

**Medicare Advantage / PDP Tool - Public Marketing and Sales Events Secret Shopping Tool –  
Contract Year 2013 Marketplace Surveillance -**

<b>Question</b>	<b>Shopper Observations</b>	<b>Responses</b>
<b>Q1</b>	<b>Event Information</b>	
<b>A</b>	Shopping Entity ID Code <i>(3 digit number from spreadsheet listing contractors, RO's, DOI's)</i>	
<b>B1</b>	Shopper Arrival Time <i>(format is HH:MM space AM/PM - Example: 01:30 pm)</i>	
<b>B2</b>	Shopper Departure Time <i>(format is HH:MM space AM/PM - Example: 02:30 pm)</i>	
<b>B3</b>	Shopper Name <i>(first name, initial of last name - Example: Jane, D)</i>	
<b>C1</b>	Event Date <i>(from HPMS - format is MM/DD/YYYY)</i>	
<b>C2</b>	Event Time <i>(from HPMS - format is HH:MM space AM/PM - Example: 01:30 pm)</i>	
<b>D</b>	HPMS Event # <i>(from HPMS - 7 digit number)</i>	
<b>E</b>	<i>(Intentionally left blank)</i>	
<b>F</b>	Plan Contract Number <i>(from HPMS Event upload - 5 digits beginning with H, S or R and followed by four numbers)</i>	
<b>G</b>	Type of Event: <i>(from HPMS)</i> 1. Educational 2. Formal 3. Informal <i>(Enter corresponding number in field to the right)</i>	
<b>H1</b>	Site Name <i>(same as Venue Name from HPMS)</i>	
<b>H2</b>	Address 1 <i>(from HPMS)</i>	
<b>H3</b>	Address 2 <i>(Suite/Apartment, etc. – from HPMS)</i>	
<b>H4</b>	City <i>(from HPMS)</i>	
<b>H5</b>	State Code <i>(from HPMS)</i>	
<b>H6</b>	Zip Code <i>(from HPMS)</i>	
<b>I</b>	<i>(Intentionally left blank)</i>	

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	<i>Check either Yes or No and provide a comment as indicated, in the fields to the right of each question.</i>	Yes	No	Comment
<b>J</b>	Did the shopper attend and complete the event? <i>If No, answer K through V and then submit the tool. If Yes, answer Q.1 through U, and then continue to Q2 – Products Marketed at Event.</i>			
<b>K</b>	Was shopper able to find the event?			
<b>L1</b>	Was event cancelled at the Site?			
<b>L2</b>	If Yes – Describe who was there to inform attendees and/or whether there was any signage. <i>(enter comments in the field on the right)</i>			
<b>M</b>	Was the agent a “no show”?			
<b>N</b>	Was the shopper able to access the event?			
<b>O</b>	Was a plan representative present?			
<b>P1</b>	Describe your efforts to confirm the event in advance. Include the date of your confirmation attempt(s) and the name of the person you reached, if any. <i>(enter comments in the field on the right)</i>			
<b>P2</b>	Provide a general description of the event location, your attempts to locate the event, and/or any barriers to accessing or attending the event. <i>(enter comments in the field on the right)</i>			

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<b>Q.1</b>	Facility Type <i>(enter corresponding number in the field on the right)</i> 1. County/State fair (booth/kiosk)    11. Recreation Center 2. Doctor’s Office/Clinic            12. Recreational Vehicle/RV Park 3. Food Bank                                13. Religious Facility 4. Grocery Store                           14. Restaurant/Coffee Shop 5. Health Fair                               15. Retail Store/Store Front/Insurance Office 6. Hospital                                    16. School 7. Hotel /Motel                              17. Senior Center 8. Library                                      18. Senior Apartments or Assisted Living Apartments 9. Mall Kiosk                                19. Other (enter 19 and then enter the type of facility in Q.2) 10. Nursing Home/SNF	
<b>Q.2</b>	Describe if Other <i>(enter comments in the field on the right)</i>	
<b>R.1</b>	Presentation Language for the event <i>(enter corresponding number in the field on the right)</i> 1. English 2. Spanish 3. Chinese 4. Other (enter 4 and then enter the language information in R.2)	
<b>R.2</b>	Describe if Other <i>(enter comments in the field on the right)</i>	
<b>S1</b>	Agent Name <i>(Enter in field on the right. If not available, enter Unknown)</i>	
<b>S2</b>	Organization listed on Agent’s business card <i>(Enter in field on the right. If not available, enter Unknown)</i>	
<b>S3</b>	Agent Street Address <i>(Enter in field on the right. If not available, enter Unknown)</i>	

