

**Medicare Advantage / PDP Tool - Group Marketing and Sales Events  
 Secret Shopping Observations: Script and Scoring Tool - Contract Year 2010 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:	
	M.	Number of Presentation Attendees:	
	N.	<i>Some Shoppers Only</i> - Non Renewal Market (Yes or No):	

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<i>Question Identifier</i>	<b>Section 1: Plan Types</b> <i>Applies to all shopping events.</i>	<b>Response</b>
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"> <li>• With prescription coverage (MA-PD)</li> <li>• Without prescription coverage (MA only)</li> </ul>	<input type="radio"/> <input type="radio"/>
B.	Private Fee-For-Service Plan (PFFS) <ul style="list-style-type: none"> <li>• With prescription coverage (MA-PD)</li> <li>• Without prescription coverage (MA only)</li> </ul>	<input type="radio"/> <input type="radio"/>
C.	Preferred Provider Organization (PPO) <ul style="list-style-type: none"> <li>• With prescription coverage (MA-PD)</li> <li>• Without prescription coverage (MA only)</li> </ul>	<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>	<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"/>
I.	It was not clear what products were being sold at the event	<input type="radio"/>

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Q#	Section 2: General Questions	Response	Value
1.2	Did the presenter identify the products to be discussed at the <i>beginning</i> of the presentation? MMG 70.1 70.9; 42CFR 422.2268, 423.2268		
A.	Yes. At the beginning of the presentation, the presenter identified the products to be discussed	O	0
B.	No. At the beginning of the presentation, the presenter did not identify the products to be discussed.	O	1
C.	<b>Optional comment for Q1.2 if presenter did not identify the products at the beginning of the presentation (Option B at Q1.2):</b> 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; 42 CFR §422.2268(p), §423.2268(p)		
A.	Yes. Only light refreshments or snacks were offered or served.	O	0
B.	No. A full meal was offered or served.	O	1
C.	N/A. No food was served.	O	0
D.	<b>Required comment if any food or beverage item(s) were offered or served at the event (Option A or Option B at Q2.0):</b> Describe the refreshments, beverages or meal.		

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Q#	<b>Section 2: General Questions</b>	Response	Value
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 70.2; 42 CFR §442.2268(b) &amp; § 423.2268(b)</p>		
A.	Yes. Gifts with a combined value of less than \$15.00 were provided to all attendees.	O	0
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	0
C.	No. Gifts were provided to select attendees but not through a drawing.	O	1
D.	No. Gifts with a combined value of more than \$15.00 were provided.	O	1
E.	N/A. No gifts were provided.	O	0
F.	<b>Required comment if gifts were provided at Q3.0 (Options A, B, C or D at Q3.0):</b> Describe the gifts and the manner in which they were distributed.		
<b><i>If gifts were provided through a contest or drawing, please answer Q3.1 &amp; Q3.2. All others skip to Q4.0.</i></b>			
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 only	O	0
B.	Yes - Name and contact information	O	1
C.	Yes - Name and contact information on an appointment form	O	1

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Q#	Section 2: General Questions	Response	Value
D.	No – Contact information was not <i>required</i> to enter the drawing	O	0
E.	<b>Required comment for all responses at Q3.1: Record any observations about the way the drawing was conducted.</b> Describe the form or other documentation used to register for the drawing. Please supply a copy if possible.		
3.2	Did the presenter indicate that there is no obligation to enroll in the plan to be eligible for drawings or prizes? MMG 70.2.2; 42CFR 42 CFR 422.2268, 423.2268		
A.	Yes. Presenter clearly stated that there is no obligation to enroll in the plan.	O	0
B.	No. Presenter did not clearly state that there is no obligation to enroll in the plan.	O	1
C.	<b>Required comment for all responses at Q3.2:</b> Please describe what the presenter said in regard the prizes or drawing.		
4.0	Did the presenter make any absolute statements about their plan such as the plan is “ <i>the best,</i> ” “ <i>the highest-rated,</i> ” or “ <i>provides more than any other plan,</i> ” select “Yes.”  MMG 40.5; 42 CFR §422.2264 & §423.2264		
A.	Yes. Absolute statement(s) were made.	O	0
A.1	Record the absolute statement(s) made:		
B.	No. Absolute statements were <i>not</i> made.	O	0 +

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Q#	Section 2: General Questions	Response	Value
	<i>If absolute marketing statements were made (Option A at Q4.0), please answer 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	N/A
B.	The statement was made in response to an attendee question.	O	N/A
C.	The statement appeared on a slide or overhead.	O	N/A
D.	The statement appeared in the marketing materials provided. (Forward the material including the absolute marketing statement as directed in shopper training.)	O	N/A
E.	Other, please explain:	O	N/A
F.	<b>Required comment.</b> Record other observations made regarding absolute marketing statements and the context in which they were made.		

