

**Medicare Advantage / PDP Tool - Public Marketing and Sales Events
Secret Shopping Script and Scoring Tool - Contract Year 2011 Marketplace Surveillance**

Question #	Response Identifier	Event Information	
		Question	Response
1.0	A.	Shopper/Auditor ID Code:	
	B.	Cluster Date Range:	
	C.	Event Date/ Time:	
	D.	Event ID # (from HPMS):	
	E.	Parent Organization Name:	
	F.	Product Name(s):	
	G.	Contract #:	
	H.	Address of Event:	
	I.	Type of Facility:	
	J.	Did the event take place? (If No, skip to Q24)	
	K.	Was the shopper able to complete the secret shop? (If No, skip to Q24)	
	L.	Agent Name:	
	L.1	Organization listed on Agent's business card	
	L.2	Agent Address	
	L.3	Agent Phone Number	
	M.	Number of Presentation Attendees:	
	N.	<i>CMS or other contractors only</i> - Non Renewal Market (Yes or No):	

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Question Identifier	Section 1: Plan Types	Response
1.1	Listen for the product names or initials used to describe the insurance products being sold at this event. Check all that apply	
A.	Health Maintenance Organization (HMO or HMO- POS) <ul style="list-style-type: none"> • With prescription coverage (MA-PD) • Without prescription coverage (MA only) 	 <input type="radio"/> <input type="radio"/>
B.	Private Fee-For-Service Plan (PFFS) <ul style="list-style-type: none"> • Non-network with prescription coverage (MA-PD) • Non-network without prescription coverage (MA only) • Network plan with prescription coverage (MA-PD) • Network plan without prescription coverage (MA only) 	 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
C.	Preferred Provider Organization (PPO) <ul style="list-style-type: none"> • With prescription coverage (MA-PD) • Without prescription coverage (MA only) 	 <input type="radio"/> <input type="radio"/>
D.	Chronic Special Needs Plan (C-SNP) – for members with chronic diseases or conditions	<input type="radio"/>
E.	Dual Eligible Special Needs Plan (D-SNP or DE-SNP) – for members eligible for <i>both</i> Medicare and <i>Medicaid</i> (If DE-SNP is the only plan type marked for this event, the shopper will not answer Section 3: Prescription Drug Coverage, Q9 – Q11.4)	<input type="radio"/>
F.	Institutional Special Needs Plan (I-SNP) – for members residing in an institution or receiving institutional level home care	<input type="radio"/>
G.	Special Needs Plan (SNP or MA SNP) – eligibility unspecified	<input type="radio"/>
H.	Prescription Drug Plan (PDP) – (drug plan only – no healthcare)	<input type="radio"/>
H.1	1876 Cost Plan <ul style="list-style-type: none"> • With prescription coverage • Without prescription coverage 	 <input type="radio"/> <input type="radio"/>
I.	It was not clear what product types were being sold at the event	<input type="radio"/>

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Q#	Section 2: General Questions	Response
1.2	Did the presenter announce the products/plan types to be discussed at the <i>beginning</i> of the presentation (e.g. HMO, PFFS, PPO, etc.)? MMG 70.8; 42CFR 422.2268, 423.2268	
A.	Yes. At the beginning of the presentation, the presenter announced the products to be discussed	O
B.	No. At the beginning of the presentation, the presenter did not announce the products to be discussed.	O
C.	Optional comment for Q1.2 if presenter did not identify the products at the beginning of the presentation (Option B at Q1.2): Note whether the presenter at any time identified the products to be presented.	
2.0	Were light refreshments or snacks offered or served? (Examples of light snacks: fruit, pastries, cookies, beverages. Examples of full meal: whole sandwich, large salad, full slice(s) of pizza.) MMG 70.2.1 & 70.8; 42 CFR 422.2268(p), 423.2268(p)	
A.	Yes. Only light refreshments or snacks were offered or served.	O
B.	No. A full meal was offered or served.	O
C.	N/A. No food was served.	O
D.	Required comment if any food or beverage item(s) were offered or served at the event (Option A or Option B at Q2.0): Describe the refreshments, beverages or meal.	

