

Required materials and content (42 CFR §§ 422.2267, 423.2267)

Unless otherwise noted, the materials below designated as communications materials do not require HPMS submission.

§§ 422.2267(a)(2), 423.2267(a)(2) - For markets with a significant non-English speaking population

- ID cards are exempt from the translation requirements for markets with a significant non-English speaking population described at §§ 422.2267(a)(2) and 423.2267(a)(2).

§§ 422.2267(d)(1), 423.2267(d)(1) - When multiple enrollees are living in the same household

- When mailing materials to more than one individual living in the same household, the materials (e.g., envelope, cover letter) must clearly notate each individual name.
- Members in community residences (e.g., nursing facilities, group homes) must receive their own copy of non-beneficiary-specific materials, regardless of whether they have the same address.

§§ 422.2267(d)(2), 423.2267(d)(2) – When materials are delivered electronically

- Documents delivered electronically will be considered to be received by the enrollee as of the date the plan sends it; not when the enrollee opens/accesses it.

§§ 422.2267(d)(2)(i), 423.2267(d)(2)(i) – When materials are delivered electronically without prior authorization from the enrollee

- It is acceptable to state “currently available” if the documents have been posted prior to the notice.

§§ 422.2267(e), 423.2267(e) - CMS Required Materials and content

Unless otherwise noted, any CMS Required Material not listed below (or required under §§ 422.2267(b)(e) and 423.2267(b)(e)) are considered communications.

Plans may enclose additional benefit/plan operation materials with CMS Required Materials unless prohibited below or in instructions (e.g., ANOC instructions). These materials should be made distinct from the required material(s) and be related to the beneficiary’s plan.

Annual Notice of Change (Marketing)
(42 CFR §§ 422.111(d)(2), 422.2267(e)(3), 422.2265(c)(1)(ii), 423.128(g)(2),
423.2267(e)(3), 423.2265(c)(1)(ii))

<i>To Whom Required:</i>	Provided to current enrollees of plan, including those with October 1, November 1, and December 1 effective dates.
<i>Timing:</i>	<ul style="list-style-type: none"> Must send for enrollee receipt no later than September 30 of each year. <p>Note: ANOC must be posted on Plan/Part D website by October 15.</p> <ul style="list-style-type: none"> October 1, November 1, and December 1 enrollees must receive within 10 calendar days from receipt of CMS confirmation of enrollment or by last day of month prior to effective date, whichever is later.
<i>Method of Delivery:</i>	Hard copy, or electronically, if enrollee has opted into receiving electronic version as permitted in 42 CFR §§ 422.2267(d) and 423.2267(d).
<i>HPMS:</i>	File and Use. Must be submitted at least five days prior to mailing.
<i>Format Specification:</i>	Standardized Material.
<i>Guidance and Other Relevant Information:</i>	Marketing Models, Standard Documents, and Educational Material CMS
<i>Translation Required (5% Threshold):</i>	Yes.

ANOC (Marketing) and EOC (Communications) Errata
(42 CFR §§ 422.2261, 422.2262, 423.2261, 423.2262)

<i>To Whom Required:</i>	Provided to current enrollees when errors are found in the ANOC or EOC.
<i>Timing:</i>	Must send to enrollees immediately following CMS approval.
<i>Method of Delivery:</i>	Hard copy, or electronically if enrollee has opted into receiving electronic version as permitted in 42 CFR §§ 422.2267(d) and 423.2267(d).
<i>HPMS:</i>	Where required, ANOC errata must be submitted by October 15, and EOC errata must be submitted by November 15.
<i>Format Specification:</i>	Standardized material.
<i>Guidance and Other Relevant Information:</i>	Refer to the annual Health Plan Management System memo “Issuance of Contract Year Model Materials” and “Contract Year Annual Notice of Change and Evidence of Coverage Submission Requirements and Yearly Assessment” memos.
<i>Translation Required (5% Threshold):</i>	Yes.

