

plan in a Scope of Appointment, business reply card, or request to receive additional information, which is valid for 12 months following the date of beneficiary's signature date or the date of the beneficiary's initial request for information.

(B) Market additional health related lines of plan business not identified prior to an individual appointment without a separate Scope of Appointment, identifying the additional lines of business to be discussed; such Scope of Appointment is valid for 12 months following the beneficiary's signature date.

(C) Market non-health related products such as annuities.

[86 FR 6124, Jan. 19, 2021, as amended at 88 FR 22340, Apr. 12, 2023; 88 FR 34780, May 31, 2023]

§ 423.2265 Websites.

As required under § 423.128(d)(2), Part D sponsors must have a website.

(a) *General website requirements.* (1) Part D sponsor websites must meet all of the following requirements:

(i) Maintain current year contract content through December 31 of each year.

(ii) Notify users when they will leave the Part D sponsor's Medicare site.

(iii) Include or provide access to (for example, through a hyperlink) applicable notices, statements, disclosures, or disclaimers with corresponding content. Overarching disclaimers, such as the Federal Contracting Statement, are not required on every page.

(iv) Reflect the most current information within 30 days of any material change

(v) Keep PDP content separate and distinct from other lines of business, including Medicare Supplemental Plans.

(2) Part D sponsor websites may not do any of the following:

(i) Require beneficiaries to enter any information other than zip code, county, or state for access to non-beneficiary-specific website content.

(ii) Provide links to foreign drug sales, including advertising links.

(iii) State that the Part D sponsor is not responsible for the content of their social media pages or the website of any first tier, downstream, or related

entity that provides information on behalf of the Part D sponsor.

(b) *Required content.* A Part D sponsor's websites must include the following content:

(1) A toll-free customer service number, TTY number, and days and hours of operation.

(2) A physical or Post Office Box address.

(3) A PDF or copy of a printable pharmacy directory.

(4) A searchable pharmacy directory.

(5) A searchable formulary.

(6) Information on enrollees' and Part D sponsors' rights and responsibilities upon disenrollment. Part D sponsors may either post this information or provide specific information on where it is located in the Evidence of Coverage together with a link to that document.

(7) A description of and information on how to file a grievance, request an organization determination, and an appeal.

(8) Prominently displayed link to the *Medicare.gov* electronic complaint.

(9) A Notice of Privacy Practices as required under the HIPAA Privacy Rule (45 CFR 164.520).

(10) Prescription Drug Transition Policy.

(11) LIS Premium Summary Chart.

(12) Prescription Drug Transition Policy.

(13) A separate section or page about MTM programs providing the following:

(i) Explanation of MTM program, including eligibility requirements, the purpose and benefits of MTM, how to obtain MTM service documents including the Medication list, that the service is free, and a summary of services.

(ii) Information on how to obtain information about the MTM program, including how the member will know they are eligible and enrolled into the MTM program, the comprehensive medication review and targeted medication reviews, a description of how reviews are conducted and delivered, including time commitments and materials beneficiaries will receive.

(14) Instructions on how to appoint a representative including a link to the

downloadable version of the CMS Appointment of Representative Form (CMS Form-1696).

(15) Enrollment instructions and forms.

(c) *Required posted materials.* A Part D sponsor's website must provide access to the following materials, in a printable format, within the timeframes specified in paragraphs (c)(1) and (2) of this section.

(1) The following materials for each plan year must be posted on the website by October 15 prior to the beginning of the plan year:

- (i) Evidence of Coverage.
- (ii) Annual Notice of Change (for renewing plans).
- (iii) Summary of Benefits.
- (iv) Pharmacy Directory.
- (v) Formulary.
- (vi) Utilization Management Forms for physicians and enrollees.

(2) The following materials must be posted on the website throughout the year and be updated as required:

- (i) Prior Authorization Forms for Physicians and Enrollees.
- (ii) Part D Model Coverage Determination and Redetermination Request Forms.
- (iii) Exception request forms for physicians (which must be posted by January 1 for new plans).
- (iv) CMS Star Ratings document, which must be posted within 21 days after its release on the Medicare Plan Finder.

[86 FR 6125, Jan. 19, 2021, as amended at 87 FR 27901, May 9, 2022]

§ 423.2266 Activities with healthcare providers or in the healthcare setting.

(a) *Where marketing is prohibited.* The requirements in paragraphs (c) through (e) of this section apply to activities in the health care setting. Marketing activities and materials are not permitted in areas where care is being administered, including but not limited to the following:

- (1) Exam rooms.
- (2) Hospital patient rooms.
- (3) Treatment areas where patients interact with a provider and his/her clinical team and receive treatment (including such areas in dialysis treatment facilities).

(4) Pharmacy counter areas.

(b) *Where marketing is permitted.* Marketing activities and materials are permitted in common areas within the health care setting, including the following:

- (1) Common entryways.
- (2) Vestibules.
- (3) Waiting rooms.
- (4) Hospital or nursing home cafeterias.
- (5) Community, recreational, or conference rooms.

(c) *Provider-initiated activities.* Provider-initiated activities are activities conducted by a provider at the request of the patient, or as a matter of a course of treatment, and occur when meeting with the patient as part of the professional relationship between the provider and patient. Provider-initiated activities do not include activities conducted at the request of the Part D sponsor or pursuant to the network participation agreement between the Part D sponsor and the provider. Provider-initiated activities that meet this definition in this paragraph (c) fall outside of the definition of marketing in § 423.2260. Permissible provider-initiated activities include:

(1) Distributing unaltered, printed materials created by CMS, such as reports from Medicare Plan Finder, the “Medicare & You” handbook, or “Medicare Options Compare” (from <https://www.medicare.gov>) including in areas where care is delivered.

(2) Providing the names of Part D sponsors with which they contract or participate or both.

(3) Answering questions or discussing the merits of a Part D plan or plans, including cost sharing and benefit information including in areas where care is delivered.

(4) Referring patients to other sources of information, such as State Health Insurance Assistance Program (SHIP) representatives, plan marketing representatives, State Medicaid Office, local Social Security Offices, CMS' website at <https://www.medicare.gov>, or 1-800-MEDICARE.

(5) Referring patients to Part D marketing materials available in common areas.

(6) Providing information and assistance in applying for the LIS.