

**Medicare Advantage / PDP Tool - Public Marketing and Sales Events Secret Shopping Tool –  
Contract Year 2014 Marketplace Surveillance**

Question	Shopper Observations	Responses			
<b>Q1</b>	<b>Event Information</b>				
<b>A</b>	Shopping Entity ID Code ( <i>3 digit number from spreadsheet listing contractors, RO's, DOI's</i> )				
<b>B1</b>	Shopper Arrival Time ( <i>format is HH:MM space AM/PM - Example: 01:30 pm</i> )				
<b>B2</b>	Shopper Departure Time ( <i>format is HH:MM space AM/PM - Example: 02:30 pm</i> )				
<b>B3</b>	Shopper Name ( <i>first name, initial of last name - Example: Jane, D</i> )				
<b>C1</b>	Event Date ( <i>from HPMS - format is MM/DD/YYYY</i> )				
<b>C2</b>	Event Time ( <i>from HPMS - format is HH:MM space AM/PM - Example: 01:30 pm</i> )				
<b>D</b>	HPMS Event # ( <i>from HPMS - 7 digit number</i> )				
<b>E</b>	Plan Contract Number ( <i>from HPMS Event upload - 5 digits beginning with H, S or R and followed by four numbers</i> )				
<b>F</b>	Type of Event: ( <i>from HPMS</i> )	<input type="checkbox"/> Educational	<input type="checkbox"/> Formal	<input type="checkbox"/> Informal	
<b>G1</b>	Venue Name ( <i>same as Venue Name from HPMS</i> )				
<b>G2</b>	Address 1 ( <i>from HPMS</i> )				
<b>G3</b>	Address 2 ( <i>Suite/Apartment, etc. – from HPMS</i> )				
<b>G4</b>	City ( <i>from HPMS</i> )				
<b>G5</b>	State Code ( <i>from HPMS</i> )				
<b>G6</b>	Zip Code ( <i>from HPMS</i> )				
	<b>Check either Yes, No or N/A and provide a comment as indicated, in the fields to the right of each question.</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comment</b>
<b>H</b>	Was the agent a “no show”? <i>If yes, skip to J</i>				

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		Yes	No	N/A	Comment
<b>I</b>	Were you able to complete the event? <i>If yes, skip to K</i>				
<b>J</b>	NO SHOW or INCOMPLETE SHOP: Provide all additional comments about the No Show or Incomplete shopping event.				
<b>K</b>	Provide a general description of the event location, your attempts to locate the event, and/or any barriers to accessing or attending the event.				
<b>L1</b>	Presentation Language for the event ( <i>enter corresponding number in the field on the right</i> ) 1. English 2. Spanish 3. Mandarin/Cantonese 4. Other (enter 4 and then enter the language information in L2)				<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Mandarin/Cantonese <input type="checkbox"/> Other:
<b>L2</b>	Describe Presentation Language if Other				
<b>M</b>	Agent Name(s) <i>If not available, enter Unknown</i>				
<b>N</b>	Company or Agency listed on Agent’s business card <i>If not available, enter Unknown</i>				
<b>O</b>	Number of Presentation Attendees <i>Include yourself in the count, but not presenters.</i>				
<b><i>IF YOUR EVENT DID NOT TAKE PLACE OR YOU WERE UNABLE TO ATTEND OR COMPLETE THE EVENT, STOP HERE. YOU HAVE COMPLETED THE SURVEY.</i></b>					

