# Medicare Advantage / PDP Tool - Public Marketing and Sales Events Secret Shopping Tool – Contract Year 2012 Marketplace Surveillance

| Q1.0 | Event Information | Response |
|---|---|---|
| A. | Shopper ID Code: | |
| B. 1. | Shopper Arrival time: | |
| B. 2. | Shopper Departure time: | |
| B. 3. | Shopper name (first name, Initial of last name): | |
| C. 1. | Event Date (from HPMS): | |
| C. 2. | Event Start Time (from HPMS) | |
| D. | HPMS Event # (from HPMS): | |
| E. | Parent Organization Name: | |
| F. | Product Name(s): | |
| G. | Contract #: allow for multiple contract numbers | |
| G.1 | Type of Event : 1. Educational 2. Formal 3. Informal | |
| H. | Address of Event: | |
| I. | Facility Type:<br>1. County /State fair (booth/kiosk) 7. Hotel 13. Religious Facility<br>2. Doctor's office 8. Library 14. Restaurant<br>3. Food bank 9. Mall Kiosk 15. Retail Store/Store Front<br>4. Grocery store 10. Nursing Home 16. School<br>5. Health fair 11. Recreation Center 17. Senior Center<br>6. Hospital 12. Recreational Vehicle 18. Other_____ | |
| I.1 | Presentation Language for the event<br>1. Armenian 4. Korean 7. Other _____<br>2. Chinese 5. Spanish<br>3. English 6. Russian | |
| J. | Did the event take place? (If No, skip to Q24) | |
| K. | Was the shopper able to complete the secret shop? ___ Yes ___No (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. | Non Renewal Market (from HPMS) | |

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| Q # | Plan Types | Response |
|---|---|---|
| Q1.1 | 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)<br>With prescription coverage (MA-PD)<br>Without prescription coverage (MA only) | |
| B. | Private Fee-For-Service Plan (PFFS)<br>Non-network with prescription coverage (MA-PD)<br>Non-network without prescription coverage (MA only)<br>Network plan with prescription coverage (MA-PD)<br>Network plan without prescription coverage (MA only) | |
| C. | Preferred Provider Organization (PPO)<br>With prescription coverage (MA-PD)<br>Without prescription coverage (MA only) | |
| D. | Chronic Special Needs Plan (C-SNP) – for members with chronic diseases or conditions | |
| E. | Dual Eligible Special Needs Plan (D-SNP or DE-SNP) – for members eligible for both Medicare and Medicaid (If DE-SNP is the **only** plan type marketed at this event, the shopper will **not** answer Prescription Drug Coverage questions, Q9 – Q11.0 or Private Fee-for-Service (PFFS) questions Q12.0-Q15.0) | |
| F. | Institutional Special Needs Plan (I-SNP) – for members residing in an institution or receiving institutional level home care | |
| G. | Special Needs Plan (SNP or MA SNP) – eligibility unspecified | |
| H. | Prescription Drug Plan (PDP) – (drug plan only – no healthcare) | |
| H.1 | 1876 Cost Plan<br>With prescription coverage<br>Without prescription coverage | |
| I. | It was not clear what product types were being sold at the event | |

