



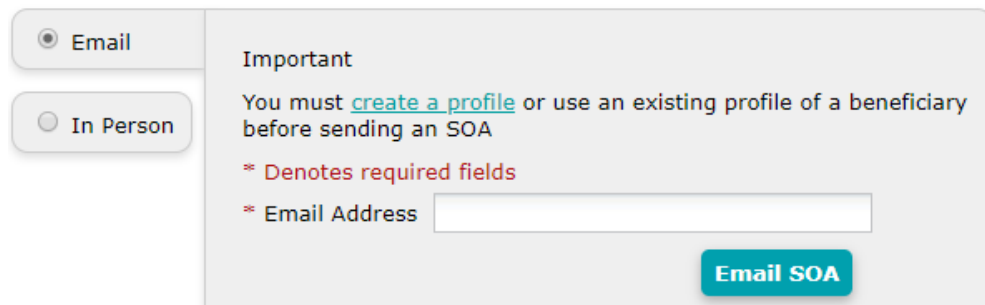
Audience: External Brokers and Field Agents

Topic: DRX – Email SOA to beneficiary

Issue: Send SOA to beneficiary prior to appointment

The SOA is a CMS enrollment requirement. This job aid walks through the process of emailing an SOA from DRX to the beneficiary and what the agent will need to do to complete the process prior to the appointment.

1. Login to DRX using your credentials
2. Click 
3. Create a profile for the beneficiary, click 
4. In the SOA tab, select the **Email** option and enter the beneficiary's email address

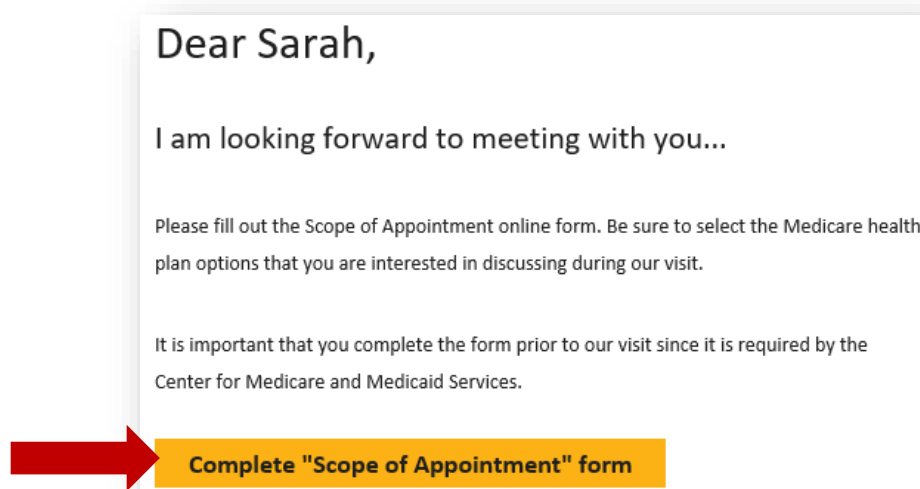


The screenshot shows a web form with two radio button options: 'Email' (selected) and 'In Person'. To the right, there is a section titled 'Important' with the text: 'You must [create a profile](#) or use an existing profile of a beneficiary before sending an SOA'. Below this, there are two red asterisks: '* Denotes required fields' and '* Email Address' followed by an empty text input field. At the bottom right of the form is a blue button labeled 'Email SOA'.

5. Click **Email SOA**

The Beneficiary Must Follow These Instructions

1. The beneficiary will receive an email from Do.Not.Reply@DRX.com (like the one below)



2. The beneficiary must click the “Complete Scope of Appointment Form” button
3. The beneficiary must complete the online form (see example below)

Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Fields marked with an asterisk (*) are required.

Please check one or ALL the product(s) below that you want the agent to discuss. *

- Stand-alone Medicare Prescription Drug Plans (Part D)
- Medicare Advantage Plans (Part C) and Cost Plans
- Medicare Supplement (Medigap) Products
- Ancillary Products

[View](#) complete Medicare product descriptions.

Beneficiary or Authorized Representative Information

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

Beneficiary's First Name *	<input type="text" value="Sarah"/>
Beneficiary's Last Name *	<input type="text" value="Marshal"/>
Address (Line 1)	<input type="text" value="123 Main Street"/>
Address (Line 2)	<input type="text"/>
City	<input type="text" value="Long Beach"/>
State	<input type="text" value="California"/>
Zip Code	<input type="text" value="90808"/>
Phone Number	<input type="text" value="5625551212"/>

Are you the authorized representative acting on behalf of the beneficiary?

Yes No

*
 By checking this box, I have read and understand the contents of the Scope of Appointment form, and that I confirm that the information I have provided is accurate. If submitted by an authorized individual (as described above), this submission certifies that 1) this person is authorized under State law to complete the Scope of Appointment form, and 2) documentation of this authority is available upon request by Medicare.

SUBMIT

4. The beneficiary must click **SUBMIT**
 - a. The beneficiary will receive a confirmation that the scope of appointment was submitted.
 - b. The agent must search the beneficiary's profile to see if the Scope of Appointment was submitted.

The Agent Must Complete the SOA Form

1. Login to DRX
2. Click **Search Profiles**
3. Enter the name of the beneficiary and click **Search**
4. Click on the beneficiary's name link
5. Click on the SOA tab to see the SOA (see example below)

Scope of Appointment

A Scope of Appointment is required to be completed prior to all one on one appointments. We recommend email as the simplest method. After you complete the sales appointment, please return to this screen and submit the previously completed SOA.

Date Created	Date Submitted	Plan Type	Confirmation Number	Status
03/03/2020		Medicare Advantage Plans Part C and Cost Plans	RBO98YAAZ0Q2LGCKXAHJG	Awaiting to be submitted

6. Click on the **Awaiting to be submitted** link
7. Complete the online form (see example below)

Scope of Sales Appointment Form (To Be Completed by Agent)

Scope of Appointment form needs to be completed and submitted for all scheduled appointments (even for no-shows, cancelled appointments, or those that do not result in a sale).

Agent First Name *

John

Agent Last Name *

Smith

Agent Phone

5624994529

Please enter your 10 digit phone number with no hyphen or spaces (e.g., 2125551212).

Initial Method of Contact *

Sales Call

If the SOA form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to the meeting.

Plan(s) represented during this meeting: *

D-SNP

Date Appointment Completed *

03/03/2020

*

By checking this box, I confirm the information represented here is true and accurate. I authorize my signature on the Scope of Appointment form using this information.

8. Click