

CY 2027 Changes to the Medicare Advantage Organization and Medicare Drug Plan Sponsors Marketing Regulations

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Overview



- On April 2, 2026, CMS issued final rule CMS-4212-F, titled the “Medicare Program; Contract Year 2027 and Certain Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, and Medicare Cost Plan Program”
- This final rule included six key changes to Medicare Advantage and Medicare drug coverage (Part D) marketing and communications regulations, applicable to all Contract Year 2027 (CY2027) marketing and communications materials beginning October 1, 2026.

Six Key Marketing/Communication Changes

1. Removed the Notice of Availability (NoA) requirement
2. Revised certain restrictions on outreach regarding Medicare events and personal marketing appointments
3. Revised advertising language restrictions
4. Updated the TPMO disclaimer
5. Rescinded the Mid-Year Supplemental Benefits Notice
6. Revised the requirements related to call-recording retention

Notice of Availability (NoA) Requirement – Removed

- CMS eliminated the requirement for Medicare Advantage organizations and Medicare drug plan sponsors to send the Notice of Availability of language assistance services and auxiliary aids and services (formerly at §§ 422.2267(e)(31) and 423.2267(e)(33)).
- The HHS Office of Civil Rights (OCR) already requires plans to provide a similar notice, so CMS removed its duplicate requirement to reduce confusion.
- Plans remain subject to multiple Medicare program requirements that ensure meaningful access for individuals with limited English proficiency (LEP) and individuals with disabilities.

Time and Manner of Outreach to People with Medicare – Rules Revised (§§ 422.2264, 423.2264, 422.2274, and 423.2274)



- CMS removed certain restrictions on outreach to people with Medicare. Plans are now permitted to:
 - Hold marketing events directly following educational events in the same location, provided there is appropriate beneficiary notification and 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 – Revised

- Plans no longer need to include supporting documentation on materials that use superlatives (e.g., “best,” “most”). In many cases, plans must still provide supporting data if CMS requests it (formerly at §§ 422.2262(a)(1)(i), 422.2262(a)(1)(ii), 423.2262(a)(1)(i), and 423.2262(a)(1)(ii)).
- CMS provided examples in the final rule on how it will apply these changes.

Third-Party Marketing Organizations (TPMO) Disclaimer – Updated (§§ 422.2267(e)(41) and 423.2267(e)(41))



- CMS made two changes related to the Third-Party Marketing Organization disclaimer:
 - Removed “State Health Insurance Assistance Programs (SHIPs)” from the disclaimer to streamline beneficiary guidance to 1-800-Medicare, ensuring a consistent contact point is emphasized in all TPMO marketing calls.
 - Required plans to verbally convey 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 about unused supplemental benefits. (formerly at §§ 422.111(l) and 422.2267(e)(42))

Call-Recording Retention – Revised (§ 422.2274(g)(2) and 423.2274(g)(2))

- 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.