans view supplemental benefits as important complements to VA care. Dental, vision, hearing, and fitness benefits were among the most frequently cited supplemental benefits that attract veterans to MA plans. Brokers reported that dental coverage, in particular, generates substantial interest among clients. Interest in hearing benefits may depend on whether veterans qualify for hearing-related services through the VA due to service-connected hearing loss. However, several brokers also observed that supplemental benefits have become less generous in recent years and may face additional reductions in future plan years.

> "… some people are fully VA, but then they tell me during enrollment, they just want dental and now we have these givebacks for the Medicare Part B premium … for 2027, vision, dental, hearing, that could all be a thing of the past for everybody."
>
> "they're [supplemental benefits are] a lot less generous than they have been in the past."

Prescription drug coverage and preferred providers sometimes matter but are generally less important factors in MA plan choice. Brokers reported that MA plan prescription drug coverage is a less important consideration for veterans who already have creditable coverage through the VA. Several brokers noted that VA prescription coverage is often less expensive than Medicare drug coverage, particularly for brand-name medications, and that once they learn that a veteran receives medications through the VA, they said it allows them to focus on other plan features. However, some veterans still enroll in MA-PD plans despite having VA drug coverage. According to brokers, these veterans may use both sources of coverage for convenience, such as filling prescriptions at local pharmacies instead of traveling to a VA facility or comparing costs across programs.

Brokers said that provider networks were also generally less important for veterans who receive most of their care through the VA. Nonetheless, brokers reported routinely reviewing provider networks to ensure veterans can continue seeing preferred community providers when applicable and noting that providers can go in and out of network. For veterans intending to use both VA- and MA-covered services, brokers say they advise veterans that VA and MA networks operate independently and do not coordinate billing or share provider networks.

Brokers explain benefit options, but they do not make direct plan recommendations. Brokers described their role primarily as helping veterans understand available options rather than directing them toward specific plans. Several emphasized that they receive comparable compensation across plans and therefore have no financial incentive to steer beneficiaries toward particular carriers. Instead, they view themselves as fiduciaries who explain differences in benefits, costs, and coverage structures while allowing veterans to make their own decisions.

> "… nobody should force anybody or push anybody into anything. And that's something I feel very strongly about … I stay very neutral in terms of the branding and the Medicare carrier that we're talking about … I don't ever want to be perceived as pushing anything on anybody or recommending something just because, because I mean, let's be honest, the commission is the same for me on every one of them. I mean, it doesn't matter."

Brokers did not report pressure from MA carriers to promote specific plans or encourage veterans to use the VA instead of plan-covered services and said that MA carriers provide information about veteran-focused products through standard broker education channels rather than through specialized marketing efforts.

While veteran-targeted MA plans may offer larger givebacks and supplemental benefits, brokers generally view them as a marketing strategy meant to appeal to veterans and not always a better option for them.

Most brokers were familiar with MA plans marketed specifically to veterans, including products with names such as Honor, Patriot, Eagle, and Salute. However, they said availability varies by market and may change from year to year. Brokers expressed mixed views about these plans. Some saw them

primarily as marketing tools that use military branding to appeal to veterans, whereas others viewed them as potentially valuable options for certain veterans.

Despite the marketing emphasis, brokers generally agreed that veterans select plans based on health care needs, provider access, costs, and benefits rather than on veteran-focused branding. Many brokers emphasized that the value of a plan depends on its benefit design rather than its military-themed branding.

> "… they do have, you know, the Honor plan, like you said, or the Patriot plan or whatever it might be called. And they are strictly MA, no prescription drug coverage, right? And you know they advertise the fact that they work well with veterans and this and that. But when I compare that to a just a traditional off-the-street MA-PD plan, which has the prescription drug coverage, the benefits in that plan are greater than the MA plan."

> "… the veteran products, they're open to everyone. And, you know, as an average agent, that's, I think we just look at them and make sure they're the right fit because most of the local agents doing the right thing, where you develop a relationship with the person, you stay on our roster, you're our client or your agent. I think the biggest thing we do is make sure you're in the plan that's meeting your needs for that year."

Brokers reported that veteran-targeted MA plans frequently offer larger Part B givebacks and enhanced supplemental benefits, including dental, vision, hearing, fitness programs, and over-the-counter allowances. But these plans often have higher medical cost sharing, including higher copayments for specialist visits, hospitalizations, and outpatient services. Brokers described these features as a deliberate tradeoff: plans assume veterans will obtain a significant share of their care through the VA and therefore allocate resources toward supplemental benefits and Part B reimbursements rather than lower medical cost sharing.

