

Medicare Advantage / PDP – Task 11
Staged Appointment Secret Shopping Tool - Contract Year 2010 Marketplace Surveillance

Question #	Section One: General Information	
	Question	Response
1A.	Shopper/Auditor ID Code:	
1B.	Cluster Date Range:	
1C.	Appointment Date/ Time:	
1D.	Parent Organization Name:	
1E.	Product Name(s):	
1F.	Contract #:	
1G.	Address of Meeting Place:	
1H.	Type of Meeting Place:	
1I.	Name of Meeting Place (if applicable):	
1J.	Did the appointment take place? (If No, skip to Q31)	
1K.	Was the shopper able to complete the appointment? (If No, skip to Q31)	
1L.	Plan Representative Name:	
	<i>Some shoppers continue to Q1M. All others skip to Section Two: Plan Type(s).</i>	
1M.	Non-Renewal Market (Yes or No):	

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Medicare Advantage / PDP – Task 11
Staged Appointment Secret Shopping Tool - Contract Year 2010 Marketplace Surveillance

Question #	Section Two: Plan Type(s) Scheduled and Discussed	Response			
	NOTETO PROGRAMMER For Q2A through Q2K, a deficiency occurs where: <ul style="list-style-type: none"> • Response 1) Scheduled for Discussion = No <u>and</u> Response 2) Actually Discussed = Yes. OR <ul style="list-style-type: none"> • Response 1) Scheduled for Discussion = Yes <u>and</u> Response 2) Actually Discussed = No. 	1) Scheduled for Discussion		2) Actually Discussed	
		Yes	No	Yes	No
2A.	Health Maintenance Organization (HMO or HMO- POS) <i>with</i> drug coverage (MA-PD)	○	○	○	○
2B.	Health Maintenance Organization (HMO or HMO- POS) <i>without</i> drug coverage (MA only)	○	○	○	○
2C.	Preferred Provider Organization (PPO) <i>with</i> drug coverage (MA-PD)	○	○	○	○
2D.	Preferred Provider Organization (PPO) <i>without</i> drug coverage (MA only)	○	○	○	○
	<i>Some shoppers continue to Q2C. All others skip to Q2K.</i>				
2E	Private Fee-For-Service Plan (PFFS) <i>with</i> drug coverage (MA-PD)	○	○	○	○
2F.	Private Fee-For-Service Plan (PFFS) <i>without</i> drug coverage (MA only)	○	○	○	○
2G.	Chronic Special Needs Plan (C-SNP) – for members with chronic diseases or conditions	○	○	○	○
2H.	Dual Eligible Special Needs Plan (D-SNP or DE-SNP) – for members eligible for <i>both</i> Medicare and Medicaid	○	○	○	○

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Staged Appointment Secret Shopping Tool - Contract Year 2010 Marketplace Surveillance

Question #	Section Two: Plan Type(s) Scheduled and Discussed	Response			
	NOTETO PROGRAMMER For Q2A through Q2K, a deficiency occurs where: <ul style="list-style-type: none"> • Response 1) Scheduled for Discussion = No <u>and</u> Response 2) Actually Discussed = Yes. OR <ul style="list-style-type: none"> • Response 1) Scheduled for Discussion = Yes <u>and</u> Response 2) Actually Discussed = No. 	1) Scheduled for Discussion		2) Actually Discussed	
		Yes	No	Yes	No
2I.	Institutional Special Needs Plan (I-SNP) – for members residing in an institution or receiving institutional level home care	○	○	○	○
2J.	Special Needs Plan (SNP or MA SNP) – eligibility unspecified	○	○	○	○
2K.	Prescription Drug Plan (PDP) – (drug plan only – no healthcare)	○	○	○	○
		Mark response below:			
2L.	Were all the product types to be discussed made clear to you in advance?				
	1) Yes, all the product types to be discussed were made clear to me in advance	○			
→	2) No, all the product types to be discussed were not made clear to me in advance	○			
2M.	Were all the product types actually discussed made clear to you?				
	1) Yes, all the product types actually discussed were made clear to me	○			
→	2) No, all the product types actually discussed were not made clear to me	○			

