

## Scope of Appointment FAQ

**\*\*For agent/internal use only\*\***

### **1. What is the purpose of the Scope of Appointment form?**

The Scope of Appointment form is used to document an in-person appointment with a beneficiary to ensure that no other types of products are discussed outside of what the beneficiary originally requested.

### **2. What are the different “plan types” the beneficiary can indicate they want to discuss?**

Medicare Advantage (MA), Medicare Advantage plus Rx (MAPD), and/or standalone Part D plan (PDP)

### **3. Who does the form protect?**

The form protects the beneficiary from being solicited for a product that he/she did not originally express an interest in.

### **4. When is the form required?**

The form is required when meeting in-person with a potential, new, or existing beneficiary, or someone seeking information on behalf of a beneficiary. It is used to carry out a marketing or sales activity.

### **5. What is meant by in-person meeting?**

In general, an in-person meeting means that the meeting was not advertised or open to the general public. It was initiated by the beneficiary, or by specific, personal invitation only.

### **6. Is the form required when the agent meets with more than one beneficiary in an in-person meeting?**

Yes. In general, the nature of the meeting rather than the size of the group determines whether the form is required. If the meeting was set up as an in-person appointment, a scope of appointment is required. If the meeting is advertised as a sales event open to the general public, a scope of appointment form is not required.

### **7. What if the agent shows up at an appointment to meet with a beneficiary (who had already completed the form), and other people (i.e. friends of the beneficiary) are present who wish to stay and receive the same information?**

The agent must request that the other people complete their own form. The appointment can then proceed.

**8. Is the form required if the appointment is with a beneficiary's 30-year-old grandson/granddaughter, or a person shopping on behalf of a neighbor, friend, or family member?**

Yes. The form is required regardless of age, and regardless of whether the person is shopping for himself/herself, or on behalf of a neighbor, friend, or family member.

**9. What if the agent suspects that the person at the appointment may be a Centers for Medicare and Medicaid Services (CMS) secret shopper or representative?**

The agent must proceed with the appointment as if the person is a potential Medicare member, and conduct the appointment accordingly.

**10. Can the agent ask the person (at or before the appointment) if he/she is a CMS secret shopper or representative?**

No. The agent must treat all potential members as if they are Medicare beneficiaries.

**11. Is the form required when the agent holds a small group event with individuals who were personally invited, and the event is not open or advertised to the general public at large?**

Yes. Because the event is closed to the general public, and participation is by invitation, this is considered a personal setting.

**12. Is the form required at sales or marketing events?**

No. Sales events are usually open to the general public and are not considered an in-person appointment.

**13. Is the form required at a sales or marketing event (that is open to the general public) but only two people attended?**

No. The size of the group does not determine whether the form is required.

**14. Can the agent collect the forms at a sales event and hold the personal appointment immediately after the sales event?**

Yes. A group of beneficiaries can complete and sign the form during a sales presentation for a follow-up appointment that is allowed to take place immediately following the sales event or anytime thereafter.

**15. Is the form required for an educational event?**

No, as long as the educational event does not have any sales or marketing activities associated with it, and as long as they are strictly held for educational purposes.

**16. Is the form required when someone walks into an agent's office without a prior appointment and wishes to discuss various plan options?**

Yes. The form is required even if the sales or marketing meeting is a result of a walk-in. In this case, the form requires the agent to indicate that the meeting was a walk-in.

**17. If the beneficiary checks only one box, can I persuade him/her during the meeting to check the other box to discuss the other products?**

No. The agent cannot persuade the beneficiary from going beyond the original form. Only the beneficiary can initiate this.

**18. Is the form required if the beneficiary wants to meet and only discuss non-sales or non-marketing types of questions, such as where to send premium checks, or where to call to inquire about their claims?**

No. The form is only required when the agent will be conducting a sales or marketing function. Non-sales or non-marketing functions, such as customer service functions, do not require the form. However, the moment when the meeting turns into a sales or marketing meeting, the form must be executed.