| Q # | General Questions | Response |
|---|---|---|
| Q2.0 | Was food offered or served? [*Note to shopper: light refreshments or snacks may be offered or served. Full meals may not be offered or served.*]<br>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. (Examples of light snacks: fruit, pastries, cookies, beverages). | |
| B | Yes. A full meal was offered or served. (Examples of full meal: whole sandwich, large salad, full slice(s) of pizza.) | |
| C | N/A. No food was offered or served. | |
| D | **Required comment if any food or beverage item(s) were offered or served at the event (Q2.0 A or B):** *Describe the refreshments, beverages or meal, and how it was offered or made available.* | |
| Q3.0 | Were gifts provided? [*Note to shopper: only nominal gifts worth less than $15.00 may be provided.*]<br>MMG 70.8; 42 CFR 442.2268(b), 423.2268(b) | |
| A | Yes. Gifts with a combined value of LESS THAN $15.00 were provided. | |
| B | Yes. Gifts with a combined value of MORE THAN $15.00 were provided. | |
| C | N/A. No gifts were provided to anyone. | |
| D | **Required comment if any gifts were provided:** Describe the gift(s) *(e.g., pens and pill-dividers; jar openers and pencil)* and the manner(s) in which they were distributed *(e.g., through a drawing, quiz/contest, given to everyone or placed at their seats).* If gifts were given through a drawing, describe how the drawing was conducted and what, if any, contact information was required to enter/participate. | |
| Q4.0 | 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 "*the best*," "*the highest-rated,"* or "provides more than ***any*** *other plan.*" Examples of reference sources are Medicare.gov, JD Power, US News & World Report, etc.)<br>MMG 40.5; 42 CFR 422.2264, 423.2264. | |
| A. | Yes. Absolute statement(s) were made. | |
| B | Record the absolute statement(s) made and what, if any, sources were referenced: | |

| Q # | General Questions | Response |
|---|---|---|
| C | Required comment: Record observations made regarding absolute marketing statements and the context in which they were made and what, if any sources, were referenced. *(For example, was the statement made in response to a question and what was the question; if the statement was on a slide, describe the slide; was the statement part of the presenter's remarks; was the statement made as an aside to an attendee; did the statement appear in marketing materials; did the presenter have printed materials containing the absolute statement and/or refer attendees to a website.)* | |
| D | No. Absolute statements were *not* made. | |
| | ***Contact Information Questions -- Note to All Shoppers***<br>***When/if you are asked to provide your contact information, initially decline to provide anything but your first name or provide no information at all. If the agent/representative continues to ask you for contact information, provide as much contact information as you are comfortable giving, and record all statements and actions used by agent/representative to get contact information. Provide in comment fields agent's specific actions/statements that led you to feel pressured to give information, and the purpose for which the agent said the information was needed (e.g., to prove to his supervisor that there were attendees at the session, etc.). Please also note that there are several required comment fields for this question.*** | |
| Q5.0 | Were the attendees told they were required to or must provide contact information (other than their first name) and/or complete an appointment form?<br>*MMG 70.8; 42 CFR 422.2268, 423.2268* | |
| A | Yes. The presenter told attendees that they were required to or must provide their contact information. | |
| B | Yes. The presenter told attendees that they were required to or must complete an appointment form. | |
| C | No. The presenter did not tell the attendees that they were required to or must provide their contact information or complete an appointment form. | |
| D | **Required comment for Q5.0 A/B:** Describe the manner in which contact information was collected. Include anything the plan representative(s) may have said or done, including how it was asked for and whether you felt pressured or intimidated to provide the information.<br>*Examples include, but are not limited to:*<br>*An unattended sign-in sheet or list near the door*<br>*The plan representative approached each attendee one-on-one and requested the information saying "My company makes me get this from everyone."*<br>*A form was included in the information packets and the plan representative said it was necessary to have the forms submitted before he/she could begin*<br>*The plan representative detained each attendee at the end and got their information before the attendee could leave.* | |

| Q # | General Questions | Response |
|---|---|---|
| | *He/she said "I need to have this before you go."*<br>*The agent repeatedly asked me to complete the form or provide the information.*<br>*Other (describe)_____* | |
| E | **Required comment for Q5.0 A/B:** Describe the plan representative's reaction when you declined to provide your contact information. Include anything the plan representative may have said.<br>*Examples include, but are not limited to:*<br>*The plan representative returned the form to me.*<br>*The plan representative said something like, "Your address and phone number are required."*<br>*The plan representative said something like, "I'm sorry. Only people who complete all the information on the form can stay for the presentation."*<br>*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."*<br>*Other (describe)_____* | |
| F | **Required comment for Q5.0**: *Indicate what type(s) of information was required (e.g., full name, address, phone, Medicare number, current Medicare plan, etc.). List all types of required information.* | |
| G | **Required comment for Q5.0-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.* | |
| Q5.1 | Was a sign-in sheet or roster used at the event? *NOTE TO Shopper: When/if asked to Sign-in, take the form, look it over as best you can, and then sign only your first name.* | |
| A | Yes. A sign-in sheet or roster was used at the event. Go to Q5.2 | |
| B | No. A sign-in sheet/roster was not used at the event. | |