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<b>S4</b>	Agent City <i>(Enter in field on the right. If not available, enter Unknown)</i>	
<b>S5</b>	Agent State <i>(2 position USPS State Code - example: CA, MA, etc.) (Enter in field on the right. If not available, enter Unknown)</i>	
<b>S6</b>	Agent Zip Code <i>(5 digit postal code. Enter in field on the right. If not available, enter Unknown)</i>	
<b>S7</b>	Agent Phone Number <i>(Enter in field on the right. If more than one phone number, separate by comma. If not available, enter Unknown)</i>	
<b>T</b>	Number of Presentation Attendees <i>(Include yourself in the count, but not presenters. Enter in field on the right)</i>	
<b>U</b>	Number of agents and/or presenters at the event <i>(enter information in the field on the right)</i>	
<b>V</b>	<p><b>No Show or Incomplete Shop: Summary Comments –</b> Provide all additional comments about the No Show or Incomplete shopping event. <i>(enter your comments in the field on the right)</i></p>	
<b><i>IF YOUR EVENT DID NOT TAKE PLACE OR YOU WERE UNABLE TO ATTEND OR COMPLETE THE EVENT, STOP HERE. YOU HAVE COMPLETED THE SURVEY.</i></b>		

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<b>Q2</b>	<b>Products Marketed at this Event</b>	<b>Comment</b>		
	List both the plan name(s) and plan type(s) of the MA/MA-PD and/or PDP products marketed at this event.  <i>(enter information in the field on the right, separated by commas)</i>			
	<b><i>(Check Yes or No and complete all Comment fields.)</i></b>			
<b>Q3</b>	<b>Sign-In Sheet or Roster</b>	<b>Y</b>	<b>N</b>	<b>Comment</b>
<b>A</b>	Was there a sign-in sheet or roster where attendees filled in their contact information or checked off their names? <b><i>If No, skip to Q4 – Contact Information/Event Registration</i></b>			
<b>B</b>	Describe where the sign-in sheet or roster was located at the event. <i>(enter your comments in the field on the right)</i>			
<b>C</b>	Did the sign-in sheet or roster clearly indicate that providing contact information was optional?			
<b>D</b>	Describe what information was requested on the sign-in sheet or roster. If the word “Optional” was located on the sign-in sheet or roster, describe where it was located on the page and how easy it was to see it. <i>(enter your comments in the field on the right)</i>			
<b>E</b>	Did the presenter pressure attendees to complete the sign-in sheet or roster? <b><i>If No, skip to Q4 – Contact Information/Event Registration</i></b>			

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<b>F</b>	Describe the presenter’s statements and/or actions that put pressure on attendees to complete the sign-in sheet or roster. <i>(enter your comments in the field on the right)</i>			
<b>Q4</b>	<b>Contact Information/Event Registration</b>	Y	N	Comment
<b>A</b>	Was any kind of contact form or event registration form distributed? <i>(Examples: Scope of Appointment form, Information Request form, Contact form, Registration form)</i>			
<b>B</b>	Were attendees told they had to provide their contact information or complete a registration form to attend the event?			
<b>C</b>	Describe what the presenter said or did to attendees about providing contact information and/or completing a contact information or event registration form. <i>(enter your comments in the field on the right)</i>			
<b>D</b>	Describe what information the presenter asked attendees to provide and/or what contact or event registration forms were distributed. <i>(enter your comments in the field on the right)</i>			
<b>Q5</b>	<b>Food</b>	Y	N	Comment
<b>A</b>	Was food and/or beverage offered or served? <i>If No, skip to Q6 – Gifts</i>			
<b>B</b>	Was the food and/or beverage that was offered or served a meal?			
<b>C</b>	Describe the food and/or beverage that was offered and/or served AND how it was offered or served/available. <i>(enter your comments in the field on the right)</i>			