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<b>Q2</b>	<b>Products Marketed at this Event</b>	<b>Responses</b>			
	List both the plan name(s) and plan type(s) of the MA/MA-PD and/or PDP products marketed at this event. <i>(enter information in the field on the right, separated by commas)</i>				
<b>Q3</b>	<b>Sign-In Sheet or Roster</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comment</b>
<b>A</b>	If there is a sign in sheet, did it clearly indicate that filling out the requested information is “optional”? <i>(If there was no sign-in sheet, select N/A and skip to Q4).</i>				
<b>B</b>	Did the presenter pressure attendees to complete the sign-in sheet or roster?				
<b>C</b>	Describe the presenter’s statements and/or actions that put pressure on attendees to complete the sign-in sheet or roster. <i>(If no pressure, leave blank)</i>				
<b>Q4</b>	<b>Contact Information/Event Registration</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comment</b>
<b>A</b>	Were attendees told they had to provide their contact information or complete a registration form to attend the event (Examples: Scope of Appointment form, Information Request form, Contact form, Registration form)?				
<b>B</b>	Describe what the presenter said or did to attendees about providing contact information and/or completing a contact information or event registration form and describe the information the presenter asked attendees to provide and/or what forms were distributed.				
<b>Q5</b>	<b>Food</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comment</b>

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<b>A</b>	If food and/or a beverage was offered or served, <b>was it a meal?</b> <i>If food and/or beverage was NOT offered or served, mark N/A and skip to Q6.</i>				
<b>B</b>	<b>If the food and/or beverage is considered a meal</b> , describe what was offered and/or served AND how it was offered or served/available.				
<b>Q6</b>	<b>Gifts</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comment</b>
<b>A</b>	If gifts were provided, was the combined value of the gift(s) <b>MORE THAN \$15.00?</b> <i>If No gifts were provided, mark N/A and skip to Q7</i>				
<b>B</b>	<b>If the gift(s) value is MORE THAN \$15.00</b> , describe the gifts provided and how they were given out.				
<b>C</b>	Were gifts available to all attendees?				
<b>D</b>	If a raffle, drawing or contest was conducted, what contact information was required?				
<b>Q7</b>	<b>Marketing Materials</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comment</b>
<b>A</b>	If printed marketing materials were available, <b>did they all include the CMS Marketing Identification Number?</b> <i>If No marketing materials were available, mark N/A and skip to Q8. If Yes skip to Q7C</i>				
<b>B</b>	For materials that DO NOT have a CMS ID number, list the document name and describe it. DO NOT list materials that are excluded from review.				
<b>C</b>	If presenter provided materials for other products or discussed other plans, describe them here. <i>(Examples: life insurance, annuities, Medigap)</i>				

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		Yes	No	N/A	Comment
<b>Q8</b>	<b>Enrollment Forms</b>				
<b>A</b>	Please check which of the following documents were available (check all that apply):	<input type="checkbox"/> Enrollment forms <input type="checkbox"/> Plan Ratings (Star Ratings) document <i>(note: may be included in other documents or may be a stand-alone document)</i> <input type="checkbox"/> Summary of Benefits <input type="checkbox"/> Multi-language insert <i>(note: may be included in other documents or may be a stand-alone document)</i> <input type="checkbox"/> Provider Directory <input type="checkbox"/> Other:			
<b>B</b>	If presenter collected or accepted and/or offered to hold completed Enrollment forms, describe what the presenter said and/or did about receiving, completing and/or holding completed enrollment forms.				
<b>Q9</b>	<b>Election Periods</b>				
<b>A</b>	Did the presenter describe the Annual Election Period (AEP), also called the Open Enrollment Period (OEP), which occurs from October 15 <sup>th</sup> through December 7 <sup>th</sup> each year?				
<b>B</b>	Did the presenter explain the Medicare Advantage Disenrollment Period (MADP) which occurs from January 1 <sup>st</sup> through February 14 <sup>th</sup> each year?				
<b>C</b>	Describe what the presenter said about election periods, SEPs, and/or LEPs.				
<b>Q10</b>	<b>Prescription Drugs – Costs, Coverage/ Formulary, Coverage Gap, Other</b>				