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Medicare Advantage / PDP – Task 11
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Question #/ Deficiency →	Section Three: General Questions	Response
	Select the response that best describes your experience:	Mark response below:
3.	Was a scope of appointment form completed prior to the appointment or at the beginning of the discussion? MMG 70.10.1 ; 42CFR 422.2268, 423.2268	
	1) A scope of appointment form was mailed to me prior to the appointment	O
	2) A scope of appointment form was completed at the beginning of the appointment.	O
	3) The plan representative made a recording of our conversation when I set up the appointment.	O
→	4) A scope of appointment was not provided (none of the above scenarios occurred)	O
	<i>Required comment for response “4” at Q3. Describe how the scope of appointment form was handled.</i>	
4.	When discussing the Medicare Advantage plan (not Medicare Supplement or prescription drug coverage), did the plan representative explain whether you will still have Original Medicare and whether you can use your Original Medicare card? Medicare & You Handbook 2010, page 50	
	1) The plan representative stated that I will no longer be able to use my Original Medicare benefits and Original Medicare card.	O
→	2) The plan representative led me to believe that I can continue to use my Original Medicare card and my Original Medicare benefits.	O

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Medicare Advantage / PDP – Task 11
Staged Appointment Secret Shopping Tool - Contract Year 2010 Marketplace Surveillance

Question #/ Deficiency →	Section Three: General Questions	Response
	Select the response that best describes your experience:	Mark response below:
→	3) The plan representative did not discuss whether I can use my Original Medicare card or the status of my Original Medicare benefits.	○
	4) The plan representative presented only Medicare supplement and/or standalone prescription drug coverage. No MA plan was presented.	○
	<i>Required comment for response “2” at Q4. Record exactly what the plan representative said that led you to believe you can still use Original Medicare.</i>	
5.	Did the plan representative tell you when you can change plans? 42 CFR 422.62 & 422.68	
→	1) The plan representative stated that I can change plans at anytime.	○
	2) The plan representative stated that I can change plans <i>only at specific times of year.</i>	○
	3) The plan representative did not mention changing plans.	○
	<i>Required comment for response “1” at Q5. Record exactly what the plan representative said about when you can change plans.</i>	

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Medicare Advantage / PDP – Task 11
Staged Appointment Secret Shopping Tool - Contract Year 2010 Marketplace Surveillance

Question #/ Deficiency →	Section Three: General Questions	Response
	Select the response that best describes your experience:	Mark response below:
6.	Did the plan representative do or say anything to pressure you to sign up, fill out an enrollment form or make a decision? (For example, were you asked to complete a form and to submit it to the plan representative to hold until you made a final decision?) REG 422.2268 and 423.2268 marketing standards	
→	1) The plan representative pressured me to sign up, fill out an enrollment form <i>or</i> make a decision.	O
	2) The plan representative <i>did not</i> pressure me to sign up, fill out an enrollment form <i>or</i> make a decision.	O
	<i>Required comment for response “1” at Q6. Record exactly what the plan representative did or said that make you feel pressured.</i>	
7.	Did the plan representative make any absolute statements about their plan? (For example, this plan is “the best,” “the highest-rated,” or “provides more than <i>any</i> other plan”?) MMG 40.5; 42 CFR §422.2264 & §423.2264	
→	1) Yes, absolute statement(s) were made	O
	2) No, absolute statement(s) were <i>not</i> made	O

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Medicare Advantage / PDP – Task 11
Staged Appointment Secret Shopping Tool - Contract Year 2010 Marketplace Surveillance

Question #/ Deficiency →	Section Three: General Questions	Response
	Select the response that best describes your experience:	Mark response below:
	<i>Required comment for response “1” at Q7. Record exactly the absolute statement(s) made.</i>	
	<i>If absolute marketing statements were made at Q7, continue to Q8. Otherwise skip to Q9.</i>	
8.	In what context were the absolute statements made? (Mark all that apply.)	
	1) The statement was part of the plan representative’s statements.	O
	2) The statement was made in response to my question.	O
	3) The statement appeared on a slide or overhead.	O
	4) The statement appeared in the marketing materials provided.	O
	5) The statement appeared or was made in some other way.	O
	<i>Required comment for response “4” at Q8. Record the title of the marketing materials where the absolute statement appeared. Please include page number and approximate location.</i>	
	<i>Required comment for response “5” at Q8. Explain the context for the absolute statement.</i>	

