

**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 Q39)	
	L.	Agent Name:	
	M.	Number of Presentation Attendees:	
	N.	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#	<b>Section 2: General Questions</b>	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 served.	O	0
B.	No, a full meal was served.	O	1
C.	N/A, no food was served.	O	0
D.	<b>Required comment if any food or beverage item(s) were served at the event (Option A or Option B at Q2.0):</b> Describe the refreshments, beverages or meal.		
3.0	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?  MMG 70.2; 42 CFR §442.2268(b) & § 423.2268(b)		
A.	Yes, gifts with a combined value of less than \$15.00 were provided to all attendees.	O	0

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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; Q32. 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 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
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.		

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Q#	Section 2: General Questions	Response	Value
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	1
A.1	Record the absolute statement(s) made:		
B.	No absolute statements were made.	O	0
	<b><i>If absolute marketing statements were made, please answer Q4.1. All others skip to Q5.0.</i></b>		
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

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Q#	Section 2: General Questions	Response	Value
D.	The statement appeared in the marketing materials provided. Go to 4.1F	O	N/A
E.	Other, please explain:	O	N/A
F	Required comments – Record other observations made regarding absolute marketing statements.  If the statement appeared in marketing material, collect the material and forward it to the appropriate address, as described in your training. If the material could not be collected, described the material:		
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.	O	1
B.	Yes, the presenter <b>required</b> the attendees to complete an appointment form.	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.	<b>Required comment for Q5.0 Options A or B responses:</b> Please describe the form used for contact information including the title of the form if applicable. Provide a copy of the form if possible.		

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Q#	<b>Section 2: General Questions</b>	Response	Value
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

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C.	<b>Required comment if presenter marketed non-Medicare products (Option B at Q7.0):</b> Describe the <i>non-Medicare</i> products the presenter marketed.		
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 use 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 use scare tactics (Option A at Q8.0).</b> Describe the EXACT statements made by the presenter.		
D.	<b>NON RENEWAL ONLY: Required comment if presenter made inappropriate or inaccurate statements or use scare tactics that relate to non-renewing plans.</b> 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
	<b><i>If prescription drug coverage was discussed (Yes at Q9.0), continue to Q9.1. All others skip to Q12.0.</i></b>		
9.1	Did the presenter mention 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 for a “Yes” response.)</i>		
A.	Yes, the presenter explained the pricing for a prescription.	O	0
B.	Yes, the presenter told attendees where to look up the price for a prescription.	O	0
C.	No, the presenter did not mention the price for a prescription or how that information could be obtained	O	1
10.0	Did the presenter tell attendees how to find out if their prescription drugs are covered?		
A.	Yes, the presenter explained how to look up prescription drugs to see if they are covered	O	0
B.	No, the presenter did not mention how to find out if prescription drugs are covered.	O	1
C.	<b>Optional comment to describe what presenter told attendees about how to find out prescription drugs are covered (Q10A. &amp; B.):</b> Describe what the presenter said about verifying coverage for specific drugs.		
11.0	Did the presenter discuss 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>		
A	Yes, the presenter discussed prescription drug coverage gap or “donut hole.” (if yes, go to 11.1)	O	0
B.	No, the prescription drug coverage gap or “donut hole” was not mentioned. (Skip to 12.0)	O	1

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Q#	Section 3: Prescription Drug Coverage	Response	Value
11.1	Did the presenter <i>accurately</i> describe the coverage gap or “donut hole”?		
A.	Yes, the presenter accurately described the coverage gap or “donut hole”	0	0
B.	No, the presenter did not accurately describe the coverage gap or “donut hole” (if no, answer 11.1 C.)	0	1
C.	<b>Required comment if the presenter did not accurately describe coverage gap or “donut hole” (Option B at Q11.1 ):</b> Describe the inaccurate statement made.		

