Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Scope of appointment policy

Revised April 2010

Scope

All agents who meet with Medicare beneficiaries to discuss Medicare Advantage or Medicare Part D prescription drug plans.

General policy

To be compliant with Centers for Medicare & Medicaid Services regulations, agents are responsible to ensure that scope of appointment documentation is completed prior to every face-to-face sales meeting with a Medicare beneficiary to discuss Medicare Advantage or Medicare Part D prescription drug plans, regardless of whether the appointment results in an enrollment.

Agents who obtain scope of appointment permission from beneficiaries in writing **must** retain *Sales Appointment Confirmation* forms on file for at least 10 years from the date signed. Agents (or their managing or general agents, as appropriate) must provide completed *Sales Appointment Confirmation* forms to Blue Cross Blue Shield of Michigan or Blue Care Network upon request. BCBSM or BCN may request the forms for monitoring or auditing purposes, or in the event of a CMS audit. The same rules and expectations apply to scope of appointment confirmations captured by agents via recorded phone conversations with beneficiaries prior to face-to-face meetings.

Agents **may not:**

- Schedule or accept a Medicare Advantage or Medicare Part D prescription drug plan appointment that resulted from unsolicited contact with a beneficiary. Examples of unsolicited contact include, but are not limited to, agent follow-up on client referral, third-party contact made on an agent's behalf, and contacts made from leads obtained by prohibited means such as purchased e-mail or phone lists. If an unsolicited meeting begins as a discussion about non-health care-related products, such as life insurance, long-term care insurance or annuities, it must not include discussion of Medicare Advantage or Medicare Part D prescription drug plans.
- Schedule face-to-face meetings, or distribute or discuss *Sales Appointment Confirmation* forms with beneficiaries at educational events. Reference §70.7 of CMS's *Medicare Marketing Guidelines.*

Agents who do not follow the scope of appointment policy will be considered out of compliance with CMS regulations and subject to disciplinary action, up to and including termination of their Producing Agent Agreement.

Practices and procedures

1. **Scope of appointment documentation requirements**

Prior to meeting with a Medicare beneficiary to discuss Medicare Advantage or Medicare Part D prescription drug plans, agents **must** ensure the beneficiary has confirmed the scope of appointment in one of the following ways:

1.1 Confirmation in writing

Written confirmation of scope of appointment must be documented using a CMS-approved *Sales Appointment Confirmation* form. BCBSM and BCN recommend using the Blues-branded form, but any current, CMS-approved form by the same title is acceptable.

The beneficiary must fill out the form, initial the appropriate product boxes and sign where indicated. Agents are not permitted to fill out the beneficiary portion of the form. To be considered complete, the Blues-branded *Sales Appointment Confirmation* form must include:

- The beneficiary's chosen plan types, as indicated by initialed boxes
- Beneficiary's signature
- Authorized representative information, if applicable
- All information within the "To be completed by agent" section

Scope of appointment may be confirmed in writing as follows:

1.1.1 By mail, fax or e-mail

Step 1: Agents should mail the *Sales Appointment Confirmation* form to a beneficiary prior to his or her scheduled appointment. "Important plan information" must be written, typed or stamped on the front of the envelope. The message font size must be equivalent to Times New Roman 12-point type, as required by CMS guidelines. The envelope must contain:

- An addressed and stamped return envelope.
- The instruction sheet, which says, "Please confirm your appointment," at the top. The agent must write or type in the return mailing address and fax number on the instruction sheet.

Step 2: The beneficiary should return the completed and signed form by mail, fax or e-mail at least 48 hours prior to the scheduled appointment. E-mail confirmations must include a scanned copy of the completed *Sales Appointment Confirmation* form.

1.1.2 **In person, at time of appointment.** If it is not feasible for the *Sales Appointment Confirmation* form to be completed by the beneficiary and returned to the agent 48 hours prior to an appointment, the agent may ask the beneficiary to complete and sign the form at the beginning of the appointment. At the bottom of the form, the agent must write the reason the scope of appointment was not obtained in advance.

1.2 **Confirmation by phone**

1.2.1 To confirm the scope of appointment, beneficiaries may call the Blues' Sales Appointment Confirmation phone line at 1-877-467-5353, 8:30 a.m. to 5 p.m. Monday through Friday. TTY users should call 1-800-481-8704.

Agents should provide clear instructions to beneficiaries about how to confirm the scope of their appointments over the phone. Callers should be prepared to provide the following:

- Full first and last names
- Date of birth
- The agent's name
- The date and time of the appointment
- The types of plans to be discussed

A copy of the telephone script used by Sales Appointment Confirmation phone line representatives is included in the Agent Secured Services Medicare Tool Kit for reference.

BCBSM will retain all recorded scope of appointment confirmations received through the Sales Appointment Confirmation line for 10 years, as required by the *Medicare Marketing Guidelines*.

1.2.1 Agents may also confirm scope of appointment for future face-to-face meetings via phone conversations they record. To be considered compliant, such recordings must contain the following information:

- Beneficiary's full first and last name.
- Types of plans the beneficiary wishes to discuss. Choices include Medicare Advantage plans, Medicare Part D prescription drug plans, or both.

Agents must retain recorded confirmations for 10 years and provide them to Blue Cross Blue Shield of Michigan or Blue Care Network upon request.

2. **Process**

2.1 Before each face-to-face meeting with a Medicare beneficiary, determine whether scope of appointment confirmation is required. Reference §70.10.1 of CMS's *Medicare Marketing Guidelines.*

2.1.1 Whenever a personal, face-to-face meeting with a beneficiary will include discussion of Medicare Advantage or Medicare Part D prescription drug plans, the *Medicare Marketing Guidelines* require agents or brokers to document the scope of the individual marketing appointment in advance. Agents are required to ensure Medicare beneficiaries have confirmed the scope of the appointment, as defined above, prior to meeting with them to discuss Medicare Advantage or Medicare Part D prescription drug plans.