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Medicare Advantage / PDP – Task 11
Staged Appointment Secret Shopping Tool - Contract Year 2010 Marketplace Surveillance

Question #/ Deficiency →	Section Three: General Questions	Response
	Select the response that best describes your experience:	Mark response below:
	<i>Optional comment for Q8. Record any additional observations regarding absolute marketing statements.</i>	
9.	Was it clear that the plan representative works for a company providing the Medicare Advantage Plan or Prescription Drug Plan, <i>not</i> for Medicare or the government? (Note: It is permissible for the plan representative to use the word “Medicare” after the plan name or in his or her title on the business card. This does not automatically imply that the plan representative works for Medicare.) MMG 30.11; Section 1140 of the Social Security Act	
	1) It was clear that the plan representative works for a company providing the Medicare Advantage plan or Prescription Drug Plan.	O
→	2) It was stated or implied that the plan representative works for Medicare or the government.	O
→	3) It was not clear who the plan representative worked for.	O
	<i>Required comment for response “2” at Q9. Record the exact the statement or circumstances including the phrase or comment where the plan representative stated or implied that he or she works for the government or Medicare.</i>	

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Medicare Advantage / PDP – Task 11
Staged Appointment Secret Shopping Tool - Contract Year 2010 Marketplace Surveillance

Question #/ Deficiency →	Section Three: General Questions	Response
	Select the response that best describes your experience:	Mark response below:
	<i>Required comment for response “3” at Q9. Describe why it was not clear who the plan representative worked for. (e.g., no business card was shown, no name tag was worn, company was never mentioned, etc.).</i>	
10.	Did the plan representative market non-Medicare products during the appointment? (Note: Discussion of Medigap or Medicare supplement policies is acceptable. Discussion of life insurance, disability insurance or annuities is not acceptable.) MMG 70.9; 42 CFR 422.2268, 423.2268	
	1) The plan representative marketed only Medicare products during the appointment.	O
→	2) The plan representative marketed non-Medicare products during the appointment.	O
	<i>Required comment for response “2” at Q10. Clearly describe the non-Medicare products the plan representative marketed.</i>	
	<i>Some shoppers continue to Q11. All others skip to Section Four: Prescription Drug Coverage</i>	

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Medicare Advantage / PDP – Task 11
Staged Appointment Secret Shopping Tool - Contract Year 2010 Marketplace Surveillance

Question #/ Deficiency →	Section Three: General Questions	Response
	Select the response that best describes your experience:	Mark response below:
11.	<p>Did the plan representative make inappropriate statements or use “scare tactics” to persuade you to enroll in their plan? (For example, “How do you know that your plan (or Original Medicare) will always be there for you?”, “You need to enroll today.”, or “This will keep you safe from health care reform.”)</p> <p>REG 422.2268 and 423.2268 marketing standards</p>	
→	1) Yes, the plan representative made inappropriate statements or used scare tactics to persuade me to enroll in their plan.	O
	2) No, the plan representative <i>did not</i> make inappropriate statements or use scare tactics to persuade me to enroll in their plan.	O
	<i>Required comment for response “1” at Q11. Record the exact inappropriate statement(s) that were made or scare tactics used by the plan representative.</i>	

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Medicare Advantage / PDP – Task 11
Staged Appointment Secret Shopping Tool - Contract Year 2010 Marketplace Surveillance