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<b>A</b>	Please check which of the following topics were discussed during the presentation (check all that apply):	<input type="checkbox"/> Network pharmacies <input type="checkbox"/> Preferred pharmacies <input type="checkbox"/> Drug costs/tiering <input type="checkbox"/> Exceptions request <input type="checkbox"/> Formulary <input type="checkbox"/> Coverage Gap <input type="checkbox"/> Other:			
<b>B</b>	Were prescription drugs discussed in an incorrect, misleading or inappropriate way? <i>If prescription drugs were NOT discussed, mark N/A and skip to Q11</i>				
<b>C</b>	If prescription drugs were discussed in an incorrect, misleading or inappropriate way, describe what was said.				
<b>D</b>	Describe what, if anything, the presenter said about the plan’s preferred pharmacies versus network pharmacies.				
<b>Q11</b>	<b>Medical Coverage for a Medicare Advantage Plan</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comment</b>
<b>A</b>	Please check which of the following topics were discussed during the presentation (check all that apply):	<input type="checkbox"/> Preventive benefits <input type="checkbox"/> Cancer screening (prostate cancer, mammograms, pap smear, colonoscopy, etc.) <input type="checkbox"/> Welcome to Medicare visit <input type="checkbox"/> Annual wellness visit <input type="checkbox"/> Provider network <input type="checkbox"/> Supplemental benefits (hearing, vision, dental, health club, etc.) <input type="checkbox"/> Other:			
<b>B</b>	Was medical coverage discussed in an incorrect, misleading or inappropriate way? <i>If medical coverage was NOT discussed, mark N/A and skip to Q12</i>				
<b>C</b>	If medical coverage was discussed in an incorrect, misleading or inappropriate way, describe what was said.				

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<b>D</b>	Did the presenter explain the difference between paying the plan premium versus paying the Part B premium? <i>If plan premium was NOT discussed, mark N/A</i>				
<b>E</b>	Describe what, if anything, the presenter said about paying the monthly plan premium?				
<b>Q12</b>	<b>Special Needs Plans (SNPs)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comment</b>
<b>A</b>	Were SNPs discussed in an incorrect, misleading or inappropriate way? <i>If SNPs were NOT discussed, mark N/A and skip to Q13</i>				
<b>B</b>	If SNPs were discussed in an incorrect, misleading or inappropriate way, describe what was said.				
<b>Q13</b>	<b>Private Fee-for-Service (PFFS) Plans</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comment</b>
<b>A</b>	Were PFFS plans discussed in an incorrect, misleading or inappropriate way? <i>If PFFS plans were NOT discussed, mark N/A and skip to Q14</i>				
<b>B</b>	IF PFFS plans were discussed in an incorrect, misleading or inappropriate way, describe what was said.				
<b>Q14</b>	<b>Plan Rating (Star Ratings)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comment</b>
<b>A</b>	If the presenter discussed the plan’s star rating, did they state the plan’s <b>OVERALL</b> rating? <i>If plan ratings were not discussed, mark N/A and skip to Q15</i>				
<b>B</b>	What Star Rating year was discussed?				

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<b>C</b>	Provide the year, plan name and contract number (e.g., H1234, S1234) located at the top of the page and the CMS Marketing ID located on the bottom of the page. <i>(place information in comment field on right, separated by commas; do not use the “&amp;” symbol)</i>				
<b>D</b>	Describe what the presenter said about Plan Ratings for the plan(s) being marketed, about Plan Ratings in general, about any individual ratings, etc.				
<b>Q15</b>	<b>Presentation Overview and Presenter Conduct</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comment</b>
<b>A</b>	Was a DVD, video, or other recording shown or played as part of the presentation?				
<b>B</b>	Did the presenter make any absolute statements <b>WITHOUT including a reference</b> about their plan? <i>If no absolute statements were made, mark N/A and skip to Q15D</i>				
<b>C</b>	If absolute statement(s) were made <b>WITHOUT</b> a reference, describe the absolute statement(s) made by the presenter and any references given or available.				
<b>D</b>	Did the presenter make any statements that were inappropriate or inaccurate, or use “scare tactics” in order to pressure beneficiaries to enroll in their plan? <i>If No, skip to Q16</i>				
<b>E</b>	Describe the <b>EXACT</b> behavior and/or statement(s) made by the presenter that were inappropriate, inaccurate, and/or used scare tactics, and the context of when/why the presenter made the statement(s).				
<b>Q16</b>	<b>Summary Comments</b>				



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<b>A</b>	Shoppers provide any additional observations or comments about this event that were not captured by other question or comment fields here, or enter None.	
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