

60.5 – Provider Affiliation Announcements

42 CFR §§ 422.2262(a), 422.2268, 423.2262(a), 423.2268

Plans/Part D sponsors and/or contracted providers (including pharmacies) may announce new or continuing affiliations with specific Plans/Part D sponsors once a contractual agreement between the Plan/Part D sponsor and provider has been **agreed upon by both parties**. Provider affiliation announcements may be made through direct mail, email, telephone, or advertisement. The announcement must clearly state that the provider may also contract with other Plans/Part D sponsors, if applicable. **These announcements are considered communication materials.**

Provider affiliation announcement materials that **include additional information, such as** descriptions of plan benefits, premiums, or cost **sharing** are **considered** marketing materials. Plans/Part D sponsors must submit these materials in HPMS. Plans/Part D sponsors must ensure their network providers and pharmacies adhere to distribution and mailing guidance set forth in these guidelines.

70 – Websites and Social/Electronic Media

70.1 – Plan/Part D Sponsor Required Websites

42 CFR §§ 422.111(h), 422.2264, 422.2268, 423.128(d), 423.2264, 423.2268

CMS requires all Plans/Part D sponsors to have a website that includes the specific documents and content listed **outlined in sections [70.1.1](#) and [70.1.2](#)**. Plans/Part D sponsors may include other information, including both communications and marketing information on their website.

70.1.1 – General Website Requirements

42 CFR §§ 422.111(h), 422.2264, 422.2268, 423.128(d), 423.2264, 423.2268

Plan/Part D sponsor websites must:

- Be clear and easy to navigate;
- Maintain the current contract year content through December 31 of each year;
- Notify users when they will leave the Plan's/Part D sponsor's Medicare information webpage if there is a link that will take an individual to non-Medicare information webpage or to a different website; and
- Include applicable model text and disclaimers (refer to [Appendix 2](#)) on each webpage.

Plan/Part D sponsor websites may not:

- Provide links to foreign drug sales, including links from advertisements on the Plan/Part D sponsor's website;
- Require users to enter any information other than a zip code, county, and/or state for access to non-beneficiary specific website content; or
- State that the Plan/Part D sponsor is not responsible for the content of their social media pages or the websites of any downstream entity that provides information on the Plan's/Part D sponsor's behalf.

Plan's/Part D sponsor's **must ensure that their website:**

- Maintains a separate and distinct section for their Medicare information **covered by these guidelines** if the Plan/Part D sponsor markets other lines of business. **Plans/Part D sponsors may not include or market Medicare Supplement (Medigap) content in their Medicare information section;**
- Is reviewed monthly and updated as needed (See Prescription Drug Benefit Manual, Chapter 6 for information on updates and notice to beneficiaries regarding midyear formulary changes);
- Includes the **date of the** last update on each webpage;
- Clearly labels all links; and
- Complies with Section 508 of the Rehabilitation Act.

70.1.2 – Documents to be posted on Website

42 CFR §§ 422.111(b) and (h)(2), 423.128(b) and (d)(2)

Plans/Part D sponsors must post on their website all required documents outlined below and ensure these documents are downloadable. This includes translated documents, as applicable. “(M)” denotes a required marketing material, and “(C)” denotes a required communication material. If a required document is found to have errors, or is updated, the updated document must be posted on the website as soon as possible.

Required Document	Required Posting Date for Renewing Plans	Required Posting date for New Plans
Summary of Benefits (M)*	By October 15	By October 15
Annual Notice of Change (M)*	By October 15	Not applicable
Evidence of Coverage (C)*	By October 15	By October 15
Provider Directory (C)	By October 15	By October 15
Pharmacy Directory (C)	By October 15	By October 15
Formulary (C)*	By October 15	By October 15
CMS Star Ratings document (M)*	21 days after the release of Star Ratings on Medicare Plan Finder	21 days after the release of Star Ratings on Medicare Plan Finder
Privacy Notice under the HIPAA Privacy Rule*	Posted all year (updates as required)	By January 1
Exception Request Forms for physicians*	Posted all year (updates as required)	By January 1
Utilization Management Forms for physicians and enrollees*	Posted all year (updates as required)	By October 15

