Partner Tip Sheet

Changes to the Medicare Advantage Organization and Medicare Drug Plan Sponsors Marketing Guidelines

This fact sheet summarizes six key changes to Medicare Advantage and Medicare drug coverage (Part D) marketing and communications guidelines finalized by CMS, and apply to all Contract Year 2027 (CY2027) marketing and communications materials beginning October 1, 2026.

Notice of Availability (NoA) Requirement – Removed

CMS has eliminated the requirement for Medicare Advantage organization and Medicare drug plan sponsors to send the Notice of Availability of language assistance services and auxiliary aids and services. The HHS Office of Civil Rights (OCR) already requires plans to provide a similar notice, so CMS removed its duplicate requirement to reduce confusion.

Time and Manner of Outreach to People with Medicare – Rules Relaxed

CMS removed certain restrictions on outreach to people with Medicare. Plans are now allowed to:

- Hold marketing events directly following educational events in the same location, provided people are notified and given the opportunity to leave.
- Schedule personal marketing appointments to occur any time after a Scope of Appointment (SOA) form is completed.
- Collect SOA forms at educational events.

Advertising Language Restrictions – Relaxed

Plans no longer need to include supporting documents on materials that use superlatives (e.g., “best,” “most”). In many cases, plans must still provide supporting data if CMS requests it.

Third-Party Marketing Organizations (TPMO) Disclaimer – Updated

CMS made two changes related to the Third-Party Marketing Organization disclaimer:

- Removed “State Health Insurance Assistance Programs (SHIPs)“ as a listed resource since this was intended to direct people back to 1-800-MEDICARE.
- Required plans to now verbally give the disclaimer before benefits are discussed, rather than within the first minute of a call.

Mid-Year Supplemental Benefits Notice – Rescinded

CMS removed the requirement that plans notify enrollees between June 30 and July 31 each year about supplemental benefits they haven't yet used.

Call Recording Retention – Reduced

Plans must now retain sales and marketing call recordings for 6 years (down from 10 years). Transcripts may be used in place of recordings for years 4–6.

For more information,
visit the contract year 2027 Medicare Advantage and Part D Final Rule:

federalregister.gov/documents/2026/04/06/2026-06600/medicare-program-contract-year-2027-and-certain-contract-year-2026-policy-and-technical-changes-to

Medicare

You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit **Medicare.gov/about-us/accessibility-nondiscrimination-notice**, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

This product was produced at U.S. taxpayer expense.

CMS Product No. 12237-P • September 2026