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| Q # | General Questions | Response |
|---|---|---|
| Q5.2 | Did the sign-in sheet clearly indicate that providing personal contact information is optional?<br>*MMG 70.8; 42 CFR 422.2268, 423.2268* | |
| A | Yes. The sign-in sheet clearly indicated that providing personal contact information was optional. | |
| B | No. The sign-in sheet did not clearly indicate that providing personal contact information was optional | |
| C | Required comment for Q5.2: *Describe the sign-in sheet (e.g., a pre-printed form, a piece of paper from a notebook) and describe where the word Optional was located on the sign-in sheet* | |
| D | Required comment: *Describe in detail the information requested on the sign-in sheet. If the presenter had a list of names that was used for sign-in/attendance purposes, describe how the presenter used the list of names and what information was on the list. For example, attendance sheet was on a table and attendees were asked to check-off their name; attendance sheet was circulated for attendees to check-off their name; people not on the list were asked to add their name to the sheet; the sheet asked for name and phone number.* | |
| Q6.0 | **Question 6.0 Omitted at CMS request (March 2011)** | |
| Q7.0 | Did the presenter market non healthcare related products (such as life insurance or annuities) during the event?<br>(Note: Discussion of Medigap policies or Medicare Supplemental Plans is acceptable).<br>*MMG 70.8; 42 CFR 422.2268, 423.2268* | |
| A | The presenter marketed only healthcare products during the event. | |
| B | The presenter marketed non-healthcare products during the event. | |
| C | **Required comment if presenter marketed non-healthcare products:** Describe the *non*-healthcare products the presenter marketed. (Note: Discussion of Medigap or Medicare Supplemental policies is acceptable.) | |
| Q8 | Omitted at CMS request (July 2010) | |
| Q8.1 | Did the presenter make any statements that were <u>inappropriate</u> in order to pressure beneficiaries to enroll in their plan?<br>*(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.")*<br>*("I work for Medicare and they sent me here today to help you enroll")*<br>*MMG 40.5; 42 CFR 422.2264, 423.2264* | |
| A | Yes. The presenter made statements that were inappropriate in order to persuade beneficiaries to enroll in their plan. | |
| B | No. The presenter did not make statements that were inappropriate in order to persuade beneficiaries to enroll in their plan. | |

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| Q # | General Questions | Response |
|---|---|---|
| C | **Required comment if presenter made inappropriate statements:** Describe the EXACT statement(s) made by the presenter and the context of when/why the presenter made the statement(s). | |
| Q8.2 | 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." "Our plan has a five-star rating")*<br>*MMG 40.5; 42 CFR 422.2264, 423.2264* | |
| A | Yes. The presenter made statements that were inaccurate in order to persuade beneficiaries to enroll in their plan. | |
| B | No. The presenter did not make statements that were inaccurate in order to persuade beneficiaries to enroll in their plan. | |
| C | **Required comment if presenter made inaccurate statements:** Describe the EXACT statement(s) made by the presenter and the context of when/why the presenter made the statement(s). | |
| Q8.3 | 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.")*<br>*MMG 40.5; 42 CFR 422.2264, 423.2264* | |
| A | Yes. The presenter used scare tactics to persuade beneficiaries to enroll in their plan. | |
| B | No. The presenter did not use scare tactics to persuade beneficiaries to enroll in their plan. | |
| C | **Required comment if presenter used scare tactics:** Describe the EXACT statements made by the presenter and the context of when/why the presenter made the statement(s). | |
| | ***If the ONLY plan type marketed at the event is Dual Eligible SNP (only Q1.1 - E is selected): skip to Q16.0.*** | |
| | ***If plan type(s) marketed at the event included any plans with Part D benefits, including stand-alone PDP, continue with Q9.0 below. If no plans with Part D benefits were marketed at the event, skip to Q12.*** | |
| Q9.0 | Was prescription drug coverage presented at this event? | |
| A | Yes. Prescription drug coverage was presented. | |
| B | No. Prescription drug coverage was not presented. | |
| | ***If prescription drug coverage was discussed (Yes at Q9.0), continue to Q9.1.***<br>***If prescription drug coverage was NOT discussed (No at Q9.0), but plans with Part D benefits were marketed, continue to Q9.1*** | |