Prescription Drug Transition Policy*	Posted all year (updates as required)	By January 1
LIS Premium Summary Chart	Posted all year (updates as required)	By October 15
Prior Authorization Forms for Physicians and Enrollees*	Posted all year (updates as required)	By January 1
Part D Model Coverage Determination and Redetermination Request Forms	Posted all year (updates as required)	By January 1

* If the document is updated following the initial posting, the date of the new document must be indicated in the link or near the link

70.1.3 – Required Content

42 CFR §§ 417.427, 422.111(a)(3), (b) and (h)(2), 423.128(a)(3), (b) and (d)(2)

In addition to required documents, the following content must be present on the website:

- Toll-free customer service number, days and hours of operation, TTY number, and either a physical or Post Office Box address;
- Information on enrollees’ and Plans’/Part D sponsors’ rights and responsibilities upon disenrollment;
- Instructions on how to appoint a representative and a link to the downloadable version of the CMS Appointment of Representative Form (CMS Form-1696);
- A description of and information on how to file a grievance, an organizational/coverage determination, and an appeal, including:
 - Procedures for filing;
 - A direct link on the grievance/coverage determination webpage to the Medicare.gov complaint website at: <https://www.medicare.gov/MedicareComplaintForm/home.aspx>, where an enrollee can enter a complaint in lieu of calling 1-800-MEDICARE;
 - Phone number(s) for receiving oral requests;
 - Mailing address for written requests;
 - Fax number for written requests;
 - Links, if applicable, to any forms created by the Plan/Part D sponsor for appeals and grievances;
 - Information on how to obtain an aggregate number of grievances, appeals, and exceptions filed with the Plan/Part D sponsor; and
 - Contact numbers for enrollees and/or physicians to use for process or status questions.
- A link to the PFFS Terms and Conditions of Payment (for PFFS plans);
- Immediate access to the coverage determination and redetermination processes through a secure location (for Plans offering Part D);
- Quality assurance policies and procedures;
- Drug and/or utilization management information (for plans offering Part D);
- For MSA plan websites only:

- The statement: “You must file Form 1040, ‘US Individual Income Tax Return,’ along with Form 8853, ‘Archer MSA and Long-Term Care Insurance Contracts’ with the Internal Revenue Service (IRS) for any distributions made from your Medicare MSA account to ensure you aren’t taxed on your MSA account withdrawals. You must file these tax forms for any year in which an MSA account withdrawal is made, even if you have no taxable income or other reason for filing a Form 1040. MSA account withdrawals for qualified medical expenses are tax free, while account withdrawals for non-medical expenses are subject to both income tax and a fifty (50) percent tax penalty.”
- The statement: “Tax publications are available on the IRS website at <http://www.irs.gov> or from 1-800-TAX-FORM (1-800-829-3676).”
- Enrollment instructions and forms; and
- Medication Therapy Management (MTM) program requirements as found on <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/MTM.html>.

70.2 – Searchable Formularies and Directories

42 CFR §§ 422.111(h)(2), 423.128(b)(4), (b)(5), (d)(2)

Plans/Part D sponsors must have provider/pharmacy directories and formularies posted on their websites for use and download/printing. Plans/Part D sponsors are encouraged to have searchable, machine-readable formularies, provider, and pharmacy directories. A searchable tool (e.g., search engine/database) may be a substitute for downloadable directories and formularies (i.e., electronic versions of hard copies) when the searchable tool complies with all instructions and contains all required template information, including introductory language and disclaimers, in the model documents.

70.3 – Social Media

Plans/Part D sponsors must submit social media posts (e.g., Facebook, Twitter, YouTube) that meet the definition of marketing into HPMS, using code 4038.

70.4 – Mobile Applications

42 CFR §§ 422.111, 422.2260, 422.2262, 422.2268, 423.128, 423.2260, 423.2262, 423.2268

Plans/Part D sponsors that use mobile applications (apps) must:

- Submit data that meets the definition of marketing into HPMS;
- Provide CMS, upon request, access to the mobile app;
- If limited plan benefit/cost sharing information is in the app, instruct beneficiaries where to find complete information; and
- Provide equal prominence to all in-network providers/pharmacies if the app contains this data. Apps that limit data based on geographic location must indicate the limited geographic area.