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Q#	Section 2: General Questions	Response
3.0	<p>Were gifts with a value of <i>less than \$15.00</i> provided to everyone? If not everyone, to the winner(s) of a random drawing?</p> <p>MMG 70.8; 42 CFR 442.2268(b), 423.2268(b)</p>	
A.	Yes. Gifts with a combined value of less than \$15.00 were provided to all attendees.	O
B.	Yes. Gifts with a combined value of less than \$15.00 were provided to select attendees through a random drawing. (If Yes, complete 3.1)	O
C.	No. Gifts were provided to select attendees but not through a drawing.	O
D.	No. Gifts with a combined value of more than \$15.00 were provided.	O
E.	N/A. No gifts were provided.	O
F.	Required comment if gifts were provided at Q3.0 (Options A, B, C or D at Q3.0): Describe the gifts and the manner in which they were distributed.	
<i>If gifts were provided through a contest or drawing, continue to Q3.1. All others skip to Q4.0.</i>		
3.1	If gifts were provided through a <i>drawing</i> , was contact information <i>required</i> to enter the drawing? Choose one response that best fits the situation and provide an explanatory comment at Q3.1 Option E F.	
A.	Yes - Name and/or contact information	O
B.	Yes - Name and contact information on an appointment form	O
CD.	No – Contact information was not <i>required</i> to enter the drawing	O
DE.	Required comment for all responses at Q3.1: Record any observations about the way the drawing was conducted. Describe the form or other documentation used to register for the drawing. Supply a copy if possible.	

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Q#	Section 2: General Questions	Response
3.2	Did the presenter indicate that there is no obligation to enroll in the plan to be eligible for drawings or prizes? MMG 70.8; 42 CFR 422.2268(b) 423.2268(b)	
A.	Yes. Presenter clearly stated that there is no obligation to enroll in the plan.	O
B.	No. Presenter did not clearly state that there is no obligation to enroll in the plan.	O
C.	Required comment for all responses at Q3.2: Describe what the presenter said in regard to the prizes or drawing.	
4.0	Did the presenter make any absolute statements about their plan that did not include a reference to the source of the information? (Examples of absolute statements are statements such as the plan is “ <i>the best</i> ,” “ <i>the highest-rated</i> ,” or “provides more than <i>any other plan</i> .” Examples of reference sources are Medicare.gov, JD Power, US News & World Report, etc.) MMG 40.5; 42 CFR 422.2264, 423.2264	
A.	Yes. Absolute statement(s) were made.	O
A.1	Record the absolute statement(s) made:	
B.	No. Absolute statements were <i>not</i> made.	O
	<i>If absolute marketing statements were made (Option A at Q4.0), continue to Q4.1. All others skip to Q5.0.</i>	
4.1	In what context were the absolute marketing statements made? (Mark all that apply.)	
A.	The statement was part of the presenter’s statements.	O
B.	The statement was made in response to an attendee question.	O
C.	The statement appeared on a slide or overhead.	O
D	The statement appeared in the marketing materials provided. (Forward the material including the absolute marketing statement as directed in shopper training.)	O

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E.	Other, explain:	O
F.	Required comment. Record other observations made regarding absolute marketing statements and the context in which they were made. (For example, if the statement was made in response to a question, what was the question? If the statement was on a slide, describe the slide.)	
	<p><i>Q5 Note to All Shoppers</i></p> <p><i>1. When you are requested to provide your contact information, initially decline to provide anything but your first name or provide no information at all.</i></p> <p><i>2. If the plan representative continues to press you for contact information, say “I’d rather not.”, “I’d prefer to get your card and that way I can contact you.”, or “I am not here for myself. I am here for someone else and didn’t bring their information.”</i></p> <p><i>3. If the plan representative continues to request your contact information, after you have declined, at that time provide as much contact information as you are comfortable giving.</i></p>	
5.0	<p>Were the attendees <i>required</i> to provide any contact information (other than their first name)? Note: Sign in sheets are acceptable as long as completion is not <i>required</i>.</p> <p><i>MMG 70.8; 42 CFR 422.2268, 423.2268</i></p>	
A.	Yes. The presenter <i>required</i> attendees to provide their contact information. (Go to comment at 5.0D.)	O
B.	Yes. The presenter <i>required</i> the attendees to complete an appointment form. (Go to comment at 5.0D.)	O
C.	No. The presenter did not <i>require</i> the attendees to provide their contact information or to complete an appointment form.	O

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D.	<p>Required comment for Q5.0, response Option A or response Option B: Describe the manner in which contact information was collected. Include anything the plan representative may have said. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> • An unattended sign-in list near the door • The plan representative approached each attendee one-on-one and requested the information saying “My company makes me get this from everyone.” • A form was included in our information packets and the plan representative said it was necessary to have the forms submitted before he/she could begin • The plan representative detained each attendee at the end and got their information before the attendee could leave. He/she said “I need to have this before you go.” 	
E.	<p>Required comment for Q5.0, response Option A or response Option B: Describe the plan representative’s reaction when you declined to provide your contact information. Include anything the plan representative may have said. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> • The plan representative returned the form to me. • The plan representative said something like, “Your address and phone number are required.” • The plan representative said something like, “I’m sorry. Only people who complete all the information on the form can stay for the presentation.” • The plan representative came back and sat down with me. He or she went through the form item by item and said something like, “I won’t do anything with this information but CMS makes us do this.” 	
F.	<p>Required comment for Q5.0 response Option A or response Option B: Indicate what type(s) of information were required (e.g., full name, address, phone, Medicare number, current Medicare plan, etc.). List all types of required information.</p>	
G.	<p>Required comment for Q5.0 Option B response: Describe the form used for contact information including the title of the form and whether the form included a statement to which you agreed, such as agreeing to be contacted by a representative of the plan. Provide a copy of the form if possible.</p>	

