Agent/Agency Websites Compliance Guidelines

The purpose of this document is to provide communication and marketing guidance to all Third-Party Marketing Organizations (“TPMOs”), Field Marketing Organizations (FMOs), Managing General Agencies (MGAs), and other organizations and individuals who are compensated to perform lead generation, marketing, sales, and enrollment related functions. The guidance is not inclusive of all applicable TPMO laws and regulations, does not constitute and must not be construed as legal advice. Spark does not represent that compliance with these guidelines will ensure that any communication or marketing material or activity will comply with all applicable laws, rules, or regulations. Instead, the guidelines are intended to help TPMOs understand CMS guidelines.

- **All Agency/Agent Websites must be approved by Spark Compliance**
- **Agency/Agent websites classified as Marketing also need to be approved by CMS yearly.**

General/Communication Websites:
The content is educational and informational in nature. Provides general information about Medicare and coverage options. This could be explaining the Parts of Medicare, or telling the prospect the services you offer.
Websites classified as Communication must be approved by Spark prior to use, but do not have to be filed with CMS. See general requirements below for all websites.

Marketing Websites:
In 2023 CMS expanded and clarified the definition of marketing material. In short, any material(including websites) that mentions any benefit will be considered marketing. Even mentioning that beneficiaries can receive benefits such as dental, vision, cost-savings, and/or hearing services; mentioning premiums, costs, coverages, Part B giveback, star ratings, or displaying Carrier names/logos is sufficient information to meet the definition of marketing. See below for specific information regarding Marketing websites.

General Requirements for All Websites

The following requirements and expectations apply to all websites leveraged by TPMOs, whether owned and operated or utilized for leads. The TPMOs are accountable to ensure compliance to all websites involved in their business operations.

- Websites must be clear and easy to navigate.
- There must be a prominently placed disclaimer/tagline that clearly explains that an entity or website is not affiliated with, endorsed by, or otherwise somehow related to the federal government, CMS, HHS, or Medicare.
- The TPMO Disclaimer must be prominently displayed on all websites.
    - *We do not offer every plan available in your area. Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.*

Note: For assistance calculating the number of organizations and plans, Spark has a tool HERE.

- The Agency name and whom the beneficiary will reach if they respond (i.e., “a licensed sales/insurance agent”) must be clearly and prominently visible and legible to consumers
- URLs with “Medicare”: As with business names, use of “Medicare” in an agent’s URL requires the owner to exercise caution to avoid misleading consumers. Agents should consult their own legal counsel for advice on federal, state and local laws prior to using “Medicare” in a URL.
- Medicare Card Images: Agents are responsible for obtaining CMS approval for each use of a Medicare card image. Generic representations of the Medicare card do not require CMS approval. Spark can assist an agent with their request to CMS on their behalf. Proof of approval may be required if a site is found to have a Medicare card image during monitoring activities. You must not mislead the consumer regarding your primary role as an insurance agent or agency.
- Announcing Product Offering(s): You may generally indicate the product types you are authorized to sell. For example: Medicare Advantage Medicare Advantage Special Needs Plans Medicare Supplement Insurance Plan Part D Prescription Drug Plans Medicare Insurance Plans; along with other types of insurance you may offer.
- Agent Details: You may post your contact information, a compliant agent title, and your business services.

- Interactive Communication Features on Consumer Facing Business Websites: Agent business websites may provide a chat feature to direct consumers to an agent. Contact using a chat feature must be consumer initiated, and there must be a clear statement that the consumer will be contacting a licensed sales agent. Chat forms gathering consumer contact information must have a permission to contact statement (see above).
- Websites containing any marketing content, must be filed with CMS for each new plan year. The entire website should also be filed, not just the pages with marketing content. Website filing documents should include the site URL and SMID on the document.
- When marketing Medicare Advantage plans and if communicating about two plan years (e.g., 2024 and 2025 plans), it must be clear to which plan year the information is referencing.
- Websites may only require users to enter zip code, county, and/or state for access to non-beneficiary specific website content, and function as such. An example would be a plan comparison or plan shopping websites.
- Websites may request, but not require, age/date of birth (DOB), gender, or health status information to access non-beneficiary specific plan information. It must be clear to the beneficiary that this information is not required, and it must be clearly marked as 'optional'.
- Websites must keep Medicare Advantage content separate and distinct from other lines of business, including Medicare Supplement Insurance plans.
- Websites with 'Calls to Action'- must accurately reflect the result the user will see/experience in the subsequent step and not confuse beneficiaries as to the result.
    - o For example, a website should not indicate that a beneficiary will be able to "find plans" by entering their contact information if the beneficiary will not receive any plan information digitally but will instead receive a call from an agent.
- Include TTY and days and hours of operation with a phone number.

