



IntelligenceBank®



A Marketer's Guide to

U.S. Marketing Compliance Medicare Rules



TABLE OF CONTENTS

Introduction	03
<hr/>	
Rules Every Medicare Marketer Must Know	04
<hr/>	
MCMG	06
<hr/>	
HIPAA	07
<hr/>	
TCPA	08
<hr/>	
Star Ratings Requirements	09
<hr/>	
Anti Discrimination Requirements	10
<hr/>	



INTRODUCTION

Marketing Medicare plans comes with strict rules and tough consequences for getting them wrong.

However, that doesn't mean marketers should feel paralyzed or that they need legal sign-off on every single tactical decision.

This guide focuses on what you need to know. It explains core Centers for Medicare & Medicaid Services (CMS) marketing requirements in straightforward terms and calls out common risk areas to help you make better decisions earlier in the process. The goal is simple. Fewer trips to Legal, fewer surprises, fewer rewrites and more confidence in every piece of content you release.



Disclaimer: This document is not intended as a substitute for legal or regulatory advice. It has been prepared using public and private information by IntelligenceBank, a provider of software that helps companies stay on brand and adhere to regulatory compliance. Organizations should always seek professional advice when establishing internal compliance protocols.



RULES EVERY MEDICARE MARKETER MUST KNOW

These are the core rules the CMS expects marketers to uphold across Medicare Advantage and Part D campaigns. They carry high penalties and are frequently audited.

MCMG

(Medicare Communications & Marketing Guidelines)

- Regulates all Medicare marketing and communication materials.
- Covers ads, mailers, landing pages, scripts, emails, social content, event materials.
- Requires accuracy, transparency, required disclaimers and no misleading claims.

Example: If you advertise benefits, you must also show plan limitations, eligibility requirements and service area details.

HIPAA

(Health Insurance Portability & Accountability Act)

- Protects personal health information.
- Covers data collection, lead forms, email lists, digital analytics.
- Requires clear privacy notices, secure handling of personal data and explicit consent.

Example: You cannot collect health information through a contact form without proper disclosure and safeguards.

TCPA

(Telephone Consumer Protection Act)

- Regulates phone calls and text messages.
- Covers outbound calls, text messaging, automated dialing.
- Requires consent rules, opt out mechanisms and restrictions on who can be contacted.

Example: Medicare plans cannot cold call beneficiaries. Consent must be documented.

CMS Star Ratings Rules

(Centers for Medicare & Medicaid Services)

- Protects accurate representation of plan quality ratings.
- Requires correct year, service area and full star range.

Example: You cannot say “Rated number one” without context, proof and correct supporting data.



RULES EVERY MARKETER MUST KNOW

Anti-Discrimination Requirements

- Ensure outreach does not target or exclude protected groups.
- Covers imagery, language, targeting parameters.
- Requires inclusive materials and fair practices.

Example: Any ad for checking/savings must include “Member FDIC” in a legible way.





MCMG

(MEDICARE COMMUNICATIONS AND MARKETING GUIDELINES)

WHAT IT IS

The MCMG is the primary CMS rulebook governing what you can and cannot say in Medicare marketing. It covers advertising, digital content, print collateral, call scripts, events and more. Its purpose is to ensure seniors make informed decisions based on clear, accurate and non misleading information.

WHY IT MATTERS

- CMS issues penalties up to millions of dollars
- Poor compliance can freeze marketing activity
- Violations damage trust and create legal risk

In 2022 CMS issued a [\\$172 million penalty to Cigna](#) for allegedly misleading Medicare Advantage communications. It is a powerful reminder that mistakes carry real consequences.

WHAT MARKETERS MUST DO

- Use required disclaimers prominently
- Display plan limitations and costs clearly
- Avoid unsubstantiated claims
- Ensure all information is current and accurate
- Provide correct star ratings for the right year and service area

EXAMPLE

BAD



Get more benefits than Original Medicare, including dental, vision and hearing at no cost.

GOOD



“Some plans may offer dental, vision and hearing benefits. Availability varies by plan and service area. Costs and limitations apply.”



HIPAA

(PRIVACY AND DATA USE)

WHAT IT IS

HIPAA governs the collection, storage and use of personal health information. For marketers, this means careful handling of forms, data and tracking tools.

WHY IT MATTERS

Data misuse carries significant fines. For Medicare audiences, privacy expectations are high and breaches severely damage credibility.

WHAT MARKETERS MUST DO

- Offer clear privacy notices
- Collect only necessary data
- Use secure systems for storage and transmission
- Avoid implying CMS endorsement in data handling

EXAMPLE

BAD



*“Enter your health details so we can match you to a plan”
(with no disclosure).*

GOOD



“By providing this information, you consent to its use for plan matching. We protect your data according to HIPAA requirements. View our Privacy Policy.”



TCPA

(PHONE AND TEXT RULES)

WHAT IT IS

TCPA protects consumers from unsolicited calls and messages.

WHY IT MATTERS

Medicare beneficiaries cannot be cold called.
Consent is highly regulated.

WHAT MARKETERS MUST DO

- Capture express written consent for calls and texts
- Store proof of every consent
- Include opt out instructions
- Avoid automated dialing without explicit permission

EXAMPLE

BAD



Texting a lead who filled out a general contact form.

GOOD



Texting a lead who explicitly checked a box stating "I consent to receive calls and text messages regarding Medicare plans."



CMS STAR RATINGS REQUIREMENTS

WHAT IT IS

CMS evaluates Medicare plans using a one to five star system. Marketers often highlight these ratings but must follow strict accuracy rules.

WHY IT MATTERS

Incorrect ratings are considered misleading. CMS actively audits star rating claims.

WHAT MARKETERS MUST DO

- Show the rating year
- Use the correct star range
- Reflect the rating for the specific plan and service area
- Avoid inflated or comparative claims without evidence

EXAMPLE

BAD



“Our five star plan delivers the best benefits.”

GOOD



“Our Medicare Advantage Plan earned a 4.5 out of 5 star rating for the 2025 plan year in select counties.”



ANTI-DISCRIMINATION REQUIREMENTS

WHAT IT IS

CMS prohibits discriminatory language, imagery or targeting practices.

WHY IT MATTERS

Medicare plans must be accessible to all eligible seniors. Any messaging that could be interpreted as selective or exclusive raises red flags.

WHAT MARKETERS MUST DO

- Use inclusive imagery
- Avoid demographic assumptions
- Refrain from targeting based on protected characteristics
- Provide equal access to information

EXAMPLE

BAD



Only featuring one demographic group in imagery.

GOOD



Featuring a diverse group of seniors representative of the community.

Ready to Simplify Your Compliance Process?

Upholding marketing compliance doesn't have to be a headache. With the right software and processes in place, you can ensure your marketing materials are compliant, accurate and effective. IntelligenceBank's AI content compliance solutions are designed to help organizations like yours take a proactive approach to regulatory requirements while saving time and reducing risk. It's a great way to get up and running faster than building a solution from scratch, knowing that what the regulators are looking for is the same thing the software is pre-programmed to catch.

[Contact us](#) today to learn more or book a demo.

Learn more at IntelligenceBank.com



IntelligenceBank[®] 

IntelligenceBank.com