Job Aid

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 Start Consultation
3. Create a profile for the beneficiary, click Continue>
4. In the SOA tab, select the Email option and enter the beneficiary’s email address

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)

Dear Sarah,

I am looking forward to meeting with you...

Please fill out the Scope of Appointment online form. Be sure to select the Medicare health plan options that you are interested in discussing during our visit.

It is important that you complete the form prior to our visit since it is required by the Center for Medicare and Medicaid Services.

Complete "Scope of Appointment" form
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. *

- [ ] Medicare Advantage Plans (Part C) and Cost Plans
- [ ] Medicare Supplement (Medigap) Products
- [ ] Part D

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 initiated 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 *
Sarah

Beneficiary’s Last Name *
Marshall

Address (Line 1)
123 Main Street

City
Long Beach

State
California

Zip Code
90809

Phone Number
8625551232

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.

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)

6. Click on the Waiting to be submitted link
7. Complete the online form (see example below)
8. Click Submit