

2027 Medicare Advantage & Part D Final Rule

On April 2, 2026, the Centers for Medicare & Medicaid Services (CMS) issued a final rule revising the Medicare Advantage (MA) Program, Medicare Prescription Drug Benefit Program (Part D), and Medicare Cost Plan Program. The Contract Year (CY) 2027 MA and Part D final rule aims to improve quality and access to care for people enrolled in these programs by finalizing updates to MA and Part D Star Ratings quality measurements and streamlining certain enrollment processes. [ARTICLE](#)

Below is a clear (CoPilot), item-by-item breakdown of which proposed changes *were finalized* in the CY 2027 Final Rule (Federal Register 2026-06600, issued April 2 2026). Also detailed is what was *not* finalized from the Proposed Rule, since that's just as important operationally.

Proposed Changes That **WERE Finalized** in the 2027 Final Rule

1. Scope of Appointment (SOA) Reforms – **FINAL**

Final Rule Actions

- **Eliminated the 48-hour waiting period** between SOA collection and a personal marketing appointment
- Expanded SOA applicability:
 - Required before all personal marketing conversations (inbound, outbound, walk-ins, online)
- Written SOA required for in-person appointments
- Clarified qualifying SOAs:
 - Reply cards, website forms, voicemails, and beneficiary-initiated contacts may satisfy SOA requirements

Why this matters

- Same-day appointments are now compliant
- Faster sales cycles and reduced agent friction

2. Educational vs. Marketing Events (12-Hour Gap) – **FINAL**

Final Rule Actions

- **Removed the 12-hour delay requirement**
- Marketing events may immediately follow educational events at the same location
- Beneficiaries must:
 - Be clearly told the educational event has ended
 - Be given a real opportunity to leave

Why this matters

- Single-venue, same-day events are now allowed

- Strong benefit for FMOs running seminars and community events

3. TPMO Disclaimer Changes – **FINAL**

Final Rule Actions

- **Removed the “read within first 60 seconds” rule**
- Disclaimer must now be delivered before discussing plan benefits
- **Removed SHIP references from disclaimer language**
- Beneficiaries now directed to:
 - Medicare.gov
 - 1-800-MEDICARE

Why this matters

- More natural call flows
- Script updates still required, but timing is more flexible

4. Call Recording Retention – **PARTIALLY FINALIZED**

Final Rule Actions

- **Reduced marketing & sales call recording retention from 10 years to 6 years**
- Hybrid model finalized:
 - Years 1–3: Audio required
 - Years 4–6: Audio OR transcript permitted
- Enrollment records remain 10 years

Why this matters

- Significant storage cost reduction
- FMOs may transition to transcript-based archiving after year 3

5. Advertising Language (Superlatives) – **FINAL**

Final Rule Actions

- **Removed prohibition on superlatives** such as “best,” “top,” or “most”
- Accuracy, non-misleading, and substantiation standards remain

Why this matters

- Expanded marketing flexibility
- Compliance focus shifts from wording bans to truth-in-advertising enforcement

6. Mid-Year Supplemental Benefits Notice – **FINAL**

Final Rule Actions

- Rescinded the mid-year notice requirement for unused supplemental benefits

Why this matters

- Reduced administrative burden for plans, FMOs, and agents
- Fewer beneficiary communications to track

7. Part D Redesign (IRA Provisions) – **FINAL**

Final Rule Actions

- Codified IRA-driven Part D changes:
 - **Elimination of coverage gap**
 - ~\$2,000 annual OOP cap
 - \$0 cost-sharing in catastrophic phase
 - Manufacturer Discount Program fully embedded in regulation

✗ Proposed Changes That Were **NOT Finalized**

1. New SEP for Provider Terminations – **NOT FINALIZED**

- **CMS did NOT finalize a new Special Enrollment Period tied to any provider termination**
- Existing SEP processes remain in place

2. TPMO Segmentation by Size/Role – **NOT FINALIZED**

- CMS did not implement formal TPMO tiering
- Remains an area of future policy interest but no new structure adopted

3. Removal of Call-Recording Requirement Entirely – **NOT FINALIZED**

- CMS retained call-recording requirements
- Only duration and format flexibility were relaxed

Takeaways:

The 2027 Final Rule largely delivered on the deregulatory, agent-friendly proposals, especially around SOA timing, events, disclaimers, and record-retention burden.

CMS pulled back only where beneficiary protections or program integrity risk increased, notably SEPs and TPMO structural oversight.