Question #/ Deficiency →	Section Four: Prescription Drug Coverage	Response
	<p><i>If the product to be discussed or actually discussed included <u>any</u> of the following, continue to Q12:</i></p> <ul style="list-style-type: none"> • <i>HMO (MA-PD) – Q2A</i> • <i>PFFS (MA-PD)- Q2C</i> • <i>PPO (MA-PD) – Q2E</i> • <i>Any type of SNP – Q2G, Q2H, Q2I and Q2J, <u>or</u></i> • <i>PDP (drug plan only) – Q2K</i> <p><i>Otherwise skip to Q16.</i></p>	
12.	Did the plan representative discuss prescription drug coverage?	
	1) Yes, the plan representative discussed prescription drug coverage.	O
→	2) No, the plan representative did not discuss prescription drug coverage.	O
	<i>If Yes (response “1”) at Q12, continue to Q13. Otherwise skip to Q16.</i>	
13.	<p>Did the plan representative explain how much you might pay for prescription drugs or where to look up drug prices? (Shopper note: Listen for the words “copayment”, “coinsurance”, or “price tiers”.)</p> <p>HPMS Memo, Sept 29, 2009</p>	
	1) The plan representative explained prescription drug pricing.	O
	2) The plan representative told me where to look up prescription drug pricing.	O
	3) The plan representative explained prescription pricing <i>and</i> told me where to look up prescription drug pricing.	O
→	4) The plan representative did not mention anything about prescription drug pricing.	O

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Staged Appointment Secret Shopping Tool - Contract Year 2010 Marketplace Surveillance

Question #/ Deficiency →	Section Four: Prescription Drug Coverage	Response
14.	Did the plan representative tell you how to find out if <i>your</i> prescription drugs are covered? HPMS Memo, Sept 29, 2009	
	1) Yes, the plan representative explained how to look up my prescription drugs to see if they are covered.	○
→	2) No, the plan representative <i>did not</i> explain how look up my prescription drugs to see if they are covered.	○
	<i>Optional comment at Q14. Describe what plan representative told you about how to find out if prescription drugs are covered.</i>	
	<i>If Dual Eligible Special Needs Plan (D-SNP or DE-SNP) at Q2H, skip to Q16. Otherwise continue to Q15.</i>	
15.	Did the plan representative discuss the prescription drug coverage gap, often referred to as the “donut hole”? (Note to shopper: listen specifically for the phrases “coverage gap” or “donut hole”. Note to Surveillance Analyst Team: not applicable to LIS.) HPMS Memo, Sept 29, 2009	
	1) Yes, the plan representative discussed the prescription drug coverage gap or “donut hole.”	○
→	2) No, the prescription drug coverage gap or “donut hole” was <i>not</i> mentioned.	○

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Staged Appointment Secret Shopping Tool - Contract Year 2010 Marketplace Surveillance

Question #/ Deficiency →	Section Four: Prescription Drug Coverage	Response
	<p><i>Some shoppers:</i></p> <ul style="list-style-type: none"> • <i>If the coverage gap was mentioned (“Yes” at Q15), continue to Q15A.</i> • <i>If the coverage gap was not mentioned (“No” at Q15), skip to Section Five: Network Based Plans.</i> • <i>Some shoppers skip to Section Five: Network Based Plans.</i> 	
15A.	<p>Did the plan representative <i>accurately</i> describe the coverage gap or “donut hole”?</p> <p>HPMS Memo, Sept 29, 2009</p>	
	1) Yes, the plan representative accurately described the coverage gap or “donut hole.”	O
→	2) No, the plan representative <i>did not</i> accurately describe the coverage gap or “donut hole”	O
	<p><i>Required comment for response “2” at Q15A. Record what the plan representative inaccurately described or failed to say about the coverage gap or “donut hole”.</i></p>	

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Staged Appointment Secret Shopping Tool - Contract Year 2010 Marketplace Surveillance

Question #/ Deficiency→	Section Five: Network-Based Plans	Response
	<p><i>If the product to be discussed or actually discussed included <u>any</u> of the following, continue to Q16:</i></p> <ul style="list-style-type: none"> • <i>HMO (MA-PD) – Q2A</i> • <i>HMO (MA only) – Q2B</i> • <i>PPO (MA-PD) – Q2E</i> • <i>PPO (MA only) – Q2F</i> • <i>Any type of SNP – Q2G, Q2H, Q2I and Q2J, <u>or</u></i> • <i>PDP (drug plan only) – Q2K</i> <p><i>Otherwise skip to Q17.</i></p>	
16.	<p>Did the plan representative supply a network provider directory or tell you how to look up network providers on the Internet?</p> <p>MMG 30.9.1; 42 CFR 422.111, 423.128</p>	
	1) The plan representative supplied a network provider directory <i>and</i> told me how to look up network providers on the Internet.	O
	2) The plan representative did <i>not</i> supply a network directory but did tell me how to look up network providers on the Internet.	O
	3) The plan representative supplied a network provider directory but <i>did not</i> tell me how to look up network providers on the Internet.	O
→	4) The plan representative <i>did not</i> supply a network directory and <i>did not</i> tell me how to look up network providers on the Internet.	