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<b>Q6</b>	<b>Gifts</b>	<b>Y</b>	<b>N</b>	<b>Comment</b>
<b>A</b>	Were gifts provided? <i>If No, skip to Q7 – Marketing Materials</i>			
<b>B</b>	Describe the gifts provided and how they were given out. <i>(enter your comments in the field on the right)</i>			
<b>C</b>	Was the combined value of the gifts MORE THAN \$15.00?			
<b>D</b>	Were gifts available to all attendees?			
<b>E</b>	Were gifts provided by a raffle, drawing or contest? <i>If No, skip to Q7 – Marketing Materials</i>			
<b>F</b>	Did presenter ask for attendee’s contact information in order to participate in the raffle, drawing or contest or to receive the gift(s)?			
<b>G</b>	Describe how the raffle, drawing or contest was conducted and what contact information was required. <i>(enter your comments in the field on the right)</i>			
<b>Q7</b>	<b>Marketing Materials</b>	<b>Y</b>	<b>N</b>	<b>Comment</b>
<b>A</b>	Were any printed marketing materials available at this event? <i>If No, skip to Q8 – Enrollment Forms</i>			
<b>B</b>	Did all printed marketing materials include the CMS Marketing Identification Number?			
<b>C</b>	List the document name and marketing ID number (if available) for all materials available or used during the presentation, including those without the CMS Marketing ID number. <i>(list each document name and ID number separated by a comma in the field at right; do not use the “&amp;” symbol)</i>			

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<b>D</b>	Did the presenter use or refer to the plan’s marketing materials during the presentation or when answering questions about benefits, coverage or plan rules? <i>If No, skip to F</i>			
<b>E</b>	Describe what marketing materials the presenter used and/or referenced during the presentation. <i>(enter your comments in the field on the right)</i>			
<b>F</b>	Did the presenter provide marketing materials for other products? <i>(Examples: life insurance, annuities, Medigap, dental plans)</i> <i>If No, skip to Q8 – Enrollment Forms</i>			
<b>G</b>	Describe the other products and materials that were marketed or available. <i>(enter your comments in the field on the right)</i>			
<b>Q8</b>	<b>Enrollment Forms</b>	Y	N	Comment
<b>A</b>	Were enrollment forms provided or available? <i>If No, skip to Q9 – Election Periods</i>			
<b>B</b>	Was the plan’s Plan Ratings (Star Ratings) document provided or available?			
<b>C</b>	Was the plan’s Summary of Benefits provided or available?			
<b>D</b>	Was the Multi-language insert provided or available?			
<b>E</b>	Did the presenter collect or accept and/or offer to <b>hold</b> completed Enrollment forms?			
<b>F</b>	Describe what the presenter said and/or did about receiving, completing and/or holding completed enrollment forms. <i>(enter your comments in the field on the right)</i>			



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<b>Q9</b>	<b>Election Periods</b>	Y	N	Comment
<b>A</b>	Did the presenter describe the Annual Election Period (AEP), also called the Open Enrollment Period (OEP), which occurs from October 15 <sup>th</sup> through December 7 <sup>th</sup> each year?			
<b>B</b>	Did the presenter explain the Medicare Advantage Disenrollment Period (MADP) which occurs from January 1 <sup>st</sup> through February 14 <sup>th</sup> each year?			
<b>C</b>	Did the presenter explain about Special Election Periods or SEP's? <i>If No, skip to E.</i>			
<b>D</b>	Did the presenter explain under what circumstances a Special Election Period or SEP might apply or give examples?			
<b>E</b>	Did the presenter explain the Late Enrollment Penalty that may apply when enrolling in a plan with Prescription Drug coverage or a PDP?			
<b>F</b>	Describe what the presenter said about election periods, SEP's, and/or LEP's. <i>(enter your comments in the field on the right)</i>			
<b>Q10</b>	<b>Prescription Drugs – Costs, Coverage/ Formulary, Coverage Gap, Other</b>	Y	N	Comment
<b>A</b>	Were prescription drugs covered in this presentation? <i>If No, skip to Q11 – Medical Coverage for a Medicare Advantage Plan</i>			
<b>B</b>	<b>Costs:</b> Did the presenter talk about, and/or use handouts, slides, slide show, DVD, and/or refer attendees to websites or marketing materials, to explain the plan's drug costs? <i>(drug cost information includes co-pays &amp; deductibles, tiers for pricing, generic vs. brand name, etc.)</i>			
<b>C</b>	Describe what, if anything, the presenter said about the plan's drug costs and/or where attendees were referred for this information. <i>(enter your comments in the field on the right)</i>			