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5.1	<p>Did the sign-in sheet clearly indicate that providing personal contact information is optional?</p> <p><i>MMG 70.8; 42 CFR 422.2268, 423.2268</i></p>	
A.	Yes. The sign-in sheet clearly indicated that providing contact information is optional.	0
B.	No. The sign-in sheet did not clearly indicate that providing contact information is optional	0
C.	N/A. There was no sign-in sheet.	0
D.	N/A. I declined to sign-in and was unable to get a good look at the sign-in sheet.	0
6.0	<p>Did the presenter do, say or imply anything that led you to believe that the presenter works for Medicare or the government? (Note: It is permissible for the presenter to use the word “Medicare” after the plan name in his or her title or on the business card. This does not automatically imply that the presenter works for Medicare.)</p> <p><i>MMG 30.13; 42 CFR 422.2264, 423.2264; Section 1140 of the Social Security Act</i></p>	
A.	Yes. The presenter’s statements or actions led me to believe that the presenter works for Medicare or the government.	0
B.	No. Nothing was said or done that led me to believe that the presenter works for Medicare or the government.	0
C.	Required comment if the presenter stated or implied that he or she works for Medicare or the government (Option A at Q6.0) Describe the statement or circumstances including the phrase or comment.	
7.0	<p>Did the presenter market non healthcare related products (such as life insurance or annuities) during the event? (Note: Discussion of Medigap policies or Medicare Supplemental Plans is acceptable).</p> <p><i>MMG 70.8; 42 CFR 422.2268, 423.2268</i></p>	
A.	The presenter marketed only healthcare products during the event.	0
B.	The presenter marketed non-healthcare products during the event.	0

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C.	Required comment if presenter marketed non-healthcare products (Option B at Q7.0): Describe the <i>non-healthcare</i> products the presenter marketed. (Note: Discussion of Medigap or Medicare Supplemental policies is acceptable.)	
Q8.0	Omitted at CMS request (July 2010)	
8.1	Did the presenter make any statements that were inappropriate in order to pressure beneficiaries to enroll in their plan? (e.g. “When you have completed the enrollment form, help yourself to a dessert.” Or, “I want everyone to fill out an enrollment form but I won’t send it in until I have had a one-on-one discussion with you.”) <i>MMG 40.5; 42 CFR 422.2264, 423.2264</i>	
A.	Yes. The presenter made statements that were inappropriate in order to persuade beneficiaries to enroll in their plan.	0
B.	No. The presenter DID NOT make statements that were inappropriate in order to persuade beneficiaries to enroll in their plan.	0
C.	Required comment if presenter made inappropriate statements. (Option A at Q8.1). Describe the EXACT statement(s) made by the presenter.	
8.2	Did the presenter make any statements that were inaccurate in order to persuade beneficiaries to enroll in their plan? (e.g. “Sign up today before our plan gets filled up.” “If your doctor is in our plan you will never have to change doctors.” “You can disenroll any time you want and get a separate drug plan.”) <i>MMG 40.5; 42 CFR 422.2264, 423.2264</i>	
A.	Yes. The presenter made statements that were inaccurate in order to persuade beneficiaries to enroll in their plan.	0
B.	No. The presenter DID NOT make statements that were inaccurate in order to persuade beneficiaries to enroll in their plan.	0

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Q#	Section 2: General Questions	Response
C.	Required comment if presenter made inaccurate statements. (Option A at Q8.2). Describe the EXACT statement(s) made by the presenter.	
8.3	Did the presenter use “scare tactics” to persuade beneficiaries to enroll in their plan (e.g., “How do you know that your plan will still be here for you?”; “If Original Medicare goes away, you will still have coverage”; “Your provider might quit taking Original Medicare, then only our plan will be accepted.”) <i>MMG 40.5; 42 CFR 422.2264, 423.2264</i>	
A.	Yes. The presenter used scare tactics to persuade beneficiaries to enroll in their plan.	0
B.	No. The presenter DID NOT use scare tactics to persuade beneficiaries to enroll in their plan.	0
C.	Required comment if presenter used scare tactics (Option A at Q8.3). Describe the EXACT statements made by the presenter.	
	<p><i>If the ONLY plan type marked at Q1.1 is E (Dual Eligible SNP):</i></p> <ul style="list-style-type: none"> • <i>CMS and some contractors skip to Q20.</i> • <i>Some contractors skip to Q21.</i> <p><i>If Option E (Dual Eligible SNP) was NOT the only plan type marked at Q1.1, all shoppers continue to Section 3: Prescription Drug Coverage, Q9.0.</i></p>	

