New Hanover Health Advantage

Scope of Sales Appointment Confirmation Form

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

Please initial below beside the type of product you want the agent to discuss.
(Please turn over for product descriptions.)

	Medicare Advantage Plans (Part C) and Cost Plans

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, and does not work directly for the federal government. This individual may also be paid based on your enrollment in a plan.

- Agent must wait at least 48 hours after obtaining Scope of Appointment (SOA) to meet with beneficiary. Exceptions: walk-ins and if beneficiary is four days or less from end of a valid election period.
- SOAs are valid only for a 12-month period from date of completion or from date enrollee requests additional information.

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

_____

Beneficiary or Authorized Representative Signature Date

If you are the authorized representative, please sign above and print below:

Representative's Name: _____

Your Relationship to Beneficiary: _____

To be completed by agent: Date Appointment Completed: _____

Agent Name and Phone:
Beneficiary Name:
Beneficiary Phone and Address:
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)
Plan(s) the agent represented during this meeting:
Agent's Signature:

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If