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Medicare Advantage / PDP – Task 11
Staged Appointment Secret Shopping Tool - Contract Year 2010 Marketplace Surveillance

Question #/ Deficiency →	Section Five: Network-Based Plans	Response
	<i>If the plan representative supplied a network provider directory (response “1” or “3” at Q16), continue to Q16A. Otherwise skip to Q17.</i>	
16A.	<p>Did the network directory supplied by the plan representative explain network restrictions and cost of care if you go out-of-network? (For example, a statement such as: “You must use plan providers except in emergencies, urgent care situations or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers neither Medicare nor the plan will be responsible for the costs.”)</p> <p>MMG 50.5.1; 42 CFR 422.2264, 423.2264</p>	
	1) Yes, the provider network directory included an explanation of network restrictions and cost of out-of-network care.	O
→	2) No, the provider network directory <i>did not</i> include an explanation of network restrictions and cost of out-of-network care.	O

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Medicare Advantage / PDP – Task 11
Staged Appointment Secret Shopping Tool - Contract Year 2010 Marketplace Surveillance

Question #/ Deficiency →	Section Six: Private Fee-for-Service (PFFS)	Response
	<i>Some shoppers only. All others skip to Q27.</i>	
	<p><i>If the product to be discussed or actually discussed included <u>either</u> of the following, continue to Q17:</i></p> <ul style="list-style-type: none"> • <i>PFFS (MA-PD)- Q2C, OR</i> • <i>PFFS (MA only)- Q2D</i> <p><i>Otherwise skip to Q21.</i></p>	
17.	Were Private Fee-for-Service (PFFS) plans presented at this appointment?	
	1) Yes, PFFS plans were presented at this appointment.	O
→	2) No, PFFS plans were NOT presented at this appointment	O
	<i>If PFFS plans were presented (response “1” at Q17.0), continue to Q18. All others skip to Q21.</i>	
18.	<p>Did the plan representative clearly read or state the following disclaimer during the presentation?</p> <p>“A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital can continue to treat you if it agrees to accept our terms and conditions of payment, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies.”</p> <p>MMG 50.1.3; 42 CFR 422.4(a) (3) (ii), 422.216(a), (b) and (d)</p>	

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Medicare Advantage / PDP – Task 11
Staged Appointment Secret Shopping Tool - Contract Year 2010 Marketplace Surveillance

Question #/ Deficiency →	Section Six: Private Fee-for-Service (PFFS)	Response
	1) Yes, the plan representative read or stated the entire PFFS disclaimer exactly.	O
→	2) No, the plan representative <i>did not</i> read or state the entire PFFS disclaimer exactly.	O
	<i>Required comment for response “2” at Q18. If the plan representative did not read the disclaimer exactly and entirely, describe what the plan representative did read and/or how the plan representative deviated from the required disclaimer.</i>	
19.	If the plan representative indicated that you can see any provider, did he or she follow with the phrase “...who agrees to accept the plans terms and conditions and thus may choose not to treat you, with the exception of emergencies”? MMG 50.1.3; 42 CFR 422.4(a) (3) (ii), 422.216(a), (b) and (d)	
	1) Yes, the plan representative always read or stated the required phrase.	O
→	2) No, the plan representative did not always read or state the required phrase.	O
→	3) N/A. The plan representative did not discuss which providers I may see.	O
20.	Did the plan representative provide you with a leaflet that provides a complete description of plan rules, including detailed information on a provider’s right to choose whether to accept plan terms and conditions of payment? MMG 50.5.10; 42 CFR 422.2264, 423.2264	
	1) Yes, the plan representative provided the PFFS leaflet.	O
→	2) No, the plan representative <i>did not</i> provide the PFFS leaflet	O