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Q#	Section 3: Prescription Drug Coverage	Response
9.0	Was prescription drug coverage presented at this event?	
A.	Yes. Prescription drug coverage was presented.	0
B.	No. Prescription drug coverage was not presented.	0
	<p><i>If prescription drug coverage was discussed (Yes at Q9.0), continue to Q9.1.</i></p> <p><i>If prescription drug coverage was NOT discussed (No at Q9.0):</i></p> <ul style="list-style-type: none"> • <i>CMS and some contractors skip to Section 4: Private Fee-for-Service (PFFS), Q12.0.</i> • <i>Some contractors skip to Section 8: Events Scheduled Prior to November 15, Q21.</i> 	
9.1	<p>Did the presenter verbally explain or tell where to find information on how much members might pay for prescription drugs? (<i>Note to shopper: If the presenter gives general information about costs, copayments, coinsurance, or mentions “price tiers”, that is sufficient information for a “Yes” response.</i>)</p> <p><i>9/29/09 HPMS Memo from MCAG</i></p>	
A.	Yes. The presenter verbally explained the pricing for a prescription.	0
B.	Yes. The presenter told us where to look up the price for a prescription.	0
C.	No. The presenter did not verbally explain the price for a prescription or tell how that information could be obtained.	0
9.2	Did the presenter include information on prescription pricing in the presentation slides?	
A.	Yes. The presenter showed slides or distributed printed slides that included information on prescription pricing.	0
B.	No. The presenter showed slides or distributed printed slides; but the slides did <i>not</i> include information on prescription pricing	0
C.	N/A. The presenter did not use slides or other presentation aids.	0

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D	<p>Required for Option B at Q9.2: Provide additional detail to support observation that the presentation did not include information on prescription pricing.</p> <ul style="list-style-type: none"> • Indicate if <i>anything</i> was shown on prescription drug pricing. • If the presenter skipped any slides describe the approximate number of slides skipped, the title of the slides, the bullets or the topic. 	
10.0	<p>Did the presenter verbally explain how or where to find out which prescription drugs are covered? (<i>Note to shopper: Listen for references to “formulary book”, “online formulary”, “plan Web site”, “1-800-MEDICARE” or “Medicare plan finder”.</i>)</p> <p><i>9/29/09 HPMS Memo from MCAG</i></p>	
A.	Yes. The presenter verbally explained how or where to find out which prescription drugs are covered	0
B.	No. The presenter did not verbally explained how to find out which prescription drugs are covered.	0
C.	Required comment for Q10: Describe what, if anything, the presenter told attendees about how or where to find out which prescription drugs are covered. If the presenter offered to explain to attendees on a one-on-one basis, how to find out which drugs are covered, describe what the presenter said.	
10.1	Did the presenter include information in the presentation slides on how to find out which drugs are covered?	
A.	Yes. The presenter showed slides or distributed printed slides that included information on looking up covered drugs.	0
B.	No. The presenter showed slides or distributed printed slides; but the slides did <i>not</i> include information on looking up covered drugs.	0
C.	N/A. The presenter did not use slides or other presentation aids.	0

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D.	<p>Required for Option B at Q10.1: Provide additional detail to support the observation that the presentation aids or slides did not include information on looking up covered drugs.</p> <ul style="list-style-type: none"> • Indicate whether the presenter mentioned the need to verify coverage for current prescriptions. • If the presenter skipped any slides describe the approximate number of slides skipped, the title of the slides, the bullets or the topic. 	
11.0	<p>Did the presenter verbally describe the prescription drug coverage gap, often referred to as the “donut hole” or where to find a description? (<i>Note to shopper: Listen specifically for the phrases “coverage gap” or “donut hole”.</i>)</p> <p><i>9/29/09 HPMS Memo from MCAG</i></p>	
A	Yes. The presenter verbally described the prescription drug coverage gap or “donut hole” or where to find a description.	0
B.	No. The prescription drug coverage gap or “donut hole” was not verbally described or verbally directed on where to find a description.	0
11.1	Did the presenter include information on the coverage gap or donut hole in the presentation slides?	
A.	Yes. The presenter showed slides or distributed printed slides that included information on the coverage gap or donut hole.	0
B.	No. The presenter showed slides or distributed printed slides; but the slides did <i>not</i> include information on the coverage gap or donut hole.	0
C.	N/A. The presenter did not use slides or other presentation aids.	0
D.	<p>Required for Option B at Q11.1: Provide additional detail to support the observation that the presentation did not include information on coverage gap or donut hole.</p> <ul style="list-style-type: none"> • Indicate if the coverage gap or donut hole was mentioned anywhere in the presentation. • If the presenter skipped any slides describe the approximate number of slides skipped, the title of the slides, the bullets or the topic. 	

