

## SCOPE OF APPOINTMENT – 48 HOUR WAITING PERIOD RULE CHART



According to Centers for Medicare and Medicaid Services (CMS), a beneficiary must agree to the scope of products that will be discussed with an agent *prior to* any face-to-face personal/individual marketing appointment. The agreement can be documented telephonically by the Plan (only) or by the agent using a Scope of Appointment (SOA) form. In either case, the beneficiary must agree to the products that can be discussed (i.e. the scope) at a face-to-face personal/individual marketing appointment.

Initial Scope of Appointment Product Discussion Agreement	Secondary Product Discussion	SOA Req'd	Schedule secondary appt	48 Hour Waiting Period Req'd	Medicare Marketing Guideline Reference	Agent Documentation
<b>Initial</b> Stand-alone Prescription Drug Plans (Part D) or Medicare Advantage Plans (Part C)	N/A	Yes	N/A	No	70.5.1, 70.9.1	If unable to obtain SOA <b>before</b> the appt, agent must document the reason given by beneficiary on the form
Stand-alone Prescription Drug Plans (Part D)	<b>Agent</b> initiates Medicare Advantage Plans discussion	Yes	Yes (when practicable)	Yes (when practicable)	70.5.1, 70.9.1	If not practicable to wait 48 hrs, agent must document reason on the form and proceed with discussion
Stand-alone Prescription Drug Plans (Part D)	<b>Beneficiary</b> initiates Medicare Advantage Plan discussion	Yes	No	No	70.5.1, 70.9.1	Agent must document beneficiary request on the form and proceed with discussion
Medicare Supplement	<b>Agent or beneficiary</b> initiates Medicare Advantage &/or Prescription Drug Plan discussion	Yes	Yes (when practicable)	Yes (when practicable)	70.5.1, 70.9.1	If not practicable to wait 48 hrs, agent must document reason on the form and proceed with discussion.
Non-healthcare product (life, annuities, etc.) appointment NOTE: CROSS-SELLING OF NON-HEALTH PRODUCTS DURING MA OR PART D SALES OR MARKETING ACTIVITY IS PROHIBITED	<b>Agent or beneficiary</b> initiates Medicare Advantage &/or Prescription Drug plan discussion	Yes	Yes	No	70.8, 70.9.1	If agent returns for appt at beneficiary request on same day, must document the reason given by beneficiary on the form
Stand-alone Prescription Drug Plans (Part D) or Medicare Advantage Plans (Part C) <b>initiated by the beneficiary immediately after a public sales presentation</b>	N/A	Yes	No	No	70.9.1	Agent must indicate “beneficiary requested appt immediately following public sales presentation” on the form
Stand-alone Prescription Drug Plans (Part D) or Medicare Advantage Plans (Part C) <b>initiated by the beneficiary after walking into office</b>	N/A	Yes	No	No	70.9.2	Agent must indicate “walk-in” on the form