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	<p><i>Note to All Shoppers:</i></p> <ol style="list-style-type: none"> <li>1. <i>When you are requested to provide your contact information, initially decline to provide anything but your name.</i></li> <li>2. <i>If necessary, tell the plan representative, “I’d rather not.”, “I’d prefer to get your card and contact you.”, or “I am here for someone else and didn’t bring their information.”</i></li> <li>3. <i>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 with.</i></li> </ol>		
5.0	Were the attendees <b>required</b> to provide any contact information (including their name)? Note: Sign in sheets are acceptable as long as completion is not <b>required</b> .		
A.	Yes. The presenter <b>required</b> attendees to provide their contact information. (Go to comment at 5.0D.)	O	1
B.	Yes. The presenter <b>required</b> the attendees to complete an appointment form. (Go to comment at 5.0D.)	O	1
C.	No. The presenter did not <b>require</b> the attendees to provide their contact information or to complete an appointment form.	O	0
D.	<p><b>Required comment for Q5.0, response Option A or response Option B:</b> Please describe the manner in which contact information was collected. Include anything the plan representative may have said.</p> <p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• An unattended sign-in list near the door</li> <li>• The plan representative approached each attendee one-on-one and requested the information saying “My company makes me get this from everyone.”</li> <li>• 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</li> <li>• 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.”</li> </ul>		

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E.	<p><b>Required comment for Q5.0, response Option A or response Option B:</b> Please 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"> <li>• The form was returned to you.           <ul style="list-style-type: none"> <li>○ The plan representative said something like, “Your address and phone number are required.”</li> </ul> </li> <li>• The plan representative said something like, “I’m sorry. Only people who complete all the information on the form can stay for the presentation.”</li> <li>• The plan representative came back and sat down with you. 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.”</li> </ul>		
F.	<p><b>Required comment for Q5.0 response Option A or response Option B:</b> Indicate what type(s) of information were required (e.g., name, address, phone, Medicare number, current Medicare plan, etc.). List all types of required information.</p>		
G.	<p><b>Required comment for Q5.0 Option B response:</b> Please 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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6.0	<p>Was it clear that the presenter 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 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>MMG 30.11; Section 1140 of the Social Security Act</p>		
A.	Yes. It was clear that the presenter works for a company providing the Medicare Advantage plan or Prescription Drug Plan.	O	0
B.	No. It was stated or implied that the presenter works for Medicare or the government.	O	1
C.	No. It was not clear who the presenter worked for.	O	1
D.	<p><b>Required comment if the presenter stated or implied that he or she works for Medicare or the government (Option B at Q6.0)</b> Describe the statement or circumstances including the phrase or comment.</p> <p><b>If it was not clear who the presenter worked for (Option C), describe why</b> it was not clear (e.g. no business card was issued, no name tag, company was not stated, etc.)</p>		
7.0	<p>Did the presenter market non-Medicare products (such as life insurance or annuities) during the event? (Note: Discussion of Medigap policies is acceptable).</p> <p>MMG 70.9; 42 CFR 422.2268, 423.2268</p>		
A.	The presenter marketed only Medicare products during the event.	O	0
B.	The presenter marketed non-Medicare products during the event.	O	1
C.	<p><b>Required comment if presenter marketed non-Medicare products (Option B at Q7.0):</b> Describe the <i>non-</i>Medicare products the presenter marketed.</p>		

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Q#	Section 2: General Questions	Response	Value
8.0	Did the presenter make any statements that were inappropriate, inaccurate (e.g. “you can join our plan at any time”)? or use “scare tactics” to persuade beneficiaries to enroll in their plan (Examples: “How do you know that your plan will still be here for you?”; “You have to enroll in our plan today”; “Your provider only accepts our plan”)		
A.	Yes. The presenter made statements that were inappropriate, inaccurate or used scare tactics to persuade beneficiaries to enroll in their plan.		1
B.	No. The presenter <b>DID NOT</b> make statements that were inappropriate, inaccurate or use scare tactics to persuade beneficiaries to enroll in their plan.		0
C.	<b>Required comment if presenter made inappropriate or inaccurate statements or used scare tactics (Option A at Q8.0).</b> Describe the EXACT statements made by the presenter.		
	<i>Some shoppers answer Q8, response D. Some shoppers skip to Q9.</i>		
D.	<b>NON RENEWAL ONLY:</b> Required comment if presenter made inappropriate or inaccurate statements or used scare tactics that <i>relate to non-renewing plans</i> . Describe the exact statement made by the presenter.		