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	<p><i>CMS and some contractors:</i></p> <ul style="list-style-type: none"> • <i>If the coverage gap was mentioned (Yes at Q11.0)), continue to Q11.2</i> • <i>If the coverage gap was NOT mentioned (No at Q11.0) BUT was addressed in the slides (Yes at Q11.1), skip to Q11.3</i> • <i>If the coverage gap was NOT mentioned (No at Q11.0) AND was NOT included in the slides (No at Q11.1), skip to Q11.4.</i> 	
	<i>Some contractors skip to Q11.4</i>	
11.2	<p>Was the presenter’s verbal explanation of the coverage gap or “donut hole” <i>accurate</i>?</p> <p>9/29/09 HPMS Memo from MCAG</p>	
A.	Yes. The presenter’s verbal explanation of the coverage gap or “donut hole” was <i>accurate</i> .	0
B.	No. The presenter’s verbal explanation of the coverage gap or “donut hole” was <i>inaccurate</i> .	0
D.	<p>Required for Option B at Q11.2: Provide additional detail to support observation that the presenter did not accurately describe coverage gap or “donut hole”.</p> <ul style="list-style-type: none"> • Provide a description of the inaccurate statement(s) presented. • If the presenter skipped any slides describe the approximate number of slides skipped, title of the slides and topic. 	
	<p><i>CMS and some contractors:</i></p> <ul style="list-style-type: none"> • <i>If the coverage gap was NOT included in the slides (No at Q11.1), skip to Q11.4)</i> 	
11.3	Did the presenter include <i>accurate</i> information on the coverage gap or donut hole in the presentation slides?	
A.	Yes. The presenter showed slides or distributed printed slides that included <i>accurate</i> information on the coverage gap or donut hole	0
B.	No. The presenter showed slides or distributed printed slides but they included <i>inaccurate</i> information on the coverage gap or donut hole	0

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C.	No. The presenter showed slides or distributed printed slides; but the slides <i>did not include any</i> information on the coverage gap or donut hole	0
D.	N/A. The presenter did not use slides or other presentation aids.	0
E.	<p>Required for Option B at Q11.3: Provide additional detail to support observation that the presenter did not accurately present information on the coverage gap or “donut hole”.</p> <ul style="list-style-type: none"> • Provide a description of the inaccurate statement(s) presented. • If the presenter skipped any slides describe the approximate number of slides skipped, the title of the slides, the bullets or the topic. 	
11.4	<p>Did the presenter discuss the prescription drug discount program available to beneficiaries entering the prescription drug coverage gap? Patient Protection and Affordable Care Act, Sec. 3315</p>	
A.	Yes. The presenter discussed the prescription drug discount program available to beneficiaries entering the prescription drug coverage gap	0
B.	No. The presenter did not discuss the prescription drug discount program available to beneficiaries entering the prescription drug coverage gap	0
	<i>Some contractors skip to Q21.0</i>	

<i>Question</i>	<i>Secret Shopping Observations: Script and Scoring Tool</i>	<i>Response</i>
Q#	Section 4: Private Fee-for-Service (PFFS) – CMS and some contractors only	Response
12.0	Were Private Fee-for-Service (PFFS) plans presented at this event?	
A.	Yes. PFFS plans were presented at this event	0
B.	No. PFFS plans were not presented at this event	0
	<i>If PFFS plans were presented at this event (Yes at Q12.0), continue to Q13.0. All others skip to Q16.0.</i>	

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<i>Question</i>	<i>Secret Shopping Observations: Script and Scoring Tool</i>	<i>Response</i>
Q#	Section 4: Private Fee-for-Service (PFFS) – CMS and some contractors only	Response
13.0	<p>Did the presenter clearly read or state the following disclaimer during the presentation exactly?</p> <p><i>For Non-network PFFS plans:</i> <i>“A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan’s terms and conditions, 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. If this happens, you will need to find another provider that will accept our terms and conditions of payment. Providers can find the plan’s terms and conditions of payment on our website at: XXX”</i></p> <p><i>For full and partial network PFFS plans:</i> <i>“A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. We have network providers (that is, providers who have signed contracts with our plan) for [[full network PFFS plan insert: all services covered under Original Medicare] [partial network PFFS plans should indicate the category or categories of services for which network providers are available]]. These providers have already agreed to see members of our plan. If your provider is not one of our network providers, then the provider is not required to agree to accept the plan’s terms and conditions of payment, and thus may choose not to treat you, with the exception of emergencies. If your provider does not agree to accept our terms and conditions of payment, they may choose not to provide health care services to you, except in emergencies. If this happens, you will need to find another provider that will accept our terms and conditions of payment. Providers can find the plan’s terms and conditions of payment on our website at: [insert link to PFFS terms and conditions of payment].”</i> MMG, 70.8; 42 CFR 422.4(a) (3) (ii), 422.216(a), (b) and (d); 42 CFR 422.2268, 423.2268</p>	
A.	Yes. The presenter read or stated the PFFS disclaimer exactly	0
B.	No. The presenter did not read or state the PFFS disclaimer.	0
C.	No. The presenter only read a portion of the PFFS disclaimer. Go to Q 13.0D	0
D.	Required comment if the present read only a portion of the PFFS disclaimer. Describe the portion of the PFFS disclaimer that the presenter left out.	

