

# SCOPE OF APPOINTMENT (SoA)

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## **The Requirements on Scope of Appointment** (effective 9/18/2008)

The beneficiary **must agree** on the scope of any appointment **prior** to the agent scheduling any personal or individual marketing appointment. This allows the beneficiary to choose what Medicare Advantage (MA) or Part D products (PDP) will be presented to them by the agent prior to the appointment and helps to prevent confusion for the beneficiary.

## **When is the SoA required?**

The Scope of Appointment form or recording is required under the following circumstances:

- In-home sales appointments or personal/individual appointments with an existing member/client in office, coffee shop or other similar location;
- For appointments with new members/clients; and/or
- When a plan or agent/broker sells more than one type of product.

## **What types of documentation is required?**

Agent must document the Scope of Appointment agreed upon in writing and must be signed prior to the appointment. Any Scope of Appointment form should be completed by the beneficiary and returned prior to the appointment.

- 1) Only in extenuating circumstances that prevents the Scope of Appointment form from being executed prior to the appointment, an agent may have the beneficiary sign the form at the beginning of the marketing appointment.
- 2) If the appointment is scheduled by phone, the Scope of Appointment must be recorded. Appointments made over the phone in response to a business reply card, may only discuss the product/s which were included in the advertisement.
- 3) Business reply cards may be used as a Scope of Appointment form if they include the mandatory elements, which you will find on the CMS model form. **All business reply cards (BRCs)** used for documenting beneficiary agreement for a contact must be submitted to CMS for review/approval.

## **Further requirement clarification around written/recorded documentation:**

- If a plan or agent/broker scheduled only an MA appointment, the agent/broker must still properly document the beneficiary's agreement prior to the appointment with either a signed Scope of Appointment form or a recorded oral agreement. A plan or agent documenting the agreement is not acceptable.
- If a beneficiary has agreed to a personal/individual appointment to discuss a PDP product, an agent cannot discuss an MA product during that same meeting *unless the*

*beneficiary requests it.* If a beneficiary asks to **discuss another product type**, the agent must have the beneficiary sign a new Scope of Appointment form for the new product type and then may continue the marketing appointment. *A new separate appointment is not required.*

- Beneficiaries may sign a Scope of Appointment form at a **sales presentation** which was held to a group of beneficiaries if they are requesting a follow-up appointment. (The follow-up appointment does not need to be held 48 hours later; it may be held at the venue immediately following the sales presentation.)
- The documentation for **personal/individual sales** events must be in writing, in the form of a signed agreement by the beneficiary, or a recorded oral agreement. A plan or agent documenting the agreement is not acceptable, whether done in writing or using an electronic contact documenting system.
- Brokers/agents are allowed and encouraged to use a variety of technological means to fulfill this Scope of Appointment requirement, including: conference calls, fax machines, designated recording line, pre-paid envelopes, etc.
- All Scope of Appointments must be kept for 10 years and be available on request.
- Agents should attempt to secure Scope of Appointment documentation prior to the appointment and should discourage the practice of asking beneficiaries to agree to the scope over the phone then having them sign the documentation form at the beginning of the sales event. If a plan/agent does not have phone recording capability, a form may be mailed to the beneficiary that can be returned as written documentation.
- **Additional products or additional lines of business** (i.e., long term care, indemnity coverage) requested by the beneficiary to be discussed require a separate appointment, and may not be rescheduled until 48 hours after the initial appointment (cooling-off period). Agent may leave materials, but not enrollment applications.

### **When are Scope of Appointment forms/recordings not required prior to the occurrence?**

- Online enrollment, individual choosing to enroll on their own, telephone enrollments, beneficiary walk-ins to plan or agent office, or any beneficiary initiated face-to-face meeting.
- However, all **walk-in, face-to-face meetings** or initiated beneficiary contact should be documented by filling out a Scope of Appointment form and marked as walk-in and signed by the beneficiary.
- **Employer/Union Group Plans:** unsolicited contacts and Scope of Appointment forms are not applicable.
- Beneficiaries are not required to complete and sign the Scope of Appointment form prior to participating at a **group sales event**. Publicly advertised sales presentations or sales events to groups of beneficiaries do not require documentation of beneficiary agreement because they are not personal/individual sales event. *However, the scope of products to be discussed at the event must be indicated on all event advertising materials.*

## Rules regarding marketing through unsolicited contacts

The following are examples of **acceptable activities**:

- Agents may contact members that they enrolled in a plan to discuss plan issues and market other plan options; but, cannot conduct unsolicited phone calls to other beneficiaries or plan members. During an agent's outbound call to a current member, the agent is not required to setup an appointment to discuss other available plans/products with the beneficiary.
- Agents may initiate a phone call to confirm an appointment that has already been agreed to by a beneficiary.
- Plan/agent mailings are permitted to send to current plan members or existing clients.

### **Agents may NOT:**

- Conduct or allow unsolicited contacts under the guise of selling a non-MA or non-PDP product where the conversation turns to MA or PDP. (Examples include, but are not limited to: a discount prescription drug card, a Medicare Supplement plan, a needs assessment, an educational event, a review of Medicare coverage options, or other service or product that is not MA or PDP.)
- Accept an MA or PDP appointment which was set as a result of an unsolicited contact by the agent with a beneficiary (including if the call was based initially on a non-MA or non-PDP product).
- Any agent/broker who is a producer for an MA or PDP contractor is subject to the CMS marketing requirements at any point that an MA or PDP product becomes part of a discussion with a beneficiary, even if during a sale of an unrelated product, such as Medicare Supplement or long-term care insurance.
  - **Exception** for Medicare Supplement policy outbound telephone calls: Due to the nature and relation of Medicare Supplement and MA/PDP product options, if during the course of an outbound call about a Medicare Supplement product, the beneficiary indicates interest in discussing an MA or PDP product, that MA or PDP product may be discussed, as long as the call is recorded, including the beneficiary-initiated request for MA or PDP information.