

## Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

**Please initial below beside the type of product(s) you want the agent to discuss.**

### **Stand-alone Medicare Prescription Drug Plans (Part D)**

**Medicare Prescription Drug Plan (PDP)** — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

### **Medicare Advantage Plans (Part C) and Cost Plans**

**Medicare Health Maintenance Organization (HMO)** — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

**Medicare Preferred Provider Organization (PPO) Plan** — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

**Medicare Private Fee-For-Service (PFFS) Plan** — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

**Medicare Special Needs Plan (SNP)** — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

**Medicare Medical Savings Account (MSA) Plan** — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

**Medicare Cost Plan** — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

**By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above.** Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

**Beneficiary or Authorized Representative Signature and Signature Date:**

\_\_\_\_\_  
**Signature:**

\_\_\_\_\_  
**Signature Date:**

*If you are the authorized representative, please sign above and print below:*

*Representative's Name:* \_\_\_\_\_

*Your Relationship to the Beneficiary:* \_\_\_\_\_

**To be completed by Agent:**

|   |                               |
|---|-------------------------------|
| Agent Name:   | Agent Phone:                  |
| Beneficiary Name:   | Beneficiary Phone (Optional): |
| Beneficiary Address (Optional):   |                               |
| Initial Method of Contact:<br>(Indicate here if beneficiary was a walk-in.) |                               |
| Agent's Signature:  |                               |
| Plan(s) the agent represented during this meeting:                          |                               |
| Date Appointment Completed:   |                               |

\*Scope of Appointment documentation is subject to CMS record retention requirements\*

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

## How to submit CMS Model (generic) Scope of Appointment documents:

1. Complete the CMS Model (generic) Scope of Sales Appointment form.
2. Complete this coversheet and provide the additional required information:

**PLEASE PRINT CLEARLY AND LEGIBLY**

|                         |                             |
|-------------------------|-----------------------------|
| Agent First Name:       | Agent Last Name:            |
| Agent ID #:             | Date Appointment Completed: |
| Beneficiary First Name: | Beneficiary Last Name:      |

**To be completed by Agent, if Scope of Appointment (SOA) was obtained at time of appointment:  
Reason SOA was not completed prior to Appointment – Please check all that apply**

- Unplanned Attendee
- Walk in
- New SOA required (*consumer requested other Health Product information*)
- Other

If other, please explain \_\_\_\_\_

3. Fax this coversheet and CMS Model (generic) SOA form to:

**866.994.9659**

**\*Send ALL pages of the SOA and this coversheet in a single fax transmission.**

# Scope of Appointment (SOA) Job Aid– 2013

Refer to this document for commonly asked questions regarding when and how to obtain Scope of Appointment and compliant delivery to the plan

