



Policy: MA.2030  
Title: **Personal/Individual Marketing Appointments**  
Department: Network Operations  
Section: Member Outreach and Education

CEO Approval: /s/ Michael Hunn 11/22/2024

Effective Date: 07/01/2007

Revised Date: 11/01/2024

Applicable to: ☐ Medi-Cal  
☒ OneCare  
☐ PACE  
☐ Administrative

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## I. PURPOSE

This policy describes the process through which CalOptima Health Community Partner provides prospective Members with adequate written descriptions of CalOptima Health's rules, procedures, benefits, copayments, services, and any pertinent information needed for the prospective Members to make an informed decision about enrollment in CalOptima Health OneCare (HMO D-SNP), a Medicare Medi-Cal Plan.

## II. POLICY

- A. A CalOptima Health Community Partner shall set an appointment with an individual prospective Member such that the individual understands, in advance, what will be marketed to that individual.
- B. A CalOptima Health Community Partner shall, during a Personal/Individual Marketing appointment, present a prospective Member with all required documents and shall review each document to ensure the prospective Member understands the content.
- C. A CalOptima Health Community Partner shall not conduct unsolicited personal/individual appointments.
- D. A Personal/Individual Marketing appointment shall only be set up at the request of the prospective Member, or his/her Authorized Representative. For a prospective Member who has contacted CalOptima Health to request assistance or information, the CalOptima Health Community Partner can offer an individual two (2) sales appointment options:
  - 1. In-person appointment: Personal/Individual Marketing appointment that is conducted face-to-face at the Member's choice location; or
  - 2. An over the phone appointment: Personal/Individual Marketing appointment that is conducted by a telephonic call with the Community Partner at the Member's choice of time.
- E. A CalOptima Health Community Partner shall make reasonable efforts to conduct an appointment in the prospective Member's preferred location. CalOptima Health Community Partners cannot require that an individual appointment occur in a prospective Member's home or over the telephone.

- F. If enrollment applications are distributed during the course of a Personal/Individual Marketing appointment or phone conversation, any and all associated cover pages must remain attached to the application. If Community Partner assists prospective Member in filling out an enrollment application, the Community Partner must direct the prospective member to first read any and all associated cover pages attached to the application. If the appointment is over the phone, Community Partner must offer to read all pages aloud to the prospective member. Community Partner must document his/her name on the application.

### **III. PROCEDURE**

- A. At the time a CalOptima Health Community Partner makes an appointment with a prospective Member and in advance of that appointment, the CalOptima Health Community Partner shall confirm the scope of the Personal/Individual Marketing appointment either through a signed Scope of Appointment Form or an oral recording, prior to the sales appointment.
1. The Scope of Appointment (SOA) Form and Talking Points shall be submitted and approved by the Centers for Medicare & Medicaid Services (CMS) and if applicable, the Department of Health Care Services (DHCS) prior to use.
  2. Scope of Appointment (SOA) parameters (and documentation) are required for all one-on-one appointments, regardless of the venue (e.g., home or telephone). The scope of appointment must be documented for all Marketing activities, in-person, telephonically, including walk-ins to Plan/Part D sponsor or agent offices. Agents shall complete the SOA at least forty-eight (48) hours prior to the personal enrollment appointment with the prospective Member, except in two (2) situations:
    - a. The first exception is for Members who are approaching the end of a valid enrollment period. This could be the end of the Annual Election Period (AEP), the Medicare Advantage Open Enrollment Period (MA OEP), and Special Election Period (SEP) or the Initial Coverage Election Period (ICEP). For these Members, the forty-eight (48) hour rule will not apply if the SOA is completed during the last four (4) days of the election period.
    - b. The other exception shall be for walk-ins.
  3. Community Partners shall capture a prospective Member's signature on SOA hard copy form or via a telephonic recording.
  4. A prospective Member may sign a Scope of Appointment Form at a marketing/sales event for a Personal/Individual Marketing appointment after the sales presentation in a private setting. In this instance, CalOptima Health does not need to wait to conduct the follow up Personal/Individual Marketing appointment forty-eight (48) hours later.
  5. Scope of Appointment documentation is subject to the following requirements:
    - a. The documentation may be in writing, in the form of a signed agreement by the prospective Member, or a recorded oral agreement. Any technology (e.g., conference calls, fax machines, designated recording line, pre-paid envelopes, and email) can be used to document the scope of appointment;
    - b. Date of appointment;
    - c. Prospective Member contact information (e.g., name, address, telephone number);