Comprehensive Medication Review Summary
(Communication)(42 CFR §§ 423.153(d)(1)(vii)(B) and (D))

<i>To Whom Required:</i>	Provided to enrollees in a plan's Medication Therapy Management (MTM) program after receiving a comprehensive medication review (CMR).
<i>Timing:</i>	May be provided to enrollee immediately following a CMR, or if distributed separately, materials should be sent out within 14 calendar days.
<i>Method of Delivery:</i>	Hard copy, or electronically if enrollee has opted into receiving electronic version as permitted in § 423.2267(d).
<i>HPMS:</i>	Not applicable.
<i>Format Specification:</i>	<p>Standardized OMB-approved Format (Form CMS-10396, OMB Control Number 0938-1154).</p> <p>The Format cannot be modified, but the specific content to populate the Format must be tailored to address issues unique to the individual enrollee and may be customized for the Part D plan and MTM program.</p>
<i>Guidance and Other Needed Information:</i>	<p>See https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/MTM for</p> <ul style="list-style-type: none"> • CMR Standardized Format and detailed implementation instructions, and • Annual MTM Program Submission Instructions memo. <p>Note: MTM program materials should not include any marketing or promotional messages.</p>
<i>Translation Required (5% Threshold):</i>	Yes.

Coverage/Organization Determination, Discharge, Appeals and Grievance Notices
(Communications)(42 CFR §§ 422.2267(e)(14) and (16)-(29), 423.2267(e)(18) and (20)-(31))

<i>To Whom Required:</i>	Provided to enrollees who have requested an appeal or have had an appeal requested on their behalf.
<i>Timing:</i>	Provided to enrollees on an ad hoc basis, based on required timeframes in 42 CFR Parts 422 and 423, subpart M.
<i>Method of Delivery:</i>	Hard copy, or electronically if enrollee has opted into receiving electronic version as permitted in 42 CFR §§ 422.2267(d) and 423.2267(d).
<i>HPMS:</i>	Not applicable.
<i>Format Specification:</i>	Standardized OMB-approved denial notices for initial coverage denials (e.g. NDMCP); model notices for plan level appeals (Notice of Right to an Expedited Grievance).
<i>Guidance and Other Relevant Information:</i>	Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance Medicare Managed Care Appeals & Grievances CMS
<i>Translation Required (5% threshold):</i>	Yes.

Enrollment/Election Form/Request (Communications)
(Sections 1851(h)(1) and 1860D-01(b)(1)(vi) of the Social Security Act; 42 CFR §§ 422.60(c), 422.2267(e)(6); 423.32(b), 423.2267(e)(6))

<i>To Whom Required:</i>	Provided upon request.
<i>Timing:</i>	Not applicable.
<i>Method of Delivery:</i>	Paper enrollment forms may be in hard copy or electronic format (e.g., PDF file). Plans are permitted to send via email (when the beneficiary has authorized), online (e.g. portal) for current members (when the enrollee has authorized), and upon request (e.g., if beneficiary does not want to enroll telephonically or electronically).
<i>HPMS:</i>	Submission required by statute.
<i>Format Specification:</i>	Model Material. Must follow requirements for enrollment mechanisms and required data elements outlined in enrollment guidance.
<i>Guidance and Other Relevant Information:</i>	Eligibility, Enrollment, and Disenrollment – Medicare Managed Care Manual - Chapters 2 and 17d (collectively “Enrollment Guidance), and Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance
<i>Translation Required (5% Threshold):</i>	Yes.

Enrollment and Disenrollment Notices (Communications)

(42 CFR §§ 422.60(e)(3), 422.74(b), 422.2267(e)(7), 422.2267(e)(8), 423.32(d),
423.36(b)(2), 423.2267(e)(7), 423.2267(e)(8))

<i>To Whom Required:</i>	Provided as outlined in enrollment guidance.
<i>Timing:</i>	Must follow required timeframes as outlined in enrollment guidance.
<i>Method of Delivery:</i>	Hard copy, or electronically if enrollee has opted into receiving electronic version as permitted in 42 CFR §§ 422.2267(d) and 423.2267(d).
<i>HPMS:</i>	Not applicable.
<i>Format Specification:</i>	Model material. Include elements as outlined in enrollment guidance.
<i>Guidance and Other Relevant Information:</i>	<p>Eligibility, Enrollment, and Disenrollment – Medicare Managed Care Manuals:</p> <ul style="list-style-type: none"> • Chapter 2 - Medicare Advantage Enrollment and Disenrollment • Chapter 17d - Subchapter D – Medicare Cost Plan Enrollment and Disenrollment Instructions <p>Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance</p>
<i>Translation Required (5% Threshold):</i>	Yes.