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Q#	<b>Section 3: Prescription Drug Coverage</b>	Response	Value
9.0	Was prescription drug coverage presented at this event?		
A.	Yes. Prescription drug coverage was presented.	O	N/A
B.	No. Prescription drug coverage was not presented.	O	N/A
	<i>If prescription drug coverage was discussed (Yes at Q9.0), continue to Q9.1. All others skip to Q12.0.</i>		
9.1	Did the presenter verbally explain how much members might pay for prescription drugs or where to find this information? <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>  9/29/09 HPMS Memo from MCAG		
A.	Yes. The presenter verbally explained the pricing for a prescription.	O	0
B.	Yes. The presenter verbally explained where to look up the price for a prescription.	O	0
C.	No. The presenter did not verbally explain the price for a prescription or how that information could be obtained	O	1
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.	O	0
B.	No. The presenter showed slides or distributed printed slides; but the slides did <i>not</i> include information on prescription pricing	O	0
C.	N/A. The presenter did not use slides or other presentation aids.	O	0

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Q#	<b>Section 3: Prescription Drug Coverage</b>	Response	Value
D	<p><b>Required for Option B at Q9.2:</b> Provide additional detail to support observation that the presentation did not include information on prescription pricing.</p> <ul style="list-style-type: none"> <li>• Indicate if <i>anything</i> was shown on prescription drug pricing.</li> <li>• If the presenter skipped any slides describe the approximate number of slides skipped, the title of the slides, the bullets or the topic.</li> </ul>		
10.0	<p>Did the presenter verbally explain <b>how</b> 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>9/29/09 HPMS Memo from MCAG</p>		
A.	Yes. The presenter verbally explained how find out which prescription drugs are covered	O	0
B.	No. The presenter did not verbally explained how to find out which prescription drugs are covered.	O	1
C.	<p><b>Required comment for Q10:</b> Describe what, if anything, the presenter told attendees about how 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, please describe what the presenter said.</p>		

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Q#	<b>Section 3: Prescription Drug Coverage</b>	Response	Value
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.	O	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.	O	0
C.	N/A. The presenter did not use slides or other presentation aids.	O	0
D	<p><b>Required for Option B at Q10.1:</b> 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"> <li>• Indicate whether the presenter mentioned the need to verify coverage for current prescriptions.</li> <li>• If the presenter skipped any slides describe the approximate number of slides skipped, the title of the slides, the bullets or the topic.</li> </ul>		
11.0	<p>Did the presenter verbally explain the prescription drug coverage gap, often referred to as the “donut hole”? (<i>Note to shopper: Listen specifically for the phrases “coverage gap” or “donut hole”.</i>)</p> <p>9/29/09 HPMS Memo from MCAG</p>		
A	Yes. The presenter verbally explained prescription drug coverage gap or “donut hole.”	O	0
B.	No. The prescription drug coverage gap or “donut hole” was not verbally explained.	O	1

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Q#	<b>Section 3: Prescription Drug Coverage</b>	Response	Value
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.	O	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.	O	0
C.	N/A. The presenter did not use slides or other presentation aids.	O	0
D.	<p><b>Required for Option B at Q11.1:</b> 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"> <li>• Indicate if the coverage gap or donut hole was mentioned anywhere in the presentation.</li> <li>• If the presenter skipped any slides describe the approximate number of slides skipped, the title of the slides, the bullets or the topic.</li> </ul>		
	<i>Some shoppers skip to Q18.0</i>		
	<i>Some shoppers: if the coverage gap was not mentioned (No at Q11.0 and No at Q11.1), skip to Q12.0</i>		
11.2	Was the presenter’s verbal explanation of the coverage gap or “donut hole” <i>accurate</i> ?		
	9/29/09 HPMS Memo from MCAG		
A.	Yes. The presenter’s verbal explanation of the coverage gap or “donut hole” was <i>accurate</i> .	O	0
B.	No. The presenter’s verbal explanation of the coverage gap or “donut hole” was <i>inaccurate</i> .	O	1

