



Scope of Appointment Guidelines

The Centers for Medicare and Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any face-to-face meeting using a Scope of Appointment (SOA) form. This ensures understanding of what will be discussed between the agent and the Medicare beneficiary. Scope of Appointment documentation must be retained for 10 years.

For additional information, please see the following pages that contain excerpts related to Scope of Appointment from the CMS Medicare Marketing Guidelines (Chapter 3, Section 70.9.3 – 70.9.4).

Scope of Appointment (SOA) Requirements

Sections 70.9.2, 70.9.3 and 70.9.4 of Medicare Marketing Guidelines (MMG);

*2014 MMG Questions & Responses, dated 10.24.2013

CMS considers ALL one-on-one appointments (*whether in person or via the phone*) to discuss MA, MAPD and/or Part D products with beneficiaries, regardless of venue (i.e., in home, *conference call*, library) marketing/sales events. ALL one-on-one meetings (in person or by phone) must follow SOA guidance.

The SOA is a documented agreement between a Medicare beneficiary and an agent, broker or producer. It lists the products agreed upon for discussion during a one-on-one marketing appointment.

You may not market any health care related product during a marketing one-on-one appointment beyond the scope that the beneficiary agreed to *before* the meeting with that individual.

- You must obtain a completed SOA *before* the one-on-one appointment (48 hours in advance) when practical. If this is not feasible, have the beneficiary complete the SOA at the beginning of the appointment.
- In cases where you did not obtain a SOA more than 48 hours prior to the appointment, you must document a reason in the designated space on the SOA form.
- A completed SOA is not open-ended permission for future contact. It is only valid for the duration of that transaction/appointment.

If a *beneficiary requests* to discuss other products not originally documented on the SOA, you must document a second SOA for the additional product type. The marketing appointment may then continue.

- This includes any non-health care related products *that the beneficiary wants to discuss*. You must document the new product on a separate SOA form *prior* to discussing the other product.*

You may not

- Discuss plan options not agreed to by the beneficiary
- Ask for referrals
- Market non-health care products (such as annuities or life insurance)
- Solicit/accept enrollment applications for a January 1 effective date prior to the start of the Annual Election Period (AEP) *unless* the beneficiary is entitled to another enrollment period (i.e., Special Election Period (SEP) or within their initial enrollment period)
- Provide meals or have meals subsidized
- Market through unsolicited contacts

SOA documentation may be in writing, in the form of a signed agreement by the beneficiary or a recorded oral agreement.

Signed agreements: CMS-approved SOA forms are available on Aetna's *Producer World* or Coventry's *Broker Portal*.

- You must attach a copy of the signed SOA to any application received from one-on-one appointments *before* submitting the application to either Aetna or Coventry.
- Hold paper SOAs for *ALL electronic enrollments through Ascend* until requested.

Recorded agreements: Aetna's telephonic SOA option (IVR system) is available beginning October 1, 2015. See *Producer World* or *Broker Portal* for detailed information.

Walk-in or unexpected beneficiary

- If a beneficiary visits you on his/her own accord or wishes to attend a pre-scheduled, one-on-one meeting with another beneficiary, you must obtain a signed or recorded SOA *prior* to discussing our Medicare products.
 - You must provide explanation in the designated field on the SOA.
 - Example: List “walk-in” or “unexpected guest at a pre-scheduled one-on-one meeting.”

Other guidance

- A beneficiary may complete an SOA at a formal or informal marketing/sales event for a *future* one-on-one appointment.
- CMS does not require beneficiaries to sign an SOA to attend formal or informal Medicare marketing/sales events; therefore, do not obtain one.
- You may leave Medicare information at a beneficiary’s residence if a pre-scheduled appointment at a beneficiary’s residence becomes a no show (MMG, Section 70.5).
- You cannot agree to the SOA on behalf of the beneficiary; you can confirm the appointment.
- You can discuss various plan options, provide educational and plan materials, and provide and collect enrollment forms.
 - When you give an enrollment form to a beneficiary, you must also give the following hard copy documents: 1) Star Ratings information, 2) Summary of Benefits, and 3) Multi-Language Insert (MLI).
- Maintain SOAs for at least 10 years. Have them available upon request. This includes initial and any additional SOAs obtained during an appointment.
 - A recorded SOA through Aetna’s telephonic SOA system follows the same 10-year guidance.
- Use the Aetna or Coventry CMS-approved, non-model SOA if discussing dental, vision, hearing, hospital indemnity or Medicare supplement products along with MA, MAPD and PDP products.
 - Aetna’s telephonic SOA system allows for this documentation as well.