Evidence of Coverage (Communications)

(42 CFR §§ 422.111(b), 422.2267(e)(1), 423.128(b), 423.2267(e)(1))

<i>To Whom Required:</i>	Provided to all plan enrollees. October 1, November 1, and December 1 enrollees must receive the current EOC and the next calendar year EOC.
<i>Timing:</i>	<ul style="list-style-type: none"> • Provided to current plan enrollees by October 15 of each year. • Provided to new plan enrollees within 10 calendars days from receipt of CMS confirmation of enrollment or by last day of month prior to effective date, whichever is later.
<i>Method of Delivery:</i>	Hard copy, or electronically, as permitted in 42 CFR §§ 422.2267(d) and 423.2267(d).
<i>HPMS:</i>	File and Use.
<i>Format Specification:</i>	Standardized Material
<i>Guidance and Other Relevant Information:</i>	No additional information.
<i>Translation Required (5% Threshold):</i>	Yes.

Excluded Provider Notice (Communications)

(42 CFR §§ 422.2267(e)(15), 423.2267(e)(19))

<i>To Whom Required:</i>	Provided to members who have used a provider who has been excluded from participating in the Medicare Program based on an OIG exclusion or the CMS preclusion list.
<i>Timing:</i>	Provided on an ad hoc basis.
<i>Method of Delivery:</i>	Hard copy, or electronically if enrollee has opted into receiving electronic version as permitted in 42 CFR §§ 422.2267(d) and 423.2267(d).
<i>HPMS:</i>	Not applicable.
<i>Format Specification:</i>	Model material.
<i>Guidance and Other Relevant Information:</i>	Office of the Inspector General Exclusion Program
<i>Translation Required (5% Threshold):</i>	Yes.

Explanation of Benefits – Part C (Communications)

(42 CFR §§ 422.111(k), 422.2267(e)(2))

<i>To Whom Required:</i>	Provided to enrollees anytime a Part C benefit is utilized.
<i>Timing:</i>	Plan may send monthly or per claim with a quarterly summary.
<i>Method of Delivery:</i>	Hard copy, or electronically if enrollee has opted into receiving electronic version as permitted in 42 CFR § 422.2267(d).
<i>HPMS:</i>	Not applicable.
<i>Format Specification:</i>	Model material.
<i>Guidance and Other Relevant Information:</i>	Medicare Managed Care Manual , Chapter 4, Section 190.
<i>Translation Required (5% Threshold):</i>	Yes.

Explanation of Benefits – Part D (Communications)
(42 CFR §§ 423.2267(e)(2), 423.128(e))

<i>To Whom Required:</i>	Provided to enrollees anytime their prescription drug benefit is utilized.
<i>Timing:</i>	Must be provided by the end of month following the month when benefit was utilized.
<i>Method of Delivery:</i>	Hard copy, or electronically if enrollee has opted into receiving electronic version as permitted in 42 CFR § 423.2267(d).
<i>HPMS:</i>	Not applicable.
<i>Format Specification:</i>	Model material.
<i>Guidance and Other Relevant Information:</i>	Medicare Prescription Drug Manual Chapters 5 and 6.
<i>Translation Required (5% Threshold):</i>	Yes.

Formulary (Communications)
(42 CFR §§ 423.2267(e)(9), 423.128(b)(4))

<i>To Whom Required:</i>	Provided to all enrollees of plan.
<i>Timing:</i>	<ul style="list-style-type: none"> • Must be provided to current enrollees of plan by October 15 of each year. • Provide to new enrollees within 10 calendars days from receipt of CMS confirmation of enrollment or by last day of month prior to effective date, whichever is later.
<i>Method of Delivery:</i>	Hard copy, or electronically, as permitted in 42 CFR § 423.2267(d).
<i>HPMS:</i>	Not applicable.
<i>Format Specification:</i>	Model material.
<i>Guidance and Other Relevant Information:</i>	Refer to Part D Model Materials and Medicare Prescription Drug Benefit Manual, Chapter 6.
<i>Translation Required (5% Threshold):</i>	Yes.

Low Income Subsidy (LIS) Notice (Communications)
(42 CFR § 423.2267(c)(10))

<i>To Whom Required:</i>	Provided to potential enrollees once they are eligible for Extra Help and receive the low-income subsidy.
<i>Timing:</i>	Provided prior to effective date of enrollment.
<i>Method of Delivery:</i>	Hard copy, or electronically if enrollee has opted into receiving electronic version as permitted in 423.2267(d).
<i>HPMS:</i>	Not applicable.
<i>Format Specification:</i>	Model material.
<i>Guidance and Other Relevant Information:</i>	Refer to Part D Model Materials
<i>Translation Required (5% Threshold):</i>	Yes.