Lead Generation Forms on Websites

● Permission to contact must be clear and must comply with the "One-to-one" consent rule in the 2025 CMS Final Rule. Here is suggested verbiage that is compliant:

"By providing your name and contact information you are consenting to receive sales and marketing calls, text messages and/or emails from the licensed insurance agent listed on this form about Medicare Plans at the number provided, and you agree such calls and/or text messages may use an

automated system for the selection or dialing of telephone numbers, automated voice calls, AI generative voice calls, pre recorded messages played when a connection is made, or pre recorded voicemail messages, even if you are on a government do-not-call registry. These calls are for marketing purposes and cellular charges may apply. This agreement is not a condition of enrollment and you can change your permission preferences at any time by contacting the agent listed on this form. "

● TCPA disclaimer language is required, along with other required disclaimers.

● Agency-created websites or websites that are used by partners to obtain leads that contain lead forms need to be clear, easy to understand and navigate.

● Agencies cannot require consumers to disclose their health status, gender, or date of birth information to solicit for Medicare Advantage or Prescription Drug Plans.

● When requesting beneficiary contact/demographic information, must not require users to enter any information other than a zip code, county, and/or state for access to non-beneficiary specific website content.

Marketing Websites

All the requirements above must be followed for Marketing websites. In addition, websites meeting the definition of Marketing described above must also meet the following requirements.

- Marketing websites must be filed yearly with CMS. Spark Compliance will help you through this process. The site must be filed with a carrier first, then CMS, so allow plenty of time to work through the approval process.
- All Marketing websites must have a SMID (*Standardized material identification)*. This is a unique identifier and it must follow a specific format with no more than 50 characters. Multiplan marketing materials must begin with the word "MULTI–PLAN", A series of alphanumeric characters (chosen at your discretion) unique to the material followed by an underscore, then an uppercase "C" for communication materials or an uppercase "M" for marketing materials

Example: MULTIPLAN_SparkWebsite-2025_M

- All websites considered Marketing must have the Federal Contracting Statement:

[Partner/Agency] represents Medicare Advantage [HMO, PPO and PFFS] organizations [and stand-alone PDP prescription drug plans] that have a Medicare contract. Enrollment depends on the plan's contract renewal.

- TPMOs may not advertise benefits that are not available to beneficiaries in the service area(s) where the marketing appears, unless the advertisement is in local media that serves the service area(s) where the benefits are available and reaching beneficiaries who reside in other service areas is unavoidable.

- If you would like to display the names and/or logos of the Carriers you are contracted with, you must contact and get written permission from each of those carriers to do so. You will need to go to each Carrier's broker portal and follow the instructions there to submit and receive approval.
- All marketing websites must include the name of the MA and Part D organization(s) offering the products or plans, benefits, or costs identified on the website. The name(s) must be included in the following format and each name should be bracketed individually as a variable:
    - MA/Part D organization names must be in 12-point font and may not be in the form of a disclaimer or fine print.
    - For television, online, or social media, the MA organization or marketing name(s) must be either read at the same pace as the phone number or must be displayed throughout the entire advertisement in a font size equivalent to the advertised phone number, contact information, or benefits.

Website Review Process

- To submit Communication websites for review, use the link on Spark Compliance Page. The Spark Compliance Team will review and provide feedback and any revisions needed.
- To submit Marketing websites for review, use the link on the Spark Compliance Page. Include the additional items below:
    - Submit the content in a proofread editable Word document
    - For websites, the flow must be described, and images must be included on the Word document in addition to the verbiage typed in Word. At top of page, list the URL and SMID
    - List Distribution area - i.e. National or state(s), counties
    - Provide link to view website
    - State Time period to be used: AEP, OEP, Rest Of Year, Year Round
    - If Lead Company Created, name of Lead Company

- Spark Compliance will review the site and provide feedback and any revisions needed.
- Once revisions are complete, Spark Compliance will submit the Marketing website to a Carrier for review and approval.
- The Carrier may or may not also request revisions.

- Once the Carrier has approved, Spark Compliance will file with CMS. Marketing websites must be filed annually.

Note: Please allow ample time to get through the review process, especially July-November due to volume. Plan for 4-6 weeks during peak times.

Wording cannot be adjusted after filing without being redlined and resubmitted for review and refiled. All post-review/post-filing changes must be approved.

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