**Section 4: Private Fee-for-Service (PFFS) Questions Do Not Apply**

Q#	<del>Section 4: Private Fee for Service (PFFS)</del>	Response	Value
12.0	<del>Were Private Fee for Service (PFFS) plans presented at this event?</del>		
A.	<del>Yes, PFFS plans were presented at this event</del>	<del>0</del>	<del>N/A</del>
B.	<del>No, PFFS plans were not presented at this event</del>	<del>0</del>	<del>N/A</del>
	<del><b>If PFFS plans were presented at this event (Yes at Q12.0), continue to Q13.0. All others go to Q16.0.</b></del>		
13.0	<del>Did the presenter clearly read or state the following disclaimer during the presentation <b>exactly</b>? “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.” 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</del>		
A.	<del>Yes, the presenter read or stated the PFFS disclaimer exactly</del>	<del>0</del>	<del>0</del>
B.	<del>No, the presenter did not read or state the PFFS disclaimer.</del>	<del>0</del>	<del>1</del>

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Q#	<del>Section 4: Private Fee-for-Service (PFFS)</del>	Response	Value
<del>C.</del>	<del>No, the presenter only read a portion of the PFFS disclaimer. Go to Q 13.0D</del>	<del>0</del>	<del>1</del>
<del>D.</del>	<del><b>Required comment if the presenter read only a portion of the PFFS disclaimer. Describe the portion of the PFFS disclaimer that the presenter left out:</b></del>		
<del>14.0</del>	<del><b>After any statement</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)</del>		
<del>A.</del>	<del>Yes, the presenter always read or stated the required phrase</del>	<del>0</del>	<del>0</del>
<del>B.</del>	<del>No, the presenter did not always read or state the required phrase</del>	<del>0</del>	<del>1</del>
<del>15.0</del>	<del>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</del>		
<del>A.</del>	<del>Yes, the presenter passed out the PFFS leaflet to all attendees</del>	<del>0</del>	<del>0</del>
<del>B.</del>	<del>No, the presenter did not pass out the PFFS leaflet to all attendees</del>	<del>0</del>	<del>1</del>
<del>C.</del>	<del><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.</del>		

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Q#	<b>Section 5: Special Needs Plan (SNP)</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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Q#	<b>Section 6: Health Care Settings</b>	Response	Value
18.0	<p>Did the event take place in a <i>restricted</i> health care setting?  <i>(Restricted health care 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 health care settings</i> are hospital or nursing home cafeterias, community or recreational rooms, and conference rooms. 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 area within a health care setting	O	N/A
B.	The event took place in a common area within a health care setting.	O	N/A
D.	<b>Required comment for Q18.0, if the event took place in any type of health care setting (Options A and B at Q18.0):</b> Describe the health care setting for the presentation.		
<i>If the event took place in a restricted health care setting (Option A at Q18.0), continue to Q18.1. All others skip to Q19.0.</i>			
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

**Medicare Advantage / PDP Tool - Group Marketing and Sales Events  
Secret Shopping Observations: Script and Scoring Tool - Contract Year 2010 Marketplace Surveillance**

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<b>Q#</b>	<b>Section 6: Health Care 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 general discussion, but <i>not</i> a sales presentation, was conducted during the event	O	0
C.	N/A, there was no presentation or discussion	O	0
D.	<b>Required comment for Q19.0 (Option A at Q19.0):</b> Describe the topics discussed and materials, including business cards, distributed at the sales presentation.		

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Q#	<b>Section 7: Non-Renewing Plans</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, 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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<b>Q#</b>	<b>Section 8: Events Scheduled Between October 1 and November 14</b>	<b>Response</b>	<b>Value</b>
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 Q21A), answer Q21.1. All others go 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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<b>Q#</b>	<b>Section 9: Marketing Materials</b>	<b>Response</b>	<b>Value</b>
22.0	Were marketing materials available at the event?		
A	No.		

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 Secret Shopping Observations: Script and Scoring Tool - Contract Year 2010 Marketplace Surveillance**

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<b>Q#</b>	<b>Section 9: Marketing Materials</b>	<b>Response</b>	<b>Value</b>
B	Yes. If yes, complete 22.1		
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.	Required comment for Response B Describe in as much detail as possible, the marketing piece that was available at the event that did not contain a CMS Marketing Material Identification Number: 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, described the material:		

**Medicare Advantage / PDP Tool - Group Marketing and Sales Events  
 Secret Shopping Observations: Script and Scoring Tool - Contract Year 2010 Marketplace Surveillance**

*Secret Shopping Observations: Script and Scoring Tool  
 Contract Year 2010*

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

Q# Response	<b>Section 12: Incomplete Shops</b>
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):
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:
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

**Medicare Advantage / PDP Tool - Group Marketing and Sales Events**  
**Secret Shopping Observations: Script and Scoring Tool - Contract Year 2010 Marketplace Surveillance**

B.	No, a plan representative was not present
	<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>

**Medicare Advantage / PDP Tool - Group Marketing and Sales Events**  
**Secret Shopping Observations: Script and Scoring Tool - Contract Year 2010 Marketplace Surveillance**