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| Q # | General Questions | Response |
|---|---|---|
| Q9.1 | COSTS FOR PRESCRIPTION DRUGS:<br>Did the presenter either verbally explain or tell where to find information on how much members might pay for prescription drugs, and/or were there slides or handouts that the presenter referenced that contained this information?<br>(*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. If the presenter refers attendees to websites, documents, slides or handouts with this information, that is sufficient for a "Yes" response.*)<br>*9/29/09 HPMS Memo from MCAG* | |
| A | Yes. The presenter verbally explained the pricing for a prescription. | |
| B | Yes. The presenter told us where to look up the price for a prescription. | |
| C | Yes. The presenter used slides or referred to handouts that contained information about prescription costs. | |
| D | No. The presenter did not verbally explain the price for a prescription or tell how that information could be obtained, or use slides or handouts that contained the information. | |
| E | Required Comment: *Describe what, if anything, the presenter told attendees about how or where to find out about any costs involved with prescription drug coverage. Describe if any slides and/or handouts were used or referenced that contained information on the costs of prescription drugs. If slides or handouts were used, but they did NOT contain information on prescription drugs costs, please note this as well. If the presenter skipped any slides describe the approximate number of slides skipped**,** the title(s) of the slides, the bullets or the topic(s).* | |
| Q10.0 | WHAT PRESCRIPTION DRUGS ARE COVERED:<br>Did the presenter verbally explain **how** or where to find out which prescription drugs are covered and/or was this information contained in slides or distributed materials? *(Note to shopper: Listen for references to "formulary book", "online formulary", "plan Web site", "1-800-MEDICARE" or "Medicare plan finder".)*<br>*9/29/09 HPMS Memo from MCAG* | |
| A | Yes. The presenter verbally explained how or where to find out which prescription drugs are covered | |
| B | Yes. The presenter used slides or referred to handouts that contained information about what prescription drugs are covered. | |
| C | No. The presenter did not verbally explain how or where to find out which prescription drugs are covered or use slides or handouts that contained this information. | |
| D | **Required comment:** *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. Describe if any slides and/or handouts were used or referenced that contained information on what prescription drugs are covered. If slides or handouts were used, but they did NOT contain information on what prescription drugs are covered, please note this as well. If the presenter skipped any slides describe the approximate number of slides skipped**,** the title(s) of the slides, the bullets or the topic(s).* | |

| Q # | General Questions | Response |
|---|---|---|
| | | |
| Q11.0 | COVERAGE GAP:<br>Did the presenter verbally describe the prescription drug coverage gap, often referred to as the "donut hole" or reference where to find a description and/or was this information contained in slides or distributed materials? *(Note to shopper: Listen specifically for the phrases "coverage gap" or "donut hole".)*<br>*9/29/09 HPMS Memo from MCAG* | |
| A | Yes. The presenter verbally described the prescription drug coverage gap or "donut hole" or where to find a description. | |
| B | Yes. The presenter used slides or referred to handouts that contained information about the prescription drug Coverage Gap | |
| C | No. The prescription drug coverage gap or "donut hole" was not verbally described, attendees were not verbally directed on where to find a description, and no slides or handouts were used or referenced that contained this information. | |
| D | **Required comment:** *Provide any additional detail to support the observation that the presentation did not include information on coverage gap or donut hole.*<br>*Indicate if the coverage gap or donut hole was mentioned anywhere in the presentation.*<br>*If the presenter skipped any slides describe the approximate number of slides skipped**,** the title of the slides, the bullets or the topic.* | |
| Q12.0 | Were Private Fee-for-Service (PFFS) plans presented at this event? | |
| A | Yes. PFFS plans were presented at this event | |
| B | No. PFFS plans were not presented at this event ***(skip to Q16.0.)*** | |
| Q13.0 | Did the presenter clearly read or state the following disclaimer during the presentation **exactly**?<br>***For Non-network PFFS plans:***<br>*"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"*<br>***For full and partial network PFFS plans:***<br>*"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* | |

