COMPLIANCE

Scope of Appointment

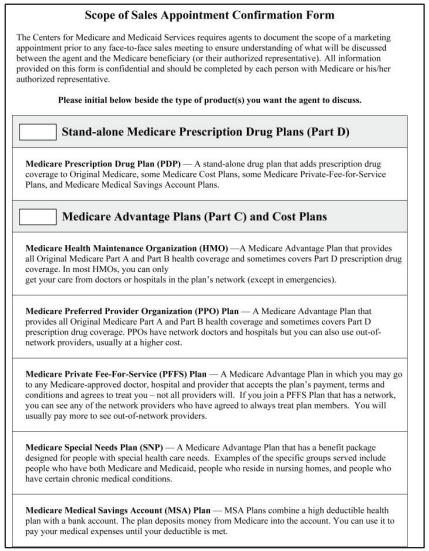
Ready-Agent™
A PROGRAM BY NEISHLOSS AND FLEMING

NEISHLOSS & FLEMING, INC.

What is a Scope of Appointment – A Brief History

- A Scope of Appointment (SOA) is a required document for any face-to-face marketing appointment, with any individual beneficiary, when discussing any Part C or Part D products.
- In 2016, the Scope of Appointment form became a required document for all face-to-face as well as telephonic marketing appointments.
- The purpose of the SOA is to safeguard Medicare beneficiaries from "bait & switch" tactics that were being employed by some agents prior to its creation.
- Additionally, the SOA provides protection against cross selling of non-Health products during the course of a Medicare product appointment.

Compliance: Scope of Appointment



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: (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:

Compliance: Scope of Appointment

Basics

- The SOA must be obtained prior to the appointment.
- At the appointment, ONLY topics that were checked on the scope may be discussed.
  - If a beneficiary wants information on more than what was on the original scope, a new scope needs to be filled out and signed before proceeding with the meeting. If a beneficiary wants to talk about other insurance products besides what is available on the SOA, a separate appointment must be scheduled 48 hours later. This is called the "cooling off" period.
- Agents must maintain records of all Scope of Appointments for 10 years and must be able to produce them upon request.

Best Practices

- The best practice when it comes to the SOA, is to get the client to sign the form 48 hours before the meeting.
- If that is not possible, you can have the client sign the scope at the beginning of the appointment before discussing any products.
- If a beneficiary walks into your agency and wants to talk about plans, a scope is still required but must be filled out and signed before talking about plans. Denote this type of occurrence as a "Beneficiary Walk-in" of the appointment before discussing any products.

When is the SOA NOT Required?

- When speaking with a beneficiary over the phone, a scope of appointment is not required.

Common Client Questions

"Why do I need to sign this document?"

It is a federal requirement that we are clear as to which products you are interested in discussing prior to our appointment. As a professional agent, I always ensure that I am meeting and exceeding all standards of conduct for my industry.

"I'm also interested in Life Insurance. Why can't we discuss that today?"

The Federal Government feels that it is not in your best interest to mix discussions about Medicare programs and other non-Health related products. I'm happy to address all your Life Insurance needs and can do so as soon as 48 hours from now. When would you like to schedule an appointment?

Conclusion

- Any time you discuss Medicare Advantage products with a client, whether face-to-face or via telephone, a SOA is required.
- As the agent, whether the meeting ends in a sale or not, you will need to keep record of every SOA you obtain for 10 years. (Paper or digital copies are acceptable)
- Most carriers will have their own SOA, but a generic one is acceptable for use.