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Medicare Advantage / PDP – Task 11
Staged Appointment Secret Shopping Tool - Contract Year 2010 Marketplace Surveillance

Question #/ Deficiency →	Section Six: Private Fee-for-Service (PFFS)	Response
	<i>Required comment for response “2” at Q20. If plan representative did not distribute the PFFS leaflet, describe and give the title of any PFFS materials that the plan representative gave you.</i>	

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Medicare Advantage / PDP – Task 11
Staged Appointment Secret Shopping Tool - Contract Year 2010 Marketplace Surveillance

Question #/ Deficiency →	Section Seven: Special Needs Plan (SNP)	Response
	<i>Some shoppers only. All others skip to Q27.</i>	
	<p><i>If the product to be discussed or actually discussed included <u>any</u> of the following Special Needs Plans, continue to Q21:</i></p> <ul style="list-style-type: none"> • <i>Chronic Special Needs Plan (C-SNP) – Q2G</i> • <i>Dual Eligible Special Needs Plan (D-SNP or DE-SNP) – Q2H</i> • <i>Institutional Special Needs Plan (I-SNP) – Q2I, OR</i> • <i>Special Needs Plan (SNP) – Q2J</i> <p><i>Otherwise skip to Q24.</i></p>	
21.	Were Special Needs Plans (SNPs) presented at the appointment?	
	1) Yes, SNPs were presented at this appointment.	O
→	2) No, SNPs were <i>not</i> presented at this appointment.	O
	<i>If SNPs were presented at this event (response “1” at Q21), continue to Q22. All others skip to Q24.</i>	
22.	Did the plan representative clearly explain the special eligibility requirements for the SNP? MMG 70.9; 42 CFR 422.2268, 423.2268 and 50.1.4 42 CFR 422.2, 422.4(a)(1)(iv), 422.111(b)(2)(iii)	
	1) Yes, the plan representative clearly explained the special eligibility requirements for joining a SNP.	O

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Medicare Advantage / PDP – Task 11
Staged Appointment Secret Shopping Tool - Contract Year 2010 Marketplace Surveillance

Question #/ Deficiency →	Section Seven: Special Needs Plan (SNP)	Response
→	2) No, the plan representative did not explain the special eligibility requirements for joining a SNP.	O
	<i>Required comment for response “2” at Q22. Clearly state what, if anything, the plan representative said about eligibility for a SNP.</i>	
23.	Did the plan representative explain disenrollment rules for members who are no longer meet the special eligibility requirements of the SNP? MMG 70.9; 42 CFR 422.2268, 423.2268	
	1) Yes, the plan representative explained that changes in the member’s eligibility will lead to disenrollment from the SNP.	O
→	2) No, the plan representative did not explain that changes in eligibility can lead to disenrollment from the SNP.	O
	<i>Optional comment if plan representative did not discuss disenrollment due to changes in eligibility (response “3” at Q23). Describe what the plan representative said about a beneficiary who becomes ineligible.</i>	

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Medicare Advantage / PDP – Task 11
Staged Appointment Secret Shopping Tool - Contract Year 2010 Marketplace Surveillance

Question #/ Deficiency →	Section Eight: Non-Renewal Markets	Response
	<i>Some shoppers only. All others skip to Q27.</i>	
	<i>If this is a non-renewal market (Yes at Q1M), continue to Q24. Otherwise skip to Q27.</i>	
24.	Did the plan representative state or imply that a competitor plan is reducing its service area or will no longer be doing business in the area?	
	1) Yes, the plan representative stated or implied that a competitor plan is reducing its service area or no longer doing business in the area.	O
	2) No, the plan representative <i>did not</i> state or imply that a competitor plan is reducing its service area or no longer doing business in the area.	O
	<i>Required comment for response “1” at Q24. Provide the name of the competitor plan, if identified, and record the plan representative’s statement exactly.</i>	
	<i>If the plan representative stated or implied that a competitor plan is non-renewing or reducing its service area (response “1” at Q 24), continue to Q25. All others skip to Q27.</i>	
25.	Was the statement regarding the competitor reducing its service area or no longer serving an area true? (Note to shopper: Utilize CMS provided data to determine the accuracy of statements made by the plan representative.)	
	1) Yes, the statement about reducing a service area or no longer serving an area was true.	O
→	2) No, the statement about reducing a service area or no longer serving an area was <i>not</i> true.	O