**19. If a beneficiary initials the box for "Medicare Advantage Plans (Part C) and Cost Plans," can I discuss all the different types of plans listed under that category, such as HMO, PPO, and PFFS?**

Yes. The agent can discuss any of the different types of plans listed under that category as long as the agent is authorized to market and sell those plans.

**20. If a beneficiary asks to discuss another product during the same meeting (e.g. MA during a PDP appointment), what must I do?**

The agent must ask the beneficiary to complete a new form with the new product selection that he/she wishes to discuss. The new product can be discussed as soon as the beneficiary's request is documented. A new form must be completed.

**21. Must the form be completed prior to the appointment?**

The form should be completed by the beneficiary and returned prior to the appointment. If this is not feasible (i.e. because the beneficiary scheduled the appointment on the same day), the agent may get the beneficiary to sign the form at the beginning of the appointment. In this case, the form requires the agent to indicate why the form was not executed prior to the meeting.

**22. What happens if the beneficiary refuses to complete or sign the form?**

The agent should advise the beneficiary the appointment cannot be conducted if the form is not executed. The agent should advise the beneficiary that the form is there to protect the beneficiary, and that by executing the form, the beneficiary is not obligated to enroll in the plan, or obligate the beneficiary to do anything else.

**23. Must the beneficiary “initial” the box in the form, or can he/she simply “check” the box?**

The beneficiary must “initial” the box in the form. “Checking” the box is not adequate.

**24. What can the agent do or discuss during the appointment?**

The agent can do any of the following:

- Discuss various plan options
- Distribute plan materials, including the enrollment kit
- Distribute or collect enrollment forms
- Advise on how to get plan information (e.g., mail, website, customer service)
- Provide educational content

**25. Can the agent market non-healthcare related products at the appointment?**

No. Non-healthcare products such as annuities or life insurance cannot be discussed during the meeting.

**26. Can the agent ask the beneficiary to refer other customers to the agent for business?**

No, the agent cannot ask the beneficiary to have their friends and family contact the agent if they are interested in Medicare insurance plans. The agent also cannot ask the beneficiary to provide him/her with contact information for their friends and family for an unsolicited contact by the agent. If the beneficiary asks the agent to contact their friends and family about Medicare insurance plans, the agent can provide the beneficiary with contact information such as a business card that the individual can give to their friend or family member so that individual can contact the agent directly.

**27. If the beneficiary voluntarily provides names of friends or family members who are also interested in learning about the plan options, can the agent email or call those people?**

No. The agent cannot call or email referrals obtained during the appointment. However, the agent may provide their business cards to the beneficiary to give to the friend or family member.

**28. Can the agent solicit or accept an enrollment application for a January 1 effective date prior to the Annual Election Period (AEP)?**

No. If the appointment is held before the AEP, the agent cannot solicit or accept the beneficiary’s enrollment application for a January 1 effective date. This restriction does not apply when the beneficiary is enrolling under a Special Enrollment Period (SEP), or during his/her Initial Coverage Enrollment Period (ICEP).

**29. How should the form be retained?**

Whether an application is taken or not, Medicare requires that you retain a copy of the Scope of Appointment form for 10 years and make it available to Medicare or the plan upon request. You do not need to send the Scope of Appointment form to PacificSource.

**30. Should the agent keep a log of all appointments scheduled and attended?**

Yes. All appointments that are scheduled must be logged, noting which appointments were actually held. This log is used for CMS auditing purposes.

PacificSource Community Health Plans is an HMO/PPO plan with a Medicare contract. Enrollment in PacificSource Medicare depends on contract renewal.

*References:*

- *CMS-4131-F & CMS 4138-F (September 1, 2011)*
- *Chapter 3 – Medicare Marketing Guidelines For Medicare Advantage Plans, Medicare Advantage Prescription Drug Plans, Prescription Drug Plans, and Section 1876 Cost Plans (May 17, 2011)(\$70.9)*
- *CMS Memo: Instructions for Scope of Appointment Documentation (February 11, 2009)*
- *CMS Memo: Instructions for Scope of Sales Appointment Confirmation Form (November 7, 2008)*
- *CMS Memo: Summary of Marketing Questions (October 8, 2008)*