Low Income Subsidy (LIS) Rider (Communications)
(42 CFR § 423.2267(e)(11))

<i>To Whom Required:</i>	Provided to all current enrollees who qualify for Extra Help.
<i>Timing:</i>	<ul style="list-style-type: none"> • Provided at least once per year by September 30. • Sent to enrollees who qualify for Extra Help or have a change in LIS levels within 30 days of receiving notification from CMS.
<i>Method of Delivery:</i>	Hard copy, or electronically if enrollee has opted into receiving electronic version as permitted in 42 CFR § 423.2267(d).
<i>HPMS:</i>	Not applicable.
<i>Format Specification:</i>	Model material.
<i>Guidance and Other Relevant Information:</i>	<p>D-SNP enrollees who have \$0 cost-sharing for all Part D drugs are exempt from sending a separate LIS Rider since the EOC's cost-sharing Information for drug copays is the same for everyone</p> <p>Medicare Prescription Drug Benefit Manual, Chapter 13, Section 70.2.</p>
<i>Translation Required (5% Threshold):</i>	Yes.

Membership ID Cards (Communications)
(42 CFR §§ 417.427, 422.111(i), 423.120(c))

<i>To Whom Required:</i>	Provided to all plan enrollees.
<i>Timing:</i>	Provided to new enrollees within 10 calendars days from receipt of CMS confirmation of enrollment or by last day of month prior to effective date, whichever is later. Must also be provided to all enrollees if information on existing card changes.
<i>Method of Delivery:</i>	Provided in hard copy. In addition to the hard copy, plans may also provide a digital version (e.g., app).
<i>HPMS:</i>	Not applicable.
<i>Format Specification:</i>	Model material. Combination health and drug cards must follow the Workgroup for Electronic Data Interchange (WEDI) standards. Standalone Part D cards must follow the National Council for Prescription Drug Program (NCPDP) standards.
<i>Guidance and Other Relevant Information:</i>	<ul style="list-style-type: none"> • Cards must include Plan's/Part D sponsor's website address, customer service number, and contract/PBP number. • The front of the Part D sponsor card must include the Medicare Prescription Drug Benefit Program Mark. • PPO and PFFS ID cards must include the phrase "Medicare limiting charges apply." • May not use social security number (SSN).
<i>Translation Required (5% Threshold):</i>	No.

**Mid-Year Change Notification to Enrollees (Communications)(42
CFR §§ 422.2267(e)(9), 423.2267(e)(12), 423.120(b)(5))**

<i>To Whom Required:</i>	Provided to all applicable enrollees when there is a mid-year change in benefits, plan rules, formulary.
<i>Timing:</i>	Ad hoc, based on specific requirements for each issue.
<i>Method of Delivery:</i>	Hard copy, or electronically if enrollee has opted into receiving electronic version as permitted in 42 CFR §§ 422.2267(d) and 423.2267(d).
<i>HPMS:</i>	Not applicable.
<i>Format Specification:</i>	Model Material.
<i>Guidance and Other Relevant Information:</i>	<ul style="list-style-type: none"> • Notices of changes in plan rules unless otherwise addressed in regulation must be provided 30 days in advance. • National Coverage Determination (NCD) changes announced or finalized less than 30 days before effective date, notification required as soon as possible. • Mid-year NCD or legislative changes must be provided no later than 30 days after the NCD is announced or the legislative change is effective. • Plans may include change in next plan mass mailing (e.g., newsletter), provided it is within 30 days and must be reflected on Plan/Part D website. • Medicare Prescription Drug Benefit Manual - Chapter 6 for guidance related to midyear formulary changes and required notice. Updates to the chapter related to immediate generic substitutions consistent with 42 CFR 423.120(b)(5)(iv) are forthcoming. Sponsors should refer to the relevant regulation at 42 CFR 423.120(b)(5). • National Coverage Determination website.
<i>Translation Required (5% Threshold):</i>	Yes.

Non-Renewal Notices (Communication)

(42 CFR §§ 417.492(a)(ii) and (b)(ii), 422.74(d)(7), 422.506, 422.2267(e)(10), 423.44(d)(6), 423.507, 423.2267(e)(13))