Some brokers questioned whether veteran-targeted plans offer substantial advantages over other MA-PD plans, particularly when those plans provide richer benefits or integrated prescription drug coverage. However, brokers generally viewed veteran-targeted plans as another coverage option that may be appropriate for veterans who rely heavily on VA services and place greater value on givebacks and supplemental benefits than on lower medical cost sharing. Another broker recognized the profit motive of MA plans that actively targeting veterans to receive Medicare payments while paying out less when veterans receive much of their care through the VA. This broker also recognized why supplemental benefits such as dental and vision coverage may be particularly attractive to veterans because these services are often limited through the VA.

> "The medical copays on the MA-only veteran plan are going to tend to be a little bit higher . . . They're expecting the veteran to use the VA for those services . . . If they keep the medical costs higher, they can use more of that money infused into the attractive auxiliary benefits like dental and vision and spending allowances and . . . Part B reimbursements."

> "I think the ones that are for veterans and have that giveback, they cost a little more on the medical side. So really, I would tell people, you know, if you're a veteran, I'm going to put you in this plan because it has a giveback, but you see how much more expensive medical care is going to be than the VA. So set your own discretion. But that's, I think that's the biggest, the biggest thing is that when they're giving you the Part B premium back, they don't do you any favors with, you know, the medical care cost."

Brokers reported that veterans are generally satisfied with MA plans and tend to remain enrolled in the same plan over time, but they raised concerns about limited MA–VA coordination and aspects of insurer and enrollment practices that may not always serve beneficiaries' best interests.

Overall, brokers reported that veterans tend to remain in the same MA plan from year to year unless a competing plan offers better value. When veterans do switch plans, brokers indicated that decisions are typically driven by financial considerations, such as dissatisfaction with copayments or the availability of a higher Part B giveback benefit. One broker suggested that some MA plans may "entrap" beneficiaries into plans they do not necessarily need, although this observation was not specific to veterans.

Almost half of brokers reported that MA carrier decisions, including benefit reductions, provider network changes, and cost-management strategies, shape the MA market and influence the options available to beneficiaries. Some expressed concerns about the practices of MA insurers. One broker noted that MA carriers are not held to the same ethical standards as brokers and that plan benefits can change substantially from year to year, sometimes reducing benefits that lower income beneficiaries rely on.

Brokers said that veteran typically have positive experiences with MA plans. Brokers reported generally positive feedback about MA coverage, but several noted that veterans rely on the VA for most care and interact little with their MA plans. One broker received almost no client feedback, explaining that many veterans use MA coverage only for supplemental benefits, so they had little to comment on.

> "Yeah, yeah, I don't hear from them. I mean, yeah, the rare occasional person will call up and be like, hey, I've had this for 3 years and it's been so long since we talked. What am I supposed to do if I want to use this again? Because they're really not utilizing it. Okay, they're not. They're only utilizing it for . . . [the dental and vision coverage]."

> "I think after a while they tend to stay in one [MA plan], but they do want to know what the highest giveback is now. That's very popular and not just for the VA, but for a lot of people."

Brokers recognized that MA and VA benefit coordination is lacking. Brokers said there was limited evidence of formal benefit coordination between MA plans and the VA. About half said they had not seen MA plans provide services to help beneficiaries navigate both systems, and others were not sure or only mentioned coordination between providers rather than benefits. Brokers emphasized that

veterans face unique challenges in navigating both systems and that understanding how MA and VA benefits interact can be complex. One broker described making specific recommendations to veterans to help them manage this complexity. One broker reported that some insurers provide information about coordinating MA and VA benefits, but they rely largely on brokers to educate beneficiaries about how the coverage works together.

Brokers cited issues with telemarketers and the marketing of MA plans to veterans. Brokers generally viewed others in their field as acting responsibly and ethically; however, several brokers distinguished local brokers and telemarketers, saying that telemarketers often prioritize enrollment over identifying the plan that best meets a beneficiary's needs. Two brokers specifically suggested that unethical enrollment practices involving veterans are more likely to originate from telemarketing operations than from brokers. One broker observed that some marketing efforts explicitly encourage veterans to respond to MA advertisements. Another suggested that deliberately targeting veterans for MA enrollment would be difficult for brokers to accomplish because veteran carriers are often close-knit and protective of their members.