| Q # | General Questions | Response |
|---|---|---|
| | *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]."*<br>MMG, 70.8; 42 CFR 422.4(a) (3) (ii), 422.216(a), (b) and (d); 42 CFR 422.2268, 423.2268 | |
| A | Yes. The presenter read or stated the PFFS disclaimer exactly | |
| B | No. The presenter did not read or state the PFFS disclaimer. | |
| C | No. The presenter only read a portion of the PFFS disclaimer. Go to Q 13.0D | |
| 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. | |
| Q14.1 | Was the following PFFS disclaimer prominently displayed on materials used at the sales presentation by the plan representative?<br>MMG 50.1.16; 42 CFR 422.2264, 423.2264<br>For non-network PFFS plans: *"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]."*<br><br>For full and partial network PFFS plans*: "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]."* | |

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| Q # | General Questions | Response |
|---|---|---|
| A | Yes. The disclaimer was prominently displayed on materials used at the sales presentation. | |
| B | No. The disclaimer was not prominently displayed on materials used at the sales presentation. | |
| C | N/A. There were no materials used at the sales presentation. | |
| Q15.0 | 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?<br>MMG 50.1.16; 42 CFR 422.2264, 423.2264 | |
| A | Yes. The presenter passed out the PFFS leaflet to all attendees | |
| B | No. The presenter did not pass out the PFFS leaflet to all attendees | |
| C | **Required comment for Q15.0 B if presenter did not distribute the PFFS leaflet:** Describe any PFFS materials that the presenter distributed. | |
| Q16.0 | Were Special Needs Plans (SNPs), presented at this event? | |
| A | Yes. SNPs were presented at this event | |
| B | No. SNPs were not presented at this event ***(skip to Q20.0)*** | |
| Q16.1 | 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)?<br>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. | |
| B | No. The presenter did not explain the eligibility requirements for SNP enrollment. | |
| C | **Required comment for Q16.1 B if presenter did not discuss special eligibility requirements:** Describe what, if anything, the presenter said about eligibility for a SNP. | |
| Q16.2 | Did the presenter explain the special enrollment period (SEP) to enroll in, change or disenroll from SNPs?<br>MMG 70.8, 42 CFR 422,2268, 423.2268 | |
| A | Yes. The presenter explained the special enrollment period (SEP) for SNPs. | |
| B | No. The presenter did not explain the special enrollment period (SEP) for SNPs. | |
| C | **Required comment for Q16.2B if presenter did not discuss special enrollment periods:** Describe what the presenter said, if anything, about special enrollment periods for SNPs. | |
| Q17.0 | Did the presenter explain the process for voluntary disenrollment if the beneficiary loses his/her Medicaid or institutional | |

| Q # | General Questions | Response |
|---|---|---|
| | status (or becomes ineligible for the Chronic SNP)?<br>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. | |
| B | No. The presenter did not explain that changes in eligibility can lead to the member being disenrolled by the plan. | |
| | **Required comment for Q17.0B if presenter did not discuss changes in the beneficiary's eligibility:** Describe what, if anything, the presenter said about a beneficiary who becomes ineligible. | |
| Q17.1 | Did the presenter describe how drug coverage works with the SNP?<br>MMG 70.8, 42 CFR 422,2268, 423.2268 | |
| A | Yes. The presenter described how drug coverage works with the SNP. | |
| B | No. The presenter did not describe how drug coverage works with the SNP. | |
| | **Required comment for Q17.1B if presenter did not discuss how drug coverage works with the SNP:** Describe what, if anything, the presenter said about how drug coverage works with the SNP. | |
| | **Questions 18 and 19 omitted at CMS Request (July 2010)** | |
| Q20.0 | 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 | |
| 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 | |
| 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(s) if identified and describe the presenter's statement(s). Provide the context for the statement (for example, in response to a question). | |
| | ***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. Otherwise, skip to Q21.0.*** | |
| Q20.1 | 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. | |

