



Scope of Appointment and the 48-Hour Rule Reminder

Please review this important compliance reminder.

A Scope of Appointment (“SOA”) is a mandatory CMS form that outlines the specific Medicare topics a beneficiary agrees to discuss with a licensed agent which is required to be completed at least 48 hours before a personalized marketing meeting with the beneficiary.

The intent of the 48-hour waiting period (“48-hour rule”) is to give the beneficiary time to consult resources to help them make an informed decision on their coverage options.

NOTE: The requirement is **at least 48 hours** prior to the sales appointment, not 2 days. For example: If the SOA is signed by the beneficiary at 4:00 p.m. on Tuesday, the appointment

cannot be scheduled earlier than 4:00 p.m. on Thursday. A noon appointment on Thursday would be less than 48 hours.

While carrier interpretations may vary, the majority of carriers align with the 48-hour waiting period.

Are there any exceptions to the 48-hour rule?

Yes, there are some exceptions to the 48-hour rule:

- An inbound telephone call from the beneficiary, their POA or authorized representative. The SOA can be completed during that call without being subject to the 48-hour rule.
- An unscheduled in-person meeting (walk-in) prompted by the beneficiary, their POA, or authorized representative. If a beneficiary walks into an agent's office without a prior appointment, an SOA can be completed at that time and there's no requirement for the 48-hour waiting period.
- An appointment within 4 days of the end of a valid election period for the beneficiary. The 48-hour wait is waived if the personal marketing appointment occurs during the last 4 days of a valid enrollment period (AEP, OEP, SEP, ICEP, IEP or any other valid election period the beneficiary is qualified to use). For example, the AEP ends on December 7th of each year so if an SOA is completed on or after December 3rd, the personal marketing appointment can occur during the period between December 3rd and December 7th. Be sure to document the reason the SOA was taken less than 48

hours before the appointment as specifically as possible on the SOA.

Would the 48-hour rule apply when returning a call to a beneficiary-initiated voicemail, text, email or other outreach?

Yes, any outbound contact made to a beneficiary, even if in response to voicemail, text, email or other outreach to discuss Medicare products, would still be subject to the 48-hour rule.

How can an SOA be completed?

- SOAs can be completed electronically via email or text.
- With a paper form signed by the beneficiary (or their authorized representative).
- Verbally for phone appointments; must follow a CMS-approved script and be recorded.
- It is recommended to use a generic scope of appointment, rather than a carrier specific scope of appointment. A generic SOA allows discussion for any carriers' plans, as well as some ancillary health products.

How long is an SOA valid?

An SOA is valid for 12 months from the signature date. It's important to note that if a beneficiary decides to discuss a different plan or meet with a different licensed agent than what is indicated on the original SOA form, then a new SOA is required before the appointment and is subject to the 48-hour rule.

How long should an SOA be retained?

Licensed agents are responsible for retaining SOA documentation for a minimum of 10 years. Be sure to retain copies of SOAs, even if a marketing appointment did not take place. It can be noted that the beneficiary was a no-show, cancelled the appointment, or just that a marketing appointment did not result in a sale.

NOTE: Best practice is to submit a copy of the scope of appointment with every new application transmittal.

Please be sure to distribute this compliance bulletin to all agents in your hierarchy.

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