## Processes related to Scope of Appointment (SOA)

| Process Step  | Details   |
|---|---|
| <p><b>1) Agent identifies and consumer agrees on products</b> to be discussed during the personal/individual appointment and current SOA document(s) must be retrieved. The SOA needs to be obtained at least 48 hours in advance of the scheduled appointment (with some exceptions for consumer convenience).</p>   | <ul style="list-style-type: none"> <li>External Distribution Channel (EDC) agents retrieve current SOA document(s) at <a href="http://UnitedHealthProducers.com">UnitedHealthProducers.com</a>. If using a generic SOA, agent must also use cover sheet.</li> <li>ICA and ISR agents retrieve current SOA document at <a href="http://UnitedHealthAdvisors.com">UnitedHealthAdvisors.com</a>.</li> </ul>  |
| <p><b>2) Complete consumer information.</b> <i>The consumer or the legal, authorized representative (e.g., Power of Attorney) must initial the box by the product(s) they agree may be discussed and sign the SOA. An agent may not initial and/or sign for the consumer. An agent should complete the printed consumer name and address information in the area noted, "To be completed by agent".</i></p> | <ul style="list-style-type: none"> <li>There must be consumers initials – (not just a mark in the box, must contain the initials from the consumer) and a consumer/authorized representative full signature on the SOA form.</li> <li>Agent must not pre-fill SOA forms for the consumer.</li> <li>Initials need to match signature name.</li> <li>If the consumer is not completing the SOA form, the authorized representative information must be completed.</li> <li>The SOA form should be obtained by the agent at least 48 hours in advance of the scheduled personal/individual appointment. If it is not feasible to obtain prior to the appointment, the agent must document why the SOA could not be completed until the time of appointment (Be as specific as possible: e.g., unexpected guests, scope change by consumer, consumer convenience).</li> </ul> |
| <p><b>3) Complete agent information</b> and other appointment information.</p>  | <ul style="list-style-type: none"> <li>Agent information must be completed every place it is indicated on each page.</li> </ul>   |
| <p><b>4) Perform quality review</b> of all SOA forms being submitted.</p>   | <ul style="list-style-type: none"> <li>All applicable data fields must be completed; missing information will result in agent outreach*.</li> <li>Ensure all information is clear and legible.</li> </ul>   |
| <p><b>5) Fax all pages</b> of the SOA(s) in a single transmission to 866-994-9659</p>   | <ul style="list-style-type: none"> <li>You may submit multiple SOAs per fax transmission.</li> <li>Validate fax report for pages transmitted.</li> <li>Ensure all pages are sent in a single transmission.</li> <li>SOA forms should be submitted ASAP but no later than two business days after the scheduled personal/individual appointment.</li> <li>Agent must also retain a copy of the SOA for 10 years (all guidelines pertaining to the protection of consumer's Personal Health Information (PHI) must be observed).</li> <li>Email submissions are not accepted.</li> </ul>  |

\*Problems with SOA submissions received will result in an **outreach to the agent** and **require a response within 48 hours**. The most common problems with SOA submission are incomplete or separated faxes, missing information, unclear and illegible writing, and/or the consumer did not complete signature.

## Determining When a Scope of Appointment is Required

- A SOA is required prior to any personal/individual marketing appointment with any Medicare eligible consumer on any Medicare Advantage (MA) or Prescription Drug Plan (PDP). A SOA is not required for the Medicare Supplement Plan. (A suggested best practice is to secure a SOA prior to a Medicare Supplement appointment in order to present PDP options in the event a consumer decides to inquire about PDP during the appointment).
- A SOA must be obtained no less than 48 hours in advance of the appointment. If the 48-hour requirement is unable to be met, the SOA must be obtained at the beginning of the appointment and the reason why the 48 hour requirement could not be met documented in the appropriate field on the SOA. The documented reasons must be valid and cannot be simply for agent convenience or the result of an oversight.
- SOA forms need to be completed and submitted for **all** scheduled appointments (even for no-shows, cancelled appointments, or those that do not result in a sale).
- A SOA is valid until used or until the end of the applicable election period. For example, on 10-1 an agent schedules an appointment for 10-16 and mails a SOA to the consumer. The consumer signs the SOA and the agent receives it back on 10-8. On 10-15, the consumer calls and reschedules the appointment for 10-17. On 10-17, the agent and consumer meet. The SOA sent out 10-1 and received 10-8 is valid for the 10-17 appointment.
- **SOA must not be confused with Permission to Call (PTC).** The SOA does not give the agent permission to contact the consumer after the meeting. PTC should be renewed with the consumer with every contact. In addition, a SOA may be enclosed in a direct mail campaign (in the same envelope), but the PTC would need to be documented and established separately.

### All Personal/Individual Marketing Appointments to Discuss a Medicare Advantage or Prescription Drug Plan Require a Scope of Appointment (SOA):

