



Scope of Appointment (SOA) Requirements

42 CFR § 422.2264 & 423.2264 (c)(3), § 422.2274 & 423.2274 (b)(3), § 422.2274 & 423.2274 (c)(9)(ii)

The SOA is a documented agreement between a Medicare-eligible individual and an agent, broker, or producer. It's a CMS requirement. And documents the Medicare (MA, MAPD, PDP) product(s) agreed upon for discussion during a personal marketing/sales appointment. The *SOA provides a choice for clients in selecting which Medicare options they want reviewed*. Options include *Medicare products (MAPD, MA, PDP) and* other products such as *Medicare Supplements (Medigap)*. Also includes *other related insurance products* like dental/vision/hearing policies, and *Supplemental Health Insurance* (cancer, heart attack, stroke, hospital, etc.).

Remember: Obtain an SOA prior to any and all sales meetings with Medicare-eligible individuals whether the person enrolls in a plan or not. This includes current clients.

NEW REG (effective 10/1/2023):

Must complete an SOA at least 48 hours in advance of a scheduled in-person meeting before an agent can review Medicare products during a personal marketing/sales appointment.

View below the exceptions to the new ruling when the 48-hr rule DOES NOT apply. Exceptions include:

- SOAs completed during the last four days of a valid election period for a Medicare enrollee (i.e., AEP, OEP, SEP, ICEP).
 - Examples: AEP exception starts 12/3 since AEP ends 12/7. OEP exception starts 3/27 since OEP ends 3/31.
- *Unscheduled* in-person meetings (walk-ins) initiated by a Medicare individual.
- All *unsolicited* inbound calls – when an individual calls an agent or agency.
 - Be sure and record verbal SOAs taken on inbound calls.
 - Don't make outbound calls and instruct clients to call you back to get around the 48-hr waiting period.

The SOA form is universal, so one form is good for all carriers. An SOA can be any of the following:

- 1) signed hard copy
- 2) telephonic recording for telephonic appointments only; or
- 3) electronically / digitally signed

Walk-in or unexpected Medicare-eligible individual

Obtain an SOA when a person walks-in for an unscheduled meeting to discuss Medicare products. Settings include agent's office, kiosk, plan's office, formal or informal marketing/sales event, etc.

Must also obtain an SOA when a person attends a pre-scheduled Medicare meeting with another person (whether in-person, by phone, or virtual). Then agent may start discussing Medicare products with the unexpected attendee(s).

- **Note:** The 48-hour waiting period does not apply in the above walk-in / face-to-face situations.

NEW REG:

An SOA is valid for 365 days / 1 year from the signature date on the SOA.

- Agents must have a way to track the date when SOAs are granted.
- SOAs and agent compensation go hand-in-hand as cited in CMS reg 42 CFR 422.2274 (b).

FYI: CMS and carriers are both doing SOA audits.

Important reminders

1. Clients may complete an SOA for scheduling future marketing appointments while attending formal and informal marketing/sales events.

NEW REG:
Agents can no longer obtain an SOA during an educational event.
 Agents may hand out and collect Consent-to-Consent (C2C) forms and Business Reply Cards (BRC) during educational events. This allows agents to later call an individual, collect an SOA, then schedule a marketing/sales appointment at least 48 hours after obtaining the SOA.
2. Agents must follow the CMS SOA process and requirements regardless of type used and setting (e.g., in-home, library, by phone, online).
3. CMS does not require an SOA for individuals to attend formal or informal marketing/sales or educational events. CMS views requiring one for attendance as pressuring attendees for personal contact information.
4. If a *client requests additional information for a different plan type than previously agreed upon in an SOA*, must obtain a second SOA for the additional product(s). The appointment may then continue.
5. SOA forms or recorded calls must include the following:
 - Product types for discussion
 - Date of appointment
 - Beneficiary and agent contact information
 - Statement: *“There’s no obligation to enroll, current or future Medicare enrollment status will not be impacted, and automatic enrollment will not occur.”*
6. Anyone can complete an SOA for a Medicare-eligible person. It doesn’t require a licensed sales agent.
 - **Note:** Licensed insurance agents must provide any Medicare plan and benefit information.
7. Maintain SOAs for at least 10 years. They must be readily available upon request. This includes initial and additional SOAs obtained during appointments.
8. Reach out to carriers with any questions around the SOA requirements regarding specific situations.

What’s NOT permitted – ever

- Discussing plan options not agreed upon by the beneficiary. And NOT *documented at least 48 hours prior* to discussion *unless* client falls under one of the 48-hr rule exceptions listed above.
- Asking clients for referrals. Agents can provide business cards for clients to distribute.
- Marketing non-health care products, e.g., annuities or life insurance during a Medicare sales/marketing appointment. Often referred to as *cross selling*.
- Soliciting or accepting enrollment applications for a January 1 effective date *prior* to the start of the Annual Election Period (October 15 to December 7). You may accept an application when an individual is eligible for another enrollment period such as an SEP or IEP.
- Providing or having meals subsidized at a personal marketing appointment or marketing/sales event.
- Using any type of bait and switch strategy. Examples include using unsolicited contact about other lines of business as a means of generating Medicare business leads.