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<b>D</b>	<b>Coverage/Formulary:</b> Did the presenter talk about, and/or use handouts, slides, slide show, DVD, and/or refer attendees to websites or marketing materials, to explain how or where to find out which prescription drugs are covered by the plan?			
<b>E</b>	Did the presenter discuss how to view the plan’s formulary? <i>(Examples: on plan website, on paper/booklet, plan call-in number, Medicare plan-finder)</i>			
<b>F</b>	Describe what, if anything, the presenter said about the plan’s coverage of drugs and how to see the plan’s formulary or get more information on it. <i>(enter your comments in the field on the right)</i>			
<b>G</b>	Did the presenter describe step therapy?			
<b>H</b>	Did the presenter explain to attendees how to request an exception and/or the transition process applicable to new members of an MAPD or PDP when a drug they are taking is not on the plan formulary?			
<b>I</b>	Did the presenter explain that Part D drugs must be obtained from network pharmacies unless there is an emergency?			
<b>J</b>	Describe what the presenter said about step therapy, exception process, transition process, network pharmacies, etc. <i>(enter your comments in the field on the right)</i>			
<b>K</b>	<b>Coverage Gap/Donut Hole:</b> Did the presenter describe the Coverage Gap or “Donut Hole” and/or use materials and/or refer attendees to materials that describe it?			
<b>L</b>	Did the presenter explain the total amount the beneficiary must spend to reach the Coverage Gap/Donut Hole?			
<b>M</b>	Did the presenter discuss the 50% discount applied to brand name drugs during the Coverage Gap/Donut Hole?			
<b>N</b>	Did the presenter explain how much must be spent by an enrollee, out of pocket, to come out of the Coverage Gap/Donut Hole?			

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<b>O</b>	Did the presenter explain the cost of Part D prescriptions once the catastrophic coverage level is met?			
<b>P</b>	Describe what, if anything, the presenter said about the Coverage Gap/Donut Hole, discount on brand name drugs, catastrophic coverage, etc. <i>(enter your comments in the field on the right)</i>			
<b>Q11</b>	<b>Medical Coverage for a Medicare Advantage Plan</b>	<b>Y</b>	<b>N</b>	<b>Comment</b>
<b>A</b>	Did the presenter discuss when members must use network providers?			
<b>B</b>	Did the presenter discuss that there may be higher cost sharing or no payment from the MA/MAPD plan if the member receives care from a non-network provider?			
<b>C</b>	Did the presenter discuss that members were always allowed to use non-network providers during an emergency or to obtain urgent care when out of the plan’s service area?			
<b>D</b>	Did the presenter discuss the plan’s prior authorization process for some services?			
<b>E</b>	Describe what the presenter said about network providers, non-network providers, emergency or urgent care, and/or prior authorization. <i>(enter your comments in the field on the right)</i>			
<b>Q12</b>	<b>Special Needs Plans (SNPs)</b>	<b>Y</b>	<b>N</b>	<b>Comment</b>
<b>A</b>	Were Special Needs Plans (SNPs) presented at this event? <i>If No, skip to Q13 – Private Fee-for-Service Plans (PFFS)</i>			
<b>B</b>	Did the presenter explain the eligibility limitations for SNP enrollment?			
<b>C</b>	Did the presenter explain the special enrollment periods to enroll in, change, or leave a SNP?			
<b>D</b>	Did the presenter explain the process for involuntary disenrollment from the SNP if the beneficiary’s eligibility status changes due to loss of his/her Medicaid or institutional status, or ineligibility for their Chronic SNP?			

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<b>E</b>	Did the presenter describe how drug coverage works with the SNP?			
<b>F</b>	Describe what the presenter said about SNP's and eligibility, special enrollment periods, involuntary disenrollment and/or drug coverage. <i>(enter your comments in the field on the right)</i>			
<b>Q13</b>	<b>Private Fee-for-Service (PFFS) Plans</b>	<b>Y</b>	<b>N</b>	<b>Comment</b>
<b>A</b>	Were Private Fee-for-Service (PFFS) plans presented at this event? <i>If No, skip to Q14 – Plan Ratings (Star Ratings)</i>			
<b>B</b>	Did the presenter clearly read or state the PFFS disclaimer?			
<b>C</b>	Were PFFS marketing materials distributed or available? <i>If No, skip to E</i>			
<b>D</b>	Did PFFS marketing materials include the PFFS disclaimer?			
<b>E</b>	Describe what the presenter said about PFFS plans, the disclaimer, and/or describe what marketing materials had the disclaimer. <i>(enter your comments in the field on the right)</i>			
<b>Q14</b>	<b>Plan Rating (Star Ratings)</b>	<b>Y</b>	<b>N</b>	<b>Comment</b>
<b>A</b>	Did the presenter discuss and/or provide information on their plan's overall plan rating? <i>If No, skip to Q15 – Presenter Conduct</i>			
<b>B</b>	Did the presenter discuss and/or provide information on the ratings of one or more individual measures? <i>(Examples: customer service, complaints, drug pricing, etc.)</i>			