**Medicare Advantage / PDP Tool - Public Marketing and Sales Events
Secret Shopping Script and Scoring Tool - Contract Year 2011 Marketplace Surveillance**

<i>Question</i>	<i>Secret Shopping Observations: Script and Scoring Tool</i>	<i>Response</i>
Q#	Section 4: Private Fee-for-Service (PFFS) – CMS and some contractors only	Response
14.1	<p>Was the following PFFS disclaimer prominently displayed on materials used at the sales presentation by the plan representative?</p> <p>MMG 50.1.16; 42 CFR 422.2264, 423.2264</p> <ul style="list-style-type: none"> For non-network PFFS plans: <i>“A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your provider is not required to agree to accept the plan’s terms and conditions of payment, and thus may choose not to treat you, with the exception of emergencies. If your provider does not agree to accept our terms and conditions of payment, they may choose not to provide health care services to you, except in emergencies. If this happens, you will need to find another provider that will accept our terms and conditions of payment. Providers can find the plan’s terms and conditions of payment on our website at: [insert link to PFFS terms and conditions of payment].”</i> For full and partial network PFFS plans: <i>“A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. We have network providers (that is, providers who have signed contracts with our plan) for [[full network PFFS plan insert: all services covered under Original Medicare] [partial network PFFS plans should indicate the category or categories of services for which network providers are available]]. These providers have already agreed to see members of our plan. If your provider is not one of our network providers, then the provider is not required to agree to accept the plan’s terms and conditions, of payment, they may choose not to provide health care services to you, except in emergencies. If this happens, you will need to find another provider that will accept our terms and conditions of payment. Providers can find the plan’s terms and conditions of payment on our website at: [insert link to PFFS terms and conditions of payment].”</i> 	
A.	Yes. The disclaimer was prominently displayed on materials used at the sales presentation.	0
B.	No. The disclaimer was not prominently displayed on materials used at the sales presentation.	0
C	N/A. There were no materials used at the sales presentation.	0
15.0	<p>Did the presenter pass out a leaflet to all attendees that provides a complete description of plan rules, including detailed information on a provider’s choice whether to accept plan terms and conditions of payment?</p> <p>MMG 50.1.16; 42 CFR 422.2264, 423.2264</p>	
A.	Yes. The presenter passed out the PFFS leaflet to all attendees	0
B.	No. The presenter did not pass out the PFFS leaflet to all attendees	0

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Secret Shopping Script and Scoring Tool - Contract Year 2011 Marketplace Surveillance**

<i>Question</i>	<i>Secret Shopping Observations: Script and Scoring Tool</i>	<i>Response</i>
Q#	Section 4: Private Fee-for-Service (PFFS) – CMS and some contractors only	Response
C.	Required comment for Q15.0 if presenter did not distribute the PFFS leaflet (Option B at Q15.0): Describe any PFFS materials that the presenter distributed.	

<i>Question</i>	<i>Secret Shopping Observations: Script and Scoring Tool</i>	<i>Response</i>
Q#	Section 5: Special Needs Plan (SNP) – CMS and some contractors only	Response
16.0	Were Special Needs Plans (SNPs), presented at this event?	
A.	Yes. SNPs were presented at this event	0
B.	No. SNPs were not presented at this event	0
	<i>If SNPs were presented at this event (Yes at Q16.0), continue to Q16.1. All others skip to Q20.0.</i>	
16.1	Did the presenter clearly explain the eligibility requirements for SNP enrollment (e.g. chronic condition, eligibility for Medicaid or residence in a nursing home facility)? MMG 70.8, 50.1.18; 42 CFR 422.2268, 423.2268, 422.2, 422.4(a)(1)(iv), 422.111(b)(2)(iii), 422.2264, 423.2264	
A.	Yes. The presenter clearly explained the eligibility requirements for SNP enrollment.	0
B.	No. The presenter did not explain the eligibility requirements for SNP enrollment.	0
C.	Required comment for Q16.1 if presenter did not discuss special eligibility requirements (Option B at Q16.1): Describe what the presenter said about eligibility for a SNP.	
16.2	Did the presenter explain the special enrollment period (SEP) to enroll in, change or leave SNPs? MMG 70.8, 42 CFR 422,2268, 423.2268	
A.	Yes. The presenter explained the special enrollment period (SEP) for SNPs.	0
B.	No. The presenter did not explain the special enrollment period (SEP) for SNPs.	0