<i>To Whom Required:</i>	Provided to enrollees affected by a non-renewal or service area reduction.
<i>Timing:</i>	At least 90 days before the end of the current contract year. Cost Plans, without Part D, at least 60 days before the end of the current contract year.
<i>Method of Delivery:</i>	Notices must be hard copy and sent via U.S. mail. First class postage is recommended.
<i>HPMS:</i>	Not applicable.
<i>Format Specification:</i>	Model material. - current contract year. Modifications permitted per instructions.
<i>Guidance and Other Needed Information:</i>	<ul style="list-style-type: none">• Information about non-renewals or service area reductions may not be released to the public, including current enrollees, until notice is received from CMS.• Plans may elect to share Non-Renewal and Service Area Reduction (NR/SAR) information only with first tier, downstream, and related entities (FDRs) or anyone that the plan does business with (i.e., contracted providers).• Plans must provide a NR/SAR notice to beneficiaries who enroll in a non-renewing plan on October 1, November 1, or December 1 of the current contract year (e.g., less than 90 days before the effective date of the non-renewal).• Additional NR/SAR notice information can be found in the annual “Non-Renewal and Service Area Reduction Guidance and Enrollee Notification Models” HPMS memo.
<i>Translation Required (5% Threshold):</i>	Yes.

Outbound Enrollment Verification (Communications)
(42 CFR §§ 422.2272(b), 423.2272(b))

<i>To Whom Required:</i>	Provided for all agent/broker assisted enrollments.
<i>Timing:</i>	Must be conducted within 15 calendar days following the receipt of the enrollment request.
<i>Method of Delivery:</i>	Hard copy, telephonic, email.
<i>HPMS:</i>	Not applicable.
<i>Format Specification:</i>	Model material. Must include required content.
<i>Guidance and Other Needed Information:</i>	<ul style="list-style-type: none"> • Communication must address enrollment into plan and provide customer service number for beneficiary questions regarding costs, benefits, rules, or any other question about plan. • May be completed via phone call (including during welcome call) or via email, if email is requested by an enrollee. • Must send a written communication if the plan fails to speak with the individual within 15 calendar days of enrollment requests. • Agent/brokers are not permitted to be part of the enrollment verification call. • Enrollment verification processes must stop if plan is notified that beneficiary is ineligible to enroll in plan or if beneficiary has canceled the enrollment. • Method and timing of the enrollment verification must be documented (date, time, and method of contact).
<i>Translation Required (5% Threshold):</i>	Yes.

Part D Transition Letter (Communications)
(42 CFR § 423.2267(e)(14))

<i>To Whom Required:</i>	Provided when a beneficiary receives a transition fill for a non-formulary drug.
<i>Timing:</i>	Sent within three (3) days of adjudication of temporary transition fill.
<i>Method of Delivery:</i>	Hard copy, or electronically if enrollee has opted into receiving electronic version as permitted in 42 CFR § 423.2267(d).
<i>HPMS:</i>	Not applicable.
<i>Format Specification:</i>	Model material. Modifications permitted.
<i>Guidance and Other Needed Information:</i>	Medicare Prescription Drug Benefit Manual Chapter 6, Section 30.4.10.
<i>Translation Required (5% threshold):</i>	Yes.

Pharmacy Directory (Communications)
(42 CFR §§ 423.128, 423.2267(e)(15))

<i>To Whom Required:</i>	Provided to all plan enrollees.
<i>Timing:</i>	<ul style="list-style-type: none"> • Provided to current plan enrollees by October 15 of the year prior to the applicable year. • Provided to new plan enrollees within 10 calendars days from receipt of CMS confirmation of enrollment or by last day of month prior to effective date, whichever is later. • Must be provided to current enrollees upon request, within three (3) business days of the request. • Part D plans must update pharmacy directory information any time they become aware of changes. All updates to the online provider directories must be completed within 30 days of receiving information requiring update. Updates to hardcopy provider directories must be completed within 30 days, however, hardcopy directories that include separate updates via addenda are considered up-to-date.
<i>Method of Delivery:</i>	Hard copy, or electronically, as permitted in 42 CFR § 423.2267(d).
<i>HPMS:</i>	Not applicable.
<i>Format Specification:</i>	Model material. Current Contract Year Pharmacy Directory. Modifications permitted per instructions.
<i>Guidance and Other Needed Information:</i>	<p>See the HPMS memo dated August 16, 2016 (<i>Pharmacy Directories and Disclaimers</i>) for information regarding electronic and hard copy directory requirements.</p> <p>Part D Model Materials</p>
<i>Translation Required (5% threshold):</i>	Yes.