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<b>C</b>	Did the presenter direct attendees to the www.Medicare.gov website for more information on Plan Ratings?			
<b>D</b>	Did the presenter provide their Plan Ratings handout and/or make reference to it? <i>If No, skip to F</i>			
<b>E</b>	Provide the year, plan name and contract number (e.g., H1234, S1234) located at the top of the page and the CMS Marketing ID located on the bottom of the page. <i>(place information in comment field on right, separated by commas; do not use the “&amp;” symbol)</i>			
<b>F</b>	Describe what the presenter said about Plan Ratings for the plan(s) being marketed, about Plan Ratings in general, about any individual ratings, etc. <i>(enter your comments in the field on the right)</i>			
<b>Q15</b>	<b>Presenter Conduct</b>	<b>Y</b>	<b>N</b>	<b>Comment</b>
<b>A</b>	Did the presenter make any absolute statements about their plan? <i>(Examples: the best, the most, the only, the highest rated, etc.)</i> <i>If No, skip to D</i>			
<b>B</b>	Did the absolute statement(s) include a reference to the source of the information?			
<b>C</b>	Describe the absolute statement(s) made by the presenter and any references given or available. <i>(enter your comments in the field on the right)</i>			
<b>D</b>	Did the presenter make any statements that were inappropriate or inaccurate, or use “scare tactics” in order to pressure beneficiaries to enroll in their plan? <i>If No, skip to F</i>			

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<b>E</b>	Describe the EXACT statement(s) made by the presenter that were inappropriate, inaccurate, and/or used scare tactics, and the context of when/why the presenter made the statement(s). <i>(enter your comments in the field on the right)</i>			
<b>F</b>	Did the presenter make any remarks about other Medicare Advantage or Prescription Drug Plans in order to encourage attendees to join the plan being marketed? <b><i>If No, skip to H</i></b>			
<b>G</b>	Describe the statement(s) made by the presenter about other Medicare Advantage or Prescription Drug Plans and the context when/why the presenter made the statement(s). <i>(enter your comments in the field on the right)</i>			
<b>H</b>	Did the presenter make remarks about Medicare and/or Health Care Reform in order to encourage attendees to join the plan being marketed? <b><i>If No, skip to J</i></b>			
<b>I</b>	Describe the statement(s) made by the presenter about Medicare and/or Health Care Reform and the context when/why the presenter made the statement(s). <i>(enter your comments in the field on the right)</i>			
<b>J</b>	Was the presenter rude to attendees? <b><i>If No, skip to L</i></b>			
<b>K</b>	Describe the statements or actions of the presenter that were rude and the context when/why the presenter made the statements or actions. <i>(enter your comments in the field on the right)</i>			

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<b>L</b>	Was the primary language used by the presenter appropriate for the attendees? <i>(Did the majority of the audience appear to understand the language spoken by the presenter?)</i>			
<b>M</b>	Did the presenter speak clearly and at the level of understanding of the audience?			
<b>N</b>	Describe any issues with the primary language used at the event, the clarity of the information provided, and/or the level of understanding of the audience. <i>(enter your comments in the field on the right)</i>			
<b>Q16</b>	<b>Presentation Overview</b>	<b>Y</b>	<b>N</b>	<b>Comment</b>
<b>A</b>	Did the presenter use slides as hand-outs and/or in a slide show? <b><i>If No, skip to E</i></b>			
<b>B</b>	Did the presenter skip any slides or appear to go through any part of the presentation too quickly?			
<b>C</b>	Describe how slides were used (as handouts and/or slide show), and also, what slides or parts of the slide show were skipped, if possible. <i>(enter your comments in the field on the right)</i>			
<b>D</b>	Briefly describe what areas were covered by the slides. <i>(enter your comments in the field on the right)</i>			
<b>E</b>	Was a DVD, video, or other recording shown or played as part of the presentation? <b><i>If No, skip to H</i></b>			

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<b>F</b>	Briefly describe what areas were covered by the DVD, video, or other recording. <i>(enter your comments in the field on the right)</i>			
<b>G</b>	Approximately how long (in minutes) was the DVD, video or other recording? <i>(enter your comments in the field on the right)</i>			
<b>H</b>	Was the event recorded by the presenter? <i>If No, skip to J</i>			
<b>I</b>	Describe how the event was recorded. <i>(enter your comments in the field on the right)</i>			
<b>J</b>	Give a brief description of how the event room was set up. <i>(enter your comments in the field on the right)</i>			
<b>Q17</b>	<b>Summary Comments</b>	<b>Comment</b>		
	Shoppers provide any additional observations or comments about this event that were not captured by other question or comment fields here, or enter None. <i>(enter your comments in the field on the right)</i>			



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