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<i>Question</i>	<i>Secret Shopping Observations: Script and Scoring Tool</i>	<i>Response</i>
Q#	Section 5: Special Needs Plan (SNP) – CMS and some contractors only	Response
17.0	Did the presenter explain the process for voluntary disenrollment if the beneficiary loses his/her Medicaid or institutional status (or becomes ineligible for the Chronic SNP)? MMG 70.8; 42 CFR 422.2268, 423.2268	
A.	Yes. The presenter explained that changes in the member’s eligibility will lead to disenrollment from the SNP.	0
B.	No. The presenter did not explain that changes in eligibility can lead to the member being disenrolled by the plan.	0
C.	Optional comment for Q17.0 if presenter did not discuss changes in the beneficiary’s eligibility (Option B at Q17.0): Describe what the presenter said about a beneficiary who becomes ineligible.	
17.1	Did the presenter describe how drug coverage works with the SNP? MMG 70.8, 42 CFR 422,2268, 423.2268	
A.	Yes. The presenter described how drug coverage works with the SNP.	0
B.	No. The presenter did not describe how drug coverage works with the SNP.	0

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<i>Question Identifier</i>	<i>Secret Shopping Observations: Script and Scoring Tool</i>	<i>Response</i>
Q#	Section 6: Restricted vs. Non-Restricted Settings	
Q18.0	Omitted at CMS request (July 2010)	
Q18.1	Omitted at CMS request (July 2010)	
Q19.0	Omitted at CMS request (July 2010)	

<i>Question</i>	<i>Secret Shopping Observations: Script and Scoring Tool</i>	<i>Response</i>
Q#	Section 7: Non-Renewing Plans- CMS and some contractors only	Response
20.0	Did the presenter state or imply that a competitor plan is reducing its service area or will no longer be doing business in the area?	
A.	Yes. The presenter stated or implied that a competitor plan is reducing its service area or no longer doing business in the area	0
B.	No. The presenter did not state or imply that a competitor plan is reducing its service area or no longer doing business in the area	0
C.	Required comment if the presenter stated or implied that a competitor plan is reducing its service area or no longer serving the area (Yes at Q20.0 A): Record the name of the competitor plan if identified and describe the presenter's statement.	
	<i>If the presenter stated or implied that a competitor plan is non-renewing or reducing its service area (Yes at Q20.0 A), continue to Q20.1. All others skip to Q21.0.</i>	
20.1	Was the statement regarding the competitor reducing its service area or no longer serving an area true?	
A.	Yes. The statement about reducing a service area or no longer serving an area was true.	0
B.	No. The statement about reducing a service area or no longer serving an area was not true.	0

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<i>Question</i>	<i>Secret Shopping Observations: Script and Scoring Tool</i>	<i>Response</i>
Q#	Section 7: Non-Renewing Plans- CMS and some contractors only	Response
C.	N/A. It could not determine whether the statement was true or not true because the competitor plan was not identified.	0
D.	Required comment for all Q20.1 responses: Shopper must utilize CMS provided data to determine the accuracy of statements made by the presenter that the plan no longer services the area or is reducing its service area. Describe the inaccurate statement.	

<i>Question</i>	<i>Secret Shopping Observations: Script and Scoring Tool</i>	<i>Response</i>
	Section 8: Events Scheduled Prior to November 15, 2010. (Skip out of Section 8 entirely after November 14, 2010)	Response
21.0	Did this event take place between October 1 and November 14?	
A.	Yes. This event took place between October 1 and November 14	0
B.	No. This event did not take place between October 1 and November 14	0
	<i>If this event took place prior to November 15, (Yes at Q20.1), continue to Q21.1. All others skip to Q22.0.</i>	
21.1	Did the presenter collect or accept completed enrollment forms from attendees?	
A.	Yes. The presenter took possession of the completed enrollment forms	0
B.	No. The presenter did not take possession of the completed enrollment forms	0
C.	N/A. Attendees were not provided with enrollment forms	0
D.	Required comment on Q21.1A if presenter took possession of the completed enrollment forms: Describe the process of receiving, completing and turning in the enrollment forms. Provide a copy of the enrollment form if possible	