Plan Termination Notices (Communication)

(42 CFR §§ 422.508(a), 422.510(b), 422.512(b), 422.2267(e)(10), 423.508(b), 423.509(b), 423.510(b), 423.2267(e)(13))

<i>To Whom Required:</i>	Provided to affected enrollees before the plan termination effective date.
<i>Timing:</i>	CMS and Plan/Part D provider-initiated terminations require enrollee notices be sent as specified in CFR Title 42.
<i>Method of Delivery:</i>	<ul style="list-style-type: none">• Notices must be hard copy and sent via U.S. mail. First class postage is recommended.• Notice to the general public requires publishing in one or more newspapers of general circulation.
<i>HPMS:</i>	Not applicable.
<i>Format Specification:</i>	Model required - Current contract year.
<i>Guidance and Other Needed Information:</i>	Relevant plan termination notice requirements are provided at §§ 422.111, 422.508, 422.510, 422.512, 422.2267, 423.508, 423.509, 423.510 and 423.2267.
<i>Translation Required (5% Threshold):</i>	Yes.

Pre-Enrollment Checklist (Communications)

(42 CFR §§ 422.2267(e)(4), 423.2267(e)(4))

<i>To Whom Required:</i>	Provided to potential enrollees with the Summary of Benefits (SB) when the SB is accompanying an enrollment form.
<i>Timing:</i>	Prior to enrollment.
<i>Method of Delivery:</i>	In the same format the SB was provided.
<i>HPMS:</i>	Not applicable.
<i>Format Specification:</i>	Standardized material. Modifications to disclaimer language not permitted, however, plans may delete bullets that do not apply to a specific plan type. If the pre-enrollment checklist is used for multiple products, additional language may be added before or after the disclaimer to clarify or distinguish how a disclaimer applies to products.
<i>Guidance and Other Needed Information:</i>	Must accompany the SB. Refer to Appendix 1 .
<i>Translation Required (5% Threshold):</i>	Yes.

Prescription Transfer Letter
(Communications)(42 CFR § 423.2267(e)(16))

<i>To Whom Required:</i>	Provided to enrollees if a Part D sponsor is requesting permission to fill a prescription at a different network pharmacy than the one currently being used by enrollee.
<i>Timing:</i>	Ad hoc.
<i>Method of Delivery:</i>	Hard copy, or electronically if enrollee has opted into receiving electronic version as permitted in 42 CFR § 423.2267(d).
<i>HPMS:</i>	Not applicable.
<i>Format Specification:</i>	Model material.
<i>Guidance and Other Needed Information:</i>	Refer to the Part D Model Materials
<i>Translation Required (5% Threshold):</i>	Yes.

Provider Directory (Communications)
(42 CFR §§ 422.111(b)(3), 422.2267(e)(11))

<i>To Whom Required:</i>	Provided to all plan enrollees.
<i>Timing:</i>	<ul style="list-style-type: none"> • Provided to current plan enrollees by October 15 of the year prior to the applicable year. • Provided to new plan enrollees within 10 calendars days from receipt of CMS confirmation of enrollment or by last day of month prior to effective date, whichever is later. • Must be provided to current enrollees upon request, within three (3) business days of the request. • Plans must update directory information any time they become aware of changes. All updates to the online provider directories must be completed within 30 days of receiving information requiring update. Updates to hardcopy provider directories must be completed within 30 days, however, hardcopy directories that include separate updates via addenda are considered up-to-date
<i>Method of Delivery:</i>	Hard copy, or electronically, as permitted in 42 CFR § 422.2267(d).
<i>HPMS:</i>	Not applicable.
<i>Format Specification:</i>	Model material. Current Contract Year Provider Directory. Modifications permitted per instructions.
<i>Guidance and Other Needed Information:</i>	Chapter 4 of the Medicare Managed Care Manual, and Medicare Advantage and Section 1876 Cost Plan Provider Directory Model.
<i>Translation Required (5% Threshold):</i>	Yes.

Provider Termination Letter to Beneficiaries (Communications)
(42 CFR §§ 422.111(e), 422.2267(e)(12))

<i>To Whom Required:</i>	Provided to all applicable enrollees, per 42 CFR §422.111(e), when their provider will no longer be part of the plan network.
<i>Timing:</i>	At least 30 days prior to the termination effective date.
<i>Method of Delivery:</i>	Notices must be hard copy and sent via U.S. mail (first class postage recommended). Plans may also send notices electronically if enrollee has opted into receiving electronic version as permitted in 42 CFR § 422.2267(d).
<i>HPMS:</i>	Not applicable.
<i>Format Specification:</i>	Model material.
<i>Guidance and Other Needed Information:</i>	Chapter 4 of the Medicare Managed Care Manual.
<i>Translation Required (5% Threshold):</i>	Yes.