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Medicare Advantage / PDP – Task 11
Staged Appointment Secret Shopping Tool - Contract Year 2010 Marketplace Surveillance

Question #/ Deficiency →	Section Eight: Non-Renewal Markets	Response
	3) N/A. The statement could not be verified because the competitor plan was not identified.	O
	<i>Optional comment for Q25. Record any additional observations regarding true or untrue non-renewal related statements.</i>	
26.	Did the plan representative make inappropriate statements or use scare tactics that relate to non-renewing plans?	
→	1) Yes, the plan representative made inappropriate statements or used scare tactics related to non-renewing plans.	O
	2) No, the plan representative <i>did not</i> make inappropriate statements or use scare tactics related to non-renewing plans.	O
	<i>Required comment for response “1” at Q26. Record the exact inappropriate statement(s) that were made or scare tactics used by the plan representative in relation to non-renewing plans.</i>	

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Medicare Advantage / PDP – Task 11
Staged Appointment Secret Shopping Tool - Contract Year 2010 Marketplace Surveillance

Question #/ Deficiency →	Section Nine: Marketing Materials	Response
27.	Did the plan representative provide you with marketing materials?	
	1) Yes, the plan representative did provide marketing materials.	O
	2) No, the plan representative <i>did not</i> provide any marketing materials.	O
	<i>If marketing materials were provided (response “1” at Q27), continue to Q28. Otherwise skip to Q31.</i>	
28.	List the title of every document or piece of marketing material provided to you for this appointment. Submit all marketing materials in accordance with your shopper training.	
28A.		O
28B.		O
28C.		O
28D.		O
28E.		O
28F.		O
28G.		O
28H.		O
28I.		O
28J.		O
28K.		O

→ Denotes deficiency response or noncompliance

Medicare Advantage / PDP – Task 11
Staged Appointment Secret Shopping Tool - Contract Year 2010 Marketplace Surveillance

Question #/ Deficiency →	Section Nine: Marketing Materials	Response
28L.		O
29.	<p>Was the CMS marketing material identification number present on all materials issued at the appointment? (The marketing material ID should be positioned in the lower left- or lower right-hand corner of the material. The marketing material ID will begin with the letters S, H, C, M, or R followed by an underscore. For example, “S1234_0021”)</p> <p>MMG, Section 40.1 42 CFR 422.2262, 423.2262, 422.2264, 423.2264</p>	
	1) Yes, CMS Marketing Material identification numbers were present on <i>all</i> materials.	O
→	2) No, CMS Marketing Material identification numbers were <i>not</i> present on <i>all</i> materials.	O
	<i>Required comment for response “2” at Q29, List the title of the document(s) that do not have the CMS marketing material ID present.</i>	
30.	(Q30 Intentionally Omitted)	

→ Denotes deficiency response or noncompliance

Medicare Advantage / PDP – Task 11
Staged Appointment Secret Shopping Tool - Contract Year 2010 Marketplace Surveillance

Question #/ Deficiency →	Section Ten: Additional Comments
30.	Please use this space for additional concerns regarding this appointment or issues not addressed elsewhere in the questionnaire.

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Medicare Advantage / PDP – Task 11
Staged Appointment Secret Shopping Tool - Contract Year 2010 Marketplace Surveillance

Question #	Section Eleven: Incomplete Shops*
31.	Record the time of the appointment_____.
32.	Record how long you waited for the plan representative _____.
	Record contact information for plan representative.
33A.	Name:
33B.	Phone number:
33C.	Address:
33D.	E-mail address:
33E.	Company Affiliation:
34.	Describe all your efforts to confirm the appointment in advance. Include any phone calls, voice mail messages, or text messages,.
35.	Describe all your efforts to contact the plan representative while you waited. Include any phone calls, voice mail messages, and text messages.

*MMG 70.9 42 CFR 422.2268, 423.2268

➔ Denotes deficiency response or noncompliance