| Scenario   | Guidelines  |
|--|---|
| Personal/individual marketing appointment with a Medicare eligible consumer  | Appointments at any type of location (home, library, coffee shop, office) require a SOA.  |
| Personal/individual marketing appointment with a Medicare eligible plan member or active client                                | All Medicare eligible consumers, even existing clients, require a SOA. Appointments to discuss current plan benefits also require a SOA.  |
| Office (consumer at agent or broker office)  | Walk-ins to a sales office need a SOA completed before beginning the personal/individual marketing appointment and document that the appointment was a result of a walk-in.   |
| MedicareStores/Resource Centers  | MedicareStores and some Resource Centers are considered extensions of a UnitedHealthcare office. All Scope of Appointment rules apply if there is any discussion of plan benefits. The walk-in box should be selected on the SOA to indicate why the SOA was received less than 48 hours in advance. Note: if the Resource Center was reported to CMS as an informal marketing/sales event, a SOA should not be obtained.   |
| Marketing/Sales Event follow-up appointment (scheduled after a marketing/sales event)  | SOA should be completed at the marketing/sales event and prior to appointment. Appointments scheduled at the conclusion of an event <b>require a 48-hour waiting period unless the consumers requests one sooner</b> . If the consumer requests an appointment sooner, the agent must document the reason why the appointment took place less than 48 hours in advance. Note: a SOA is not required for plan discussions or enrollments conducted during a reported marketing/sales event, but is required for any follow-up appointment. |
| Spouse (Medicare eligible) who is in attendance at a personal/individual marketing appointment                                 | A SOA is required for each Medicare-eligible consumer present at a personal/individual marketing appointment. The SOA may not be combined for spouses.  |
| Unexpected guest (Medicare eligible) who attends a personal/individual marketing appointment                                   | A SOA is required for <b>each</b> Medicare-eligible consumer in attendance at a personal/individual marketing appointment. Obtain a SOA before proceeding and document why it could not be obtained in advance of the appointment.  |
| Consumer changes scope (When a consumer requests information on health related products outside of those indicated on the SOA) | If a <b>consumer requests</b> information on another health related product (e.g. ,MA during PDP appointment), the agent must obtain a new SOA, indicating why it could not be obtained prior to appointment (because the consumer wished to discuss an additional product), and then the agent may proceed with the discussion.  |
| Agent changes scope (When agent believes a health product outside of SOA is a better fit)                                      | If the <b>agent</b> wants to present another health product outside original SOA, the agent must obtain a new SOA <b>and</b> wait no less than 48 hours for a second appointment. The agent may leave marketing material related to the new product.  |

## Situations that *do not* require a Scope of Appointment (SOA):

|   |  |
|---|--|
| <b>Telephonic Presentations Conducted by Field Agent (ICA, ISR, EDC Channels)</b> | <p>A SOA is only required for a personal/individual marketing appointment. Telephonic presentations, even at a scheduled time, do not require an SOA since they are not face-to-face meetings. Note: permission to call is still required and <i>only Telesales agents</i> can enroll consumers telephonically (from an incoming consumer-initiated call.)</p>   |
| <b>Educational Event</b>  | <p>SOA forms cannot be displayed, distributed, or collected at an educational event. (Please refer to the resource tab on the producer portal for additional information about Educational Events).</p>  |
| <b>Marketing/Sales Event (Formal/Informal Event)</b>                              | <p>Consumers who wish to enroll without an additional appointment do not need a SOA in order for the presentation to proceed. If a consumer desires a follow-up appointment, a SOA must be obtained no less than 48 hours in advance unless the consumer requests an earlier appointment. If the consumer requests a follow-up appointment with less than 48 hour notice, document on the SOA why it was obtained less than 48 hours in advance.</p>   |
| <b>Non-Health Related Products</b>  | <p>Medicare-related products (MA and PDP) and non-health related products cannot be discussed at the same appointment. If an agent is presenting non-health products (which do not require an SOA) at a non-MA/PDP appointment and the consumer or agent then wishes to discuss an MA or PDP product, the agent must obtain a SOA and schedule an appointment no less than 48 hours in advance to discuss the MA/PDP product.</p>  |
| <b>Medicare Supplement Products</b>   | <p>If the <i>consumer</i> inquires about a MA or PDP product during a Medicare Supplement appointment, a SOA is required, and in this circumstance, the agent may proceed with discussing MA or PDP options during that same appointment (document reasons for not obtaining SOA before). If the <i>agent</i> determines a MA or PDP product would be appropriate during a Medicare Supplement meeting, a SOA must be obtained and a new appointment scheduled no less than 48 hours in advance to discuss the MA/PDP product.</p> |