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Q#	<b>Section 3: Prescription Drug Coverage</b>	Response	Value
D.	<p><b>Required for Option B at Q11.2:</b> 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"> <li>• Provide a description of the inaccurate statement(s) presented.</li> <li>• If the presenter skipped any slides describe the approximate number of slides skipped, title of the slides and topic.</li> </ul>		
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	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	0
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	0
D.	N/A. The presenter did not use slides or other presentation aids.	0	0
E.	<p><b>Required for Option B at Q11.3:</b> 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"> <li>• Provide a description of the inaccurate statement(s) presented.</li> <li>• If the presenter skipped any slides describe the approximate number of slides skipped, the title of the slides, the bullets or the topic.</li> </ul>		

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Q#	<b>Section 4: Private Fee-for-Service (PFFS) – Some Shoppers Only</b>	Response	Value
12.0	Were Private Fee-for-Service (PFFS) plans presented at this event?		
A.	Yes. PFFS plans were presented at this event	O	N/A
B.	No. PFFS plans were not presented at this event	O	N/A
	<b><i>If PFFS plans were presented at this event (Yes at Q12.0), continue to Q13.0. All others go to Q16.0.</i></b>		
13.0	Did the presenter clearly read or state the following disclaimer during the presentation <b>exactly</b> ? <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.”</i> MMG 50.1.3, 70.9; 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	O	0
B.	No. The presenter did not read or state the PFFS disclaimer.	O	1
C.	No. The presenter only read a portion of the PFFS disclaimer. Go to Q 13.0D	O	1
D.	<b>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:</b>		
14.0	<b><u>After any statement</u></b> in the presentation indicating that enrollees can see <i>any provider</i> , did the presenter include 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)		
A.	Yes. The presenter always read or stated the required phrase	O	0



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Q#	Section 4: Private Fee-for-Service (PFFS) – <i>Some Shoppers Only</i>	Response	Value
B.	No. The presenter did not always read or state the required phrase	O	1
15.0	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? MMG 50.5.10; 42 CFR 422.2264, 423.2264		
A.	Yes. The presenter passed out the PFFS leaflet to all attendees	O	0
B.	No. The presenter did not pass out the PFFS leaflet to all attendees	O	1
C.	<b>Required comment for Q15.0 if presenter did not distribute the PFFS leaflet (Option B at Q15.0):</b> Describe any PFFS materials that the presenter distributed.		

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Q#	<b>Section 5: Special Needs Plan (SNP) – Some Shoppers Only</b>	Response	Value
16.0	Were Special Needs Plans (SNPs), presented at this event?		
A.	Yes. SNPs were presented at this event	O	N/A
B.	No. SNPs were not presented at this event	O	N/A
	<b><i>If SNPs were presented at this event (Yes at Q16.0A), continue to Q16.1. All others skip to Q18.0.</i></b>		
16.1	Did the presenter clearly explain the special eligibility requirements for the SNP? MMG 70.9; 42 CFR 422.2268, 423.2268		
A.	Yes. The presenter clearly explained the special eligibility requirements for joining a SNP.	O	0
B.	No. The presenter did not explain the special eligibility requirements for joining a SNP.	O	1
C.	<b>Required comment for Q16.1 if presenter did not discuss special eligibility requirements (Option B at Q16.1):</b> Describe what the presenter said about eligibility for a SNP.		
17.0	Did the presenter explain disenrollment rules for members who are no longer eligible? MMG 70.9; 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.	O	0
B.	No. The presenter did not explain that changes in eligibility can lead to the member being disenrolled by the plan.	O	1
C.	<b>Optional comment for Q17.0 if presenter did not discuss changes in the beneficiary’s eligibility (Option B at Q17.0):</b> Describe what the presenter said about a beneficiary who becomes ineligible.		

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Question Identifier	<i>Secret Shopping Observations: Script and Scoring Tool</i>	<i>Response/Value</i>	
Q#	<b>Section 6: Restricted vs. Non-Restricted Settings</b>	Response	Value
18.0	<p>Did the event take place in a <i>restricted</i> setting?  <i>(Restricted settings</i> are waiting rooms, exam rooms, hospital patient rooms, dialysis center treatment areas where patients interact with their clinical team and receive treatment, and pharmacy counter areas where patients interact with pharmacy providers and obtain medications.  <i>Non-restricted settings</i> are hospital or nursing home cafeterias, community or recreational rooms, and conference rooms; retail stores (not in the immediate area of the pharmacy). These are also known as “common areas”)</p> <p>MMG, Section 70.9.2 [42 CFR 422.2268(k), 423.2268(k)]</p>		
A.	The event took place in a restricted setting.	O	N/A
B.	The event took place in a non-restricted setting.	O	N/A
C.	The event did not take place in a healthcare setting.		
D.	<b>Required comment for Q18.0, Responses A or B:</b> Describe the health care setting for the presentation.		
	<p><i>If the event took place in a restricted setting (Option A at Q18.0), continue to Q18.1. If the event took place in a non-restricted setting or was not in a health care setting:</i></p> <ul style="list-style-type: none"> <li>• <i>Some shoppers skip to Q20.0</i></li> <li>• <i>Some shoppers skip to Q21.</i></li> </ul>		
18.1	<p>Were completed enrollment forms accepted at the event?  MMG 70.9; 42 CFR 422.2268, 423.2268</p>		
A.	Yes. Completed enrollment forms were accepted at the event.	O	1
B.	No. Completed enrollment forms were <i>not</i> accepted at the event.	O	0