Safe Disposal Information (Communication) (42 CFR
§§ 422.111(j), 423.153(d)(1)(vii)(E) and (F))

<i>To Whom Required:</i>	Provided to enrollees in a plan's MTM program as part of the CMR, targeted medication review, or other MTM correspondence or service.
<i>Timing:</i>	At least once annually beginning on January 1, 2022.
<i>Method of Delivery:</i>	Hard copy, or electronically if enrollee has opted into receiving electronic version as permitted in §§ 422,2267(d) and 423.2267(d).
<i>HPMS:</i>	Not applicable.
<i>Format Specification:</i>	No model required. This information must comply with all requirements of § 422.111(j).
<i>Guidance and Other Needed Information:</i>	See https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/MTM for Annual MTM Program Submission Instructions memo.
<i>Translation Required (5% Threshold):</i>	Yes.

Scope of Appointment (Communications)

(Sections 1851(j)(2)(A) and 1860D-04(l) of the Social Security Act;
42 CFR §§422.2264(c), 422.2266(d)-(f), 422.2274(b)-(c), 423.2264(c), 423.2266(d) and (e),
422.2274(b)-(c))

<i>To Whom Required:</i>	Documented for all marketing activities, in-person, telephonically, including walk-ins to plan or agent offices.
<i>Timing:</i>	Prior to the appointment.
<i>Method of Delivery:</i>	Signed hard copy, telephonic recording (telephonic appointments only), or electronically signed.
<i>HPMS:</i>	Not applicable.
<i>Format Specification:</i>	Model material.
<i>Guidance and Other Needed Information:</i>	<p>The following requirements must be on the scope of appointment form or on the recorded call:</p> <ul style="list-style-type: none">• Product types to be discussed.• Date of appointment.• Beneficiary and agent contact information.• Statement stating, no obligation to enroll, current or future Medicare enrollment status will not be impacted, and automatic enrollment will not occur. <p>A new SOA is required if the beneficiary requests information regarding a different plan type than previously agreed upon.</p>
<i>Translation Required (5% Threshold):</i>	Yes.

Star Ratings Document (Marketing)
(42 CFR §§ 422.2267(e)(13), (423.2267(e)(17))

<i>To Whom Required:</i>	Provided to all prospective enrollees when an enrollment form is provided. For online enrollment, Star Ratings document must be made available electronically (e.g., via link) prior to the completion and submission of enrollment request.
<i>Timing:</i>	Provided prior to enrollment.
<i>Method of Delivery:</i>	Hard copy or via electronic mechanism.
<i>HPMS:</i>	Must be uploaded within 21 calendar days of the release of the updated information.
<i>Format Specification:</i>	Standardized. Star Ratings document is generated from HPMS.
<i>Guidance and Other Needed Information:</i>	<ul style="list-style-type: none"> • New plans that have no Star Ratings are not required to provide until the following contract year. • Updated Star Ratings must be used within 21 calendar days of release of updated information on Medicare Plan Finder. • Updated Star Ratings must not be used until CMS releases Star Ratings on Medicare Plan Finder. • Only the plan logo may be added to the document (no other changes or alterations are permitted).
<i>Translation Required (5% Threshold):</i>	Yes.

Summary of Benefits (Marketing)
(42 CFR §§ 422.2267(e)(5), 423.2267(e)(5))

<i>To Whom Required:</i>	Provided to all prospective enrollees when an enrollment form is provided.
<i>Timing:</i>	Available by October 15 of each year.
<i>Method of Delivery:</i>	Hardcopy or electronic, depending on the format of the enrollment mechanism.
<i>HPMS:</i>	Submitted prior to October 15 of each year.
<i>Format Specification:</i>	Model material.
<i>Guidance and Other Needed Information:</i>	Refer to Appendix 2
<i>Translation Required (5% Threshold):</i>	Yes.

Disclaimers

Disclaimer	42 CFR Section(s)	Model or Standardized Content	Applicable Documents and Notes
Federal Contracting Statement	422.2267(e)(30) 423.2267(e)(32)	<p>Model Content: Disclaimer must include:</p> <ul style="list-style-type: none"> • Legal or marketing name of the organization. • Type of plan (e.g., HMO, HMO SNP, PFFS, PDP). • A statement that the organization has a contract with Medicare (when applicable, plans may also state that the organization has a contract with the state/Medicaid program). • A statement that enrollment depends on contract renewal. <p>Example: “[Plan’s legal or marketing name] is a [plan type] with a Medicare contract. Enrollment in [Plan’s legal or marketing name] depends on contract renewal.”</p>	<p>Required on all marketing materials except: Banners and banner-like advertisements, outdoor advertisements, text messages, social media, and envelopes.</p> <p>Plans should incorporate contract with state/Medicaid Program when appropriate.</p>
Star Ratings	422.2267(e)(31) 423.2267(e)(33)	<p>Model Content:</p> <ul style="list-style-type: none"> • Convey that plans are evaluated yearly by Medicare • Convey that the ratings are based on a 5-star rating system <p>Example: “Every year, Medicare evaluates plans based on a 5-star rating system.”</p>	<p>Must be used whenever Star Ratings are mentioned in marketing materials, with the exception of when Star Ratings are published on small objects (e.g., that pens or rulers).</p> <p>Model content may be provided in disclaimer form or within the material.</p> <p>Because of the space limitations associated with electronic media such as search ads and social media, it is acceptable to provide the Star Ratings</p>