2.1.2 Scope of appointment confirmation is not required to discuss Medicare supplement plans.

2.1.3 Scope of appointment confirmation is also not required for beneficiary-initiated e-mail correspondence or telephone conversations. If an agent returns a beneficiary's phone call, it is still considered beneficiary-initiated and scope of appointment confirmation is not necessary for the call.

2.2 Before each face-to-face meeting, agents must ensure that the scope of appointment is confirmed using one of the methods defined above, regardless of whether the meeting results in an enrollment. Specific situations may also have additional requirements as follows:

Scenario	**Response**
During a face-to-face meeting to discuss Medicare supplement plans, a beneficiary asks for information about Medicare Advantage or Medicare Part D prescription drug plans	Before discussing these plans, the agent must instruct the beneficiary to either fill out a *Sales Appointment Confirmation* form or call the Sales Appointment Confirmation phone line. Once scope of appointment has been confirmed for the additional plan types, the agent may continue the meeting.
A beneficiary asks to discuss a plan type that was not included in his or her original scope of appointment confirmation	Before the agent may discuss the additional plan type, the beneficiary must confirm the scope of the appointment a second time. Once the beneficiary has completed a second *Sales Appointment Confirmation* form or called the Sales Appointment Confirmation phone line again to confirm the additional plan type or types, the meeting may continue.
Additional, unscheduled individuals are present at a face-to-face meeting	Prior to the meeting, the agent must ensure that each additional attendee confirms scope of appointment. If scope of appointment is confirmed using the *Sales Appointment Confirmation* form, the agent should write "Beneficiary initiated" in the "To be completed by agent" section of the form.

Scenario	Response
A beneficiary visits a Blues walk-in center or an agent's office and asks to learn about Medicare Advantage or Medicare Part D prescription drug plans	Prior to discussing Medicare Advantage or Medicare Part D prescription drug plans, the agent must instruct the beneficiary to either fill out a *Sales Appointment Confirmation* form or call the Sales Appointment Confirmation phone line to confirm the scope of appointment. If the scope of appointment is confirmed using the *Sales Appointment Confirmation* form, the agent should write "Beneficiary walk-in" in the "To be completed by agent" section of the form.
A beneficiary attends a sales presentation and requests a follow-up appointment to discuss Medicare Advantage or Medicare Part D prescription drug plans	Scope of appointment is required, even if the one-on-one meeting takes place immediately after the sales presentation. Prior to the meeting, the agent must instruct the beneficiary to either fill out a *Sales Appointment Confirmation* form or call the Sales Appointment Confirmation phone line to confirm the scope of appointment. If the scope of appointment is confirmed using the *Sales Appointment Confirmation* form, the agent should write "Beneficiary initiated – post-marketing event" in the "To be completed by agent" section of the form.
A beneficiary comes to a location where a sales presentation was scheduled to take place, but the presentation has been canceled. In lieu of the sales presentation, the beneficiary requests a follow-up appointment to discuss Medicare Advantage or Medicare Part D prescription drug plans.	When a sales presentation is canceled, the agent must remain on-site for at least 15 minutes after the presentation's originally scheduled start time. After the mandatory 15-minute waiting period has elapsed, the agent may meet with the beneficiary. Scope of appointment is required, even if the one-on-one meeting takes place immediately following the mandatory 15-minute waiting period. Prior to discussing plan information, the agent must instruct the beneficiary to either fill out a *Sales Appointment Confirmation* form or call the Sales Appointment Confirmation phone line to confirm the scope of appointment. If the scope of appointment is confirmed using the *Sales Appointment Confirmation* form, the agent should write "Beneficiary initiated – post-marketing event" in the "To be completed by agent" section of the form.

2.3 After every face-to-face appointment for which the scope of appointment was confirmed using a *Sales Appointment Confirmation* form, agents must file the completed form and keep it on file for 10 years.

2.3.1 Forms must be retained regardless of whether appointments resulted in enrollment.

2.3.2 All agents (including managing and general agents) must provide scope of appointment documentation to BCBSM or BCN upon request.

Responsibility

<u>Agents</u>

- Ensure that the scope of appointment is confirmed prior to each meeting with a Medicare beneficiary to discuss Medicare Advantage or Medicare Part D prescription drug plans.
- Provide return postage for all scope of appointment documents mailed to beneficiaries.
- Retain scope of appointment documentation files for 10 years, regardless of whether the appointment resulted in an enrollment.
- Provide scope of appointment documentation at BCBSM or BCN's request.
- Remain up-to-date on CMS scope of appointment regulations found in §70.10.1 of the CMS *Medicare Marketing Guidelines*.
- Comply with all CMS regulations.

<u>General or managing agents</u>

- Provide scope of appointment documentation at BCBSM or BCN's request.
- Remain up-to-date on CMS scope of appointment regulations found in §70.10.1 of the CMS *Medicare Marketing Guidelines*.
- Comply with all CMS regulations.

<u>BCBSM and BCN</u>

- Provide continuing service for the Sales Appointment Confirmation phone line within designated hours of service.
- Provide agents with Blues- and CMS-approved scope of appointment documents.
- Retain electronic records of all confirmation recordings received via the Sales Appointment Confirmation phone line for 10 years.
- Monitor agent compliance with this policy.
- Enforce disciplinary or corrective measures for noncompliance, up to and including termination of the agent's Producing Agent Agreement.
- Comply with all CMS regulations.