| Q # | General Questions | Response |
|---|---|---|
| B. | No. The statement about reducing a service area or no longer serving an area was not true. | |
| C. | N/A. It could not be determined whether the statement was true or not true because the competitor plan was not identified. | |
| D | **Required comment for *all* Q20.1 responses:** Shopper uses data CMS provided to determine the accuracy of statements made by the presenter that a plan no longer services the area or is reducing its service area. Describe the inaccurate statement(s). | |
| Q21.0 | Did this event take place between October 1 and October 14? | |
| A | Yes. This event took place between October 1 and October 14. | |
| B | No. This event did not take place between October 1 and October 14. | |
| | If this event took place prior to October 15, continue to Q21.1. Otherwise, skip to Q22.0. | |
| Q21.1 | Did the presenter collect or accept completed enrollment forms from attendees? | |
| A | Yes. The presenter took possession of completed enrollment forms. | |
| B | No. The presenter did not take possession of completed enrollment forms. | |
| C | N/A. Attendees were not provided with enrollment forms | |
| 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. | |
| Q22.0 | Were printed marketing materials available at the event? | |
| A | Yes | |
| B | No | |
| | ***If no marketing materials were available, skip to Q23.*** | |
| Q22.1 | Was the CMS Marketing Material Identification Number present on all materials issued at the event (i.e., "S1234_0021")?<br>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. | |
| B. | No. A CMS Marketing Material identification number was *not* present on all materials | |
| C. | **Required comment.** If No (Response B at Q22.1), give the title of and describe the material with the *missing* CMS Marketing Material Identification Number. Collect the material and forward it as described in your training. If the material could not be collected, explain why. | |

## Medicare Advantage / PDP Tool - Public Marketing and Sales Events Secret Shopping Tool – Contract Year 2012 Marketplace Surveillance

| Q # | General Questions | Response |
|---|---|---|
| Q22.2 | **List out all Marketing Materials and/or Handouts, Documents or Slides that were distributed or made available at the event, including the Marketing Material Identification Number if available:**<br>**1.**<br>**2.**<br>**3.**<br>**4.**<br>**5.**<br>**6.**<br>**7.** | |
| Q22.3 | **Were enrollment forms provided?** | |
| A. | Yes. Enrollment forms were provided. | |
| B. | No. Enrollment forms were not provided. | |
| | ***If enrollment forms were provided (Yes at Q22.3), continue to Q22.4. Otherwise, skip to Q23.*** | |
| Q22.4 | Was an Enrollment Kit provided? Note: the basic enrollment kit consists primarily of: Enrollment Form, Summary of Benefits.<br>MMG 30.10, 42 CFR 422.111, 423.128 | |
| A | Yes. The basic Enrollment Kit was provided. | |
| B | No. The basic Enrollment Kit was NOT provided. | |
| C | Required Comment: describe the documents contained in the Enrollment Kit. | |
| Q23.0 | Use this space for additional comments/concerns regarding this event. | |
| Q24 | Record the time you arrived at the event location _____ | |
| Q25 | Record the time you left the event location _____ | |
| Q26 | 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. | |
| Q27 | 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. | |
| Q28 | Provide a general description of the event location. | |
| Q29 | Was there a representative from the plan present? | |
| A | Yes, a plan representative was present | |

| Q # | General Questions | Response |
|---|---|---|
| B | No, a plan representative was not present | |
| C | ***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.*** | |