Disclaimers

Disclaimer	42 CFR Section(s)	Model or Standardized Content	Applicable Documents and Notes
			disclaimer to the viewer when they click on the ad.
Accommodations	422.2267(e)(33) 423.2267(e)(34)	Model Content: <ul style="list-style-type: none"> • Convey that accommodations for persons with special needs is available. • Provide a telephone number and TTY number. <p>Example: “For accommodations of persons with special needs at meetings call <insert phone and TTY number>.”</p>	<p>Must be in any advertisement of invitations to all events as described under §§ 422.2264(c) and 423.2264(c).</p> <p>Model content may be provided in disclaimer form or within the material.</p>
Special Supplemental Benefits for the Chronically Ill (SSBCI)	422.2267(e)(32)	Model Content: <ul style="list-style-type: none"> • Convey the benefits mentioned are special supplemental benefits. • Convey that not all members will qualify. <p>Example: “The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify.”</p>	<p>Must be used whenever SSBCI benefits are mentioned.</p> <p>Model content may be provided in disclaimer form or within the material.</p>

Disclaimers

Disclaimer	42 CFR Section(s)	Model or Standardized Content	Applicable Documents and Notes
Mailing Statements	422.2267(e)(34) 423.2267(e)(35)	Standardized Content: <ul style="list-style-type: none"> • Include the following statement when mailing information about the enrollee's current plan: "Important [Insert Plan Name] information." • Include the following statement when mailing health and wellness information: "Health and wellness or prevention information." 	<p>Must be included when mailing applicable information to current members.</p> <p>Must include the plan name. If the plan name is elsewhere on the envelope, it does not need to be repeated in the disclaimer.</p> <p>Delegated or sub-contracted entities and downstream entities that conduct mailings on behalf of a multiple plans must also comply with this requirement; however, they do not have to include a plan name.</p>
Promotional Give-Away	422.2267(e)(35) 423.2267(e)(36)	Model Content: <ul style="list-style-type: none"> • Convey that there is no obligation to enroll in a plan. <p>Examples: "Eligible for a free drawing, gift, or prizes with no obligation to enroll." "Free gift without obligation to enroll."</p>	<p>Required when offering promotional giveaways such as drawings, prizes, or free gifts.</p> <p>Model content may be provided in disclaimer form or within the material.</p>

Disclaimers

Disclaimer	42 CFR Section(s)	Model or Standardized Content	Applicable Documents and Notes
Provider Co-branded Material	422.2267(e)(36) 423.2267(e)(37)	Model Content: <ul style="list-style-type: none"> Convey, as applicable, that other pharmacies, physicians or providers are available in the plan's network. <p>Example: “Other <Pharmacies/Physicians/Providers> are available in our network.”</p>	Must be used whenever co-branding relationships with network provider are mentioned, unless (for MA and cost plans (including MA-PD plans) only) the co-branding is with a provider network or health system that represents 90 percent or more of the network as a whole.
Out of Network Non-Contracted Provider	422.2267(e)(37)	Standardized Content: “Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.”	Must be included whenever materials reference out-of-network/non-contracted providers. Does not apply to standalone PDP plans.
NCQA SNP Approval Statement	422.2267(e)(38)	Model Content: <ul style="list-style-type: none"> Convey that the MA organization has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP). Include the last contract year of NCQA approval. Convey that the approval is based on a review of [insert Plan Name's] Model of Care. May not include numeric SNP approval scores. <p>Example: “Based on a Model of Care review, [Insert Plan Name]</p>	Required on all documents that reference NCQA SNP approval. Must be used by SNPs who have received NCQA approval.

Disclaimers

Disclaimer	42 CFR Section(s)	Model or Standardized Content	Applicable Documents and Notes
		has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through [insert last contract year of NCQA approval].”	