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<i>Question Identifier</i>	<i>Secret Shopping Observations: Script and Scoring Tool</i>	<i>Response/Value</i>	
<b>Q#</b>	<b>Section 6: Restricted vs. Non-Restricted Settings</b>	<b>Response</b>	<b>Value</b>
C.	<b>Required comment for Q18.1 if presenter accepted enrollment forms (Option A at Q18.1):</b> Describe the manner in which enrollment forms were distributed and accepted.		
19.0	Did the presenter talk about plan specifics such as premiums and benefits, or mention a specific plan by name? If so, please note this is a sales presentation at 19.0 A.  MMG, Sections 70.7 and 70.9.2.; 42 CFR 422.22681(1), 423.2268(1), 422,2268(k) and 423.2268(k)		
A.	A sales presentation was conducted during the event.	O	1
B.	A sales presentation was not conducted during the event.	O	0
C.	N/A. There was no presentation or discussion.	O	0
D.	<b>Required comment for Q19.0 if there was a presentation or discussion (Options A or B):</b> Describe the topics discussed and materials, including business cards, distributed at the sales presentation.		

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<i>Question Identifier</i>	<i>Secret Shopping Observations: Script and Scoring Tool</i>	<i>Response/Value</i>	
Q#	<b>Section 7: Non-Renewing Plans- Some Shoppers Only</b>	Response	Value
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	O	N/A
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	O	N/A
C.	<b>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):</b> 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), answer Q20.1. All others go 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.	O	0
B.	No. The statement about reducing a service area or no longer serving an area was not true.	O	1
C.	N/A. It could not determine whether the statement was true or not true because the competitor plan was not identified.	O	0
D.	<b>Required comment for all Q20.1 responses:</b> 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.		

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<i>Question Identifier</i>	<i>Secret Shopping Observations: Script and Scoring Tool</i>	<i>Response/Value</i>	
Q#	<b>Section 8: Events Scheduled Between October 1 and November 14</b>	Response	Value
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	O	N/A
B.	No. This event did not take place between October 1 and November 14	O	N/A
	<i>If this event took place between October 1 and November 14, (Yes at Q21), answer Q21.1. All others skip to Q22.</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	O	1
B.	No. The presenter did not take possession of the completed enrollment forms	O	0
C.	N/A. Attendees were not provided with enrollment forms	O	0
D.	<b>Required comment on Q21.1A if presenter took possession of the completed enrollment forms:</b> 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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Question Identifier	<i>Secret Shopping Observations: Script and Scoring Tool</i>	<i>Response/Value</i>	
Q#	<b>Section 9: Marketing Materials</b>	Response	Value
22.0	Were printed marketing materials available at the event?		
A	Yes		
B	No		
	<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, Section 40		
A.	Yes. A CMS Marketing Material identification number was present on all materials.	0	0
B.	No. A CMS Marketing Material identification number was <i>not</i> present on all materials	0	1
C.	<b>Required comment.</b> 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 to the appropriate address, as described in your training. If the material could not be collected, explain.		

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<i>Question Identifier</i>	<i>Secret Shopping Observations: Script and Scoring Tool</i>	<i>Response/Value</i>	
<b>Q#</b>	<b>Section 9: Marketing Materials</b>	<b>Response</b>	<b>Value</b>
22.2	Please indicate which of the following presentation aids were used by the presenter. (Mark all that apply.)		
A.	Overhead transparency slides	O	0
B.	PowerPoint slides displayed from a personal computer	O	0
C.	Overhead or PowerPoint slides printed on paper	O	0
D.	Some other type of presentation aid. <i>Provide description at Q23.</i>	O	0
E.	Presenter did not use any presentation aids	O	0



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<b>Q# Response</b>	<b>Section 10: Additional Comments</b>
23.	Please use this space for additional concerns regarding this event.

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Q# Response	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
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>