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<i>Question</i>	<i>Secret Shopping Observations: Script and Scoring Tool</i>	<i>Response</i>
Q#	Section 9: Marketing Materials	Response
22.0	Were printed marketing materials available at the event?	
A	Yes	0
B	No	0
	<i>If no marketing materials were available (No at Q22.0), skip to Q23.0.</i>	
22.1	Was the CMS Marketing Material Identification Number present on all materials issued at the event (i.e., “S1234_0021”)? MMG 40.1; 42 CFR 422.2262, 423.2262, 422.2264, 423.2264	
A.	Yes. A CMS Marketing Material identification number was present on all materials.	0
B.	No. A CMS Marketing Material identification number was <i>not</i> present on all materials	0
C.	Required comment. If No (Response B at Q22.1), give the title of and describe the material with the <i>missing</i> CMS Marketing Material Identification Number. Collect the material and forward it to the appropriate address, as described in your training. If the material could not be collected, explain.	
22.2	Omitted at CMS request (July 2010)	
Q22.3	Were enrollment forms included with the marketing materials provided?	
A.	Yes. Enrollment forms were provided.	0
B.	No. Enrollment forms were not provided.	0
	<i>If enrollment forms were provided (Yes at Q22.3), continue to Q22.4. All others skip to Q23.</i>	
Q22.4	Was a cover letter including the plans customer service phone number, customer service hours and plan URL provided? MMG 30.9, 42 CFR 422.111, 423.128	
A.	Yes. The required cover letter was provided.	0
B.	No. The required cover letter was <i>NOT</i> provided	0

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<i>Question</i>	<i>Secret Shopping Observations: Script and Scoring Tool</i>	<i>Response</i>
Q#	Section 9: Marketing Materials	Response
Q22.5	Was a Summary of Benefits provided? MMG 30.9, 42 CFR 422.111, 423.128	
A.	Yes. A Summary of Benefits was provided.	0
B.	No. A Summary of Benefits was <i>NOT</i> provided	0
Q22.6	Was a <i>written explanation of plan's grievance, coverage/organization determination (including exceptions) and appeals processes, including differences between the processes and when it is appropriate to use each</i> , provided? MMG 30.9, 42 CFR 422.111, 423.128	
A.	Yes. A written explanation of plan's grievance, coverage/organization determination (including exceptions) and appeals processes, including differences between the processes and when it is appropriate to use each was provided.	0
B.	No. A written explanation of plan's grievance, coverage/organization determination (including exceptions) and appeals processes, including differences between the processes and when it is appropriate to use each. was <i>NOT</i> provided	0
Q22.7	Was a written notice provided explaining that a plan may not be available to the beneficiary the following contract year because by law, plan sponsors can choose to not renew their contract with CMS or reduce their service area and CMS may also refuse to renew the contract, thus, resulting in a termination or non-renewal provided? MMG 30.9, 42 CFR 422.111, 423.128	
A.	Yes. A written notice was provided explaining that a plan may not be available to the beneficiary the following contract year because by law, plan sponsors can choose to not renew their contract with CMS or reduce their service area and CMS may also refuse to renew the contract, thus, resulting in a termination or non-renewal.	0
B.	No. A written notice was <i>not</i> provided explaining that a plan may not be available to the beneficiary the following contract year because by law, plan sponsors can choose to not renew their contract with CMS or reduce their service area and CMS may also refuse to renew the contract, thus, resulting in a termination or non-renewal.	0

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<i>Question</i>	<i>Secret Shopping Observations: Script and Scoring Tool</i>	<i>Response</i>
Q#	Section 9: Marketing Materials	Response
Q22.8	<p>Was written notice provided on Low Income Subsidy (LIS) including the following text: <i>“People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for up to one-hundred (100) percent of drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don’t know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.”</i></p> <p>MMG 30.9, 42 CFR 422.111, 423.128</p>	
A.	<p>Yes. Written notice was provided on LIS including the following text: <i>“People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for up to one-hundred (100) percent of drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don’t know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.”</i></p>	0
B.	<p>No. Written notice was <i>not</i> provided on LIS including the following text: <i>“People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for up to one-hundred (100) percent of drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don’t know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.”</i></p>	0
C.	<p>No. Written notice on LIS was not provided because <i>THE PLAN DOES NOT INCLUDE PRESCRIPTION DRUG COVERAGE.</i></p>	0

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*Secret Shopping Observations: Script and Scoring Tool
Contract Year 2010*

Q#	Section 10: Additional Comments
23.0	Use this space for additional concerns regarding this event.
<i>Unless the event did not take place or the shopper was unable to complete the shop, stop here.</i>	

Q#	Section 11: Incomplete Shops
24.0	Record the time you arrived at the event location _____
25.0	Record the time you left the event location _____
26.0	Briefly describe all your efforts to confirm the event in advance (e.g., phone calls, e-mails, web searches): Include the date of your confirmation attempt(s) and the name of the person you reached, if any.
27.0	Briefly describe your efforts to find the event, gain access to the event or why you were unable to complete the secret shop: Include the name of anyone to whom you spoke and the person's response.
28.0	Provide a general description of the event location.
29.0	Was there a representative from the plan present?
A.	Yes, a plan representative was present
B.	No, a plan representative was not present

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Secret Shopping Script and Scoring Tool - Contract Year 2011 Marketplace Surveillance**

Q#	Section 11: Incomplete Shops
C.	<i>If a plan representative was present at the event (Option A at Q29.0), record the name below and provide a business card if possible.</i>