Conclusion

Findings from these interviews show that veteran status is an important consideration in the guidance that brokers provide when helping veterans select an MA plan, despite the fact that some brokers' knowledge of VA eligibility and health benefits varied, and their knowledge was generally based on MA carrier informational sessions or materials and conversations with colleagues. When selecting a plan, brokers said veterans are particularly interested in features such as supplemental benefits and Part B givebacks.[10] Once brokers know that a veteran uses VA benefits, they said they often tend to treat those benefits as the primary source of coverage and help veterans find plans that complement or wrap around them. Brokers recognized that such framing largely aligns with how MA plan benefits are designed and reflects the way some MA plans are marketed to veterans (especially those with veteran-targeted names such as "Patriot," "Eagle," or "Salute"). Reinforcing the idea of VA benefits as the primary source of coverage may contribute to cost shifting from the MA plan to the VA and increase profit opportunities for the MA plan. A few brokers acknowledged that MA plans profit from veterans' continued reliance on VA care, but most did not appear attuned to the problem of potential duplication of benefits or payment between programs.

Brokers said they take their fiduciary role seriously and aim to help veterans maximize all the benefits they have earned at the lowest possible cost. They viewed veterans' satisfaction with their MA plans and continued enrollment as evidence that the system is meeting their clients' needs. Yet brokers also identified issues that do not serve their clients' best interests, including eroding benefits, changing provider networks, and plan designs that offer higher Part B givebacks or supplemental benefits that

[10] See Footnote 4.

are offset by higher medical copays that might discourage veterans from using the MA plan for medical care. In addition, most brokers said that, in the absence of formal benefit coordination, veterans often navigate the two health systems with only occasional help from MA plans or from the brokers themselves.

Although this small sample of interviews does not represent the views of all MA brokers or agents, many themes align with those from focus groups with veterans and add to the growing body of evidence on payment duplication across MA and VA care. Furthermore, because we were unable to recruit agents from MA carriers to complete an interview, this brief does not include perspectives that could provide valuable additional context. Nonetheless, these findings shed light on brokers' role in helping veterans select MA plans, and how the framing of plan options and benefit designs can encourage veterans' continued reliance on VA care while MA plans receive capitated payments for health coverage. Policy makers and other stakeholders should consider the ways in which additional program coordination, oversight, or veteran-specific decision support could help mitigate the potential for wasteful spending between the MA and VA health programs.

Acknowledgment

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Appendix A.
Qualitative Data Sources and Analysis Approach

Participation and Response

AIR aimed to interview up to 12 Medicare Advantage (MA) agents or brokers and used a combination of sources—online databases of insurance agent associations, MA websites, veteran-targeted marketing materials, and general internet searches—to identify possible interviewees. The research team reached out via email to 112 agents and brokers from 23 U.S. states, prioritizing individuals who were located in states with high concentrations of veteran-targeted plans (VTPs).[11] We prioritized these states to increase the likelihood that interviewees would have clients who were veterans and would be familiar with the design and benefits of VTPs. We sent an additional follow-up email after 1 week of nonresponse. Of this sample, 14 individuals expressed interest and eight brokers from five states ultimately completed an interview.

From June 8 to July 8, 2026, AIR conducted interviews with eight MA brokers from five U.S. states via Microsoft Teams using a structured protocol (see separate file, Appendix B). All eight individuals described themselves as independent brokers or licensed agents working for an independent firm. None were agents representing particular MA carriers, which could have resulted in different responses to the interview questions. Nearly all the brokers we interviewed are located in states with high VTP concentrations, and most indicated that they are licensed in multiple states.

Discussions focused on (a) the process brokers use to help veterans enroll in an MA plan, (b) the factors that influence veterans' MA plan selection; (c) brokers' understanding of VA benefits and any differences or overlap with MA plans; and (d) brokers' views on the behavior of MA plans after enrollment, as well as their views of other brokers' approaches to enrolling veterans in MA plans.

Before each interview, AIR researchers informed brokers of the study's purpose, confidentiality protections, and participant rights and obtained verbal consent to participate and to record the discussion. Brokers who participated in an interview received a $75 gift card as a thank you for their time.

[11] We identified states with high concentrations of VTPs using AIR's analysis in Pathak, A., & Joy, S. (2026). *Unintended consequences: Examining how Medicare Advantage payment policies encourage aggressive marketing to veterans and duplicative spending*. American Institutes for Research. https://www.air.org/sites/default/files/2026-07/Unintended%20Consequences-Medicare%20Advantage-and-Veterans-Issue-Brief-July-2026.pdf

Analysis

AIR recorded and transcribed each interview. Each transcript was imported into NVivo software for coding and thematic analysis. AIR researchers used a codebook (Appendix B) to code responses.

To test interrater reliability, each of the three researchers coded one interview transcript and compared coding with the goal of obtaining at least 85% agreement for each code. For codes where there was less than 85% agreement, the researchers reviewed the coding to build a shared understanding of coding content. Researchers then independently coded the remaining transcripts, read through the output for each code, and used a standard analysis template to summarize the main themes and identify relevant quotes. To ensure accuracy during analysis and writing, the lead researcher conducted quality checks on the raw coded output and on individual analysis templates.

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