- d. Documentation of prospective Member or appointed/Authorized Representative agreement;
  - e. The product type(s) (e.g., Medicare Advantage, Medicare-Medicaid Plan) the prospective Member has agreed to discuss during the scheduled appointment;
  - f. CalOptima Health Community Partner information (e.g., name and contact information);
  - g. An explanation why the Scope of Appointment was not documented forty-eight (48) hours prior to the appointment, if applicable; and
  - h. A statement clarifying that:
    - i. Prospective Member is not obligated to enroll in a plan;
    - ii. Current or future Medicare enrollment status will not be impacted; and
    - iii. The prospective Member is not automatically enrolled in the plan(s) discussed.
- B. A CalOptima Health Community Partner shall ensure that translation services are available to prospective Members prior to enrollment, at the time of enrollment, and whenever a prospective Member's needs require disclosure and delivery of information in an alternative language or format, in order to allow the prospective Member to make an informed choice.
- C. A CalOptima Health Community Partner shall give every prospective Member an approved OneCare enrollment kit that includes:
- 1. Scope of Appointment (SOA);
  - 2. Pre-Enrollment Checklist (PECL);
  - 3. Important Things to Know;
  - 4. 2025 OneCare Benefit Highlights;
  - 5. How to Enroll instruction guide;
  - 6. OneCare Enrollment Form;
  - 7. Attestation of Eligibility Enrollment Period;
  - 8. What to Expect After Enrollment;
  - 9. Notice of Availability (NA) and Notice of Nondiscrimination (NOND);
  - 10. Important Phone Numbers; and
  - 11. OneCare Start Rating Letter.
- D. A CalOptima Health Community Partner presents the Member two (2) available OneCare plan benefit package (PBP) options:
- 1. OneCare Complete: Offers \$0 copays for all covered prescriptions; or
  - 2. OneCare Flex Plus: Contains some copays but includes generous extras such as a larger flex card allowance for over-the-counter items and more vision care.

- E. If a Member is going to have copays for medications under the CalOptima Health OneCare Flex Plus option, the CalOptima Health Community Partner will educate the Member about the new Medicare Prescription Payment Plan that provides an option to pay their out-of-pocket Part D prescription drug costs in monthly amounts spread out over the year, instead of paying them in full at the pharmacy.
- F. Based on the OneCare PBP option that the Member selects, the CalOptima Health Community Partner shall review benefits, copayments, services, rules, and processes with a prospective Member, including explaining that dually eligible Members can enroll via an open-ended monthly integrated special election period (SEP) throughout the year.
- G. If a prospective Member decides to enroll in CalOptima Health OneCare via an in-person appointment, a CalOptima Health Community Partner shall present a CMS approved sales presentation for OneCare program reviewing the two (2) PBP options to the member and provide the applicant with an enrollment kit during the Personal/Individual Marketing appointment, and review information that includes but is not limited to the CMS required documents listed in Section III.C. of this Policy. The Community Partner shall highlight CalOptima Health's OneCare Customer Service toll-free number and Community Partner contact information for follow up.
- H. If a prospective Member decides to enroll in OneCare via a telephonic appointment, a CalOptima Health Community Partner shall use an approved telephonic script to review, PECL, Notice of Availability (NA) and NOND content and review information that includes, but is not limited to:
  - 1. Information on how to view the Summary of Benefits via the CalOptima Health website. Information on how to view CalOptima Health's OneCare Star Rating letter on CalOptima Health website;
  - 2. CalOptima Health's OneCare Customer Service toll-free number (1-877-412-2734 for OneCare, and 711 for TTY) and Community Partner contact information for follow up.
- I. CalOptima Health Community Partner shall explain that Members will receive additional information upon enrollment and annually thereafter such as a Member Identification (ID) Card and instructions on how to obtain the Evidence of Coverage/Member Handbook for OneCare Members based on the PBP option selected.
- J. CalOptima Health shall monitor a Community Partner's compliance with this Policy through the following mechanisms:
  - 1. Complaints from prospective Members;
  - 2. Feedback from verification calls;
  - 3. Monitoring of outgoing and incoming sales phone calls;
  - 4. Monitoring and internal auditing conducted monthly of the over the phone enrollment appointments in real-time or pre-recorded format as described in CalOptima Health Policy MA.2012: Training and Oversight of CalOptima Health-Employed Community Partners;
  - 5. Ride-along activities for in-person enrollments and events as described in CalOptima Health Policy MA.2012: Training and Oversight of CalOptima Health-Employed Community Partners; and

6. Annual review of a CalOptima Health Community Partner's knowledge of policy requirements as described in CalOptima Health Policy MA.2012: Training and Oversight of CalOptima Health-Employed Community Partners.

#### **IV. ATTACHMENT(S)**

- A. Enroll Script for Telephonic Enrollment \_OneCare
- B. Sales Script for Telephonic Enrollment \_OneCare
- C. Scope of Sales Appointment Form \_OneCare
- D. Outbound Outreach Script with Scope of Appointment (SOA) \_OneCare

#### **V. REFERENCE(S)**

- A. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
- B. CalOptima Health Policy MA.2012: Training and Oversight of CalOptima Health-Employed Community Partners
- C. Department of Health Care Services (DHCS) CalAIM Dual Eligible Special Needs Plans (D-SNP) Policy Guide (Issued July 2024)
- D. Medicare Managed Care Manual, Chapter 2 – Medicare Advantage Enrollment and Disenrollment (Issued August 8, 2024)
- E. Medicare Managed Care Manual, Chapter 3, Medicare Communications and Marketing Guidelines (MCMG) (CMS memorandum updates to contract year (CY) 2019 MCMG), Issued 02/09/2022
- F. Title 42, Code of Federal Regulations (C.F.R.), Parts 422 Subpart V, 423 and 417

#### **VI. REGULATORY AGENCY APPROVAL(S)**

None to Date

#### **VII. BOARD ACTION(S)**

None to Date

#### **VIII. REVISION HISTORY**

<b>Action</b>	<b>Date</b>	<b>Policy</b>	<b>Policy Title</b>	<b>Program(s)</b>
Effective	07/01/2007	MA.2030	Sales Presentation Requirements	OneCare
Revised	04/01/2010	MA.2030	Individual Sales Appointments	OneCare
Revised	07/01/2015	MA.2030	Individual Sales Appointments	OneCare OneCare Connect
Revised	09/01/2016	MA.2030	Individual Sales Appointments	OneCare OneCare Connect
Revised	10/01/2018	MA.2030	Individual Sales Appointments	OneCare OneCare Connect
Revised	12/01/2018	MA.2030	Individual Sales Appointments	OneCare OneCare Connect
Revised	12/01/2019	MA.2030	Personal/Individual Marketing Appointments	OneCare OneCare Connect
Revised	12/01/2020	MA.2030	Personal/Individual Marketing Appointments	OneCare OneCare Connect

<b>Action</b>	<b>Date</b>	<b>Policy</b>	<b>Policy Title</b>	<b>Program(s)</b>
Revised	10/01/2021	MA.2030	Personal/Individual Marketing Appointments	OneCare OneCare Connect
Revised	12/31/2022	MA.2030	Personal/Individual Marketing Appointments	OneCare
Revised	11/01/2023	MA.2030	Personal/Individual Marketing Appointments	OneCare
Revised	11/01/2024	MA.2030	Personal/Individual Marketing Appointments	OneCare

## IX. GLOSSARY

<b>Term</b>	<b>Definition</b>
Annual Election/Enrollment Period (AEP)	An Election Period that takes place from October 15 through December 7 of every year.
Authorized Representative	A person designated by the Member, or a person who has the authority under applicable law to make health care decisions on behalf of adults or emancipated minors, as well as parents, guardians or other persons acting in loco parentis who have the authority under applicable law to make health care decisions on behalf of unemancipated minors.
Centers for Medicare & Medicaid Services (CMS)	The federal agency under the United States Department of Health and Human Services responsible for administering the Medicare program.
Communications	For purposes of this policy, communications mean activities and use of materials created or administered by the Medicare Advantage organization or any downstream entity to provide information to current and prospective enrollees.
Community Partner	A CalOptima Health employee who is a liaison between CalOptima Health and the community and acts as an advocate for CalOptima Health Members. Such employee performs education, Marketing, and enrollment tasks for CalOptima Health programs and shall possess California Department of Insurance (DOI) licensure, required to be renewed every two (2) years.
Department of Health Care Services (DHCS)	The single State Department responsible for administration of the Medi-Cal (Medicaid) program, California Children's Services (CCS), Genetically Handicapped Persons Program (GHPP), Child Health and Disabilities Prevention (CHDP), and other health related programs.
Enrollment Materials	Materials used to enroll or disenroll a beneficiary from a plan, or materials used to convey information specific to enrollment and disenrollment issues such as enrollment and disenrollment notices.
Marketing	Activities and use of materials that are conducted by CalOptima Health with the intent to draw a beneficiary's attention to CalOptima Health and to influence a beneficiary's decision- making process when selecting a plan for enrollment or deciding to stay enrolled in a plan (that is, retention-based marketing). Additionally, marketing contains information about CalOptima Health's benefit structure, cost sharing, measuring or ranking standards.
Marketing Appointments	Marketing Appointments are individual appointments designed to steer or, attempt to steer, enrollees or potential enrollees toward a plan or limited number of plans. All individual appointments between an agent and a beneficiary are considered Marketing/sales appointments regardless of the content discussed.
Member	A beneficiary enrolled in a CalOptima Health OneCare program.
Sales Person	An individual who markets and/or sells products for a single plan sponsor or numerous plan sponsors. It includes employees, brokers, agents, and all other individuals, entities, and downstream contractors that may be utilized to market and/or sell on behalf of a plan sponsor.
Standardized Language	Standardized Language is a language developed by CMS or another Federal agency that is mandatory for use by the Plan/Part D sponsor and cannot be modified except as noted by CMS (e.g., ANOC, EOC, Plan Ratings).

Term	Definition
Talking Points	Talking Points are standardized text. Informational Talking Points are designed to respond to beneficiary questions and requests and provide objective information about a plan or the Medicare program. Sales and enrollment Talking Points are intended to steer a beneficiary towards a plan or limited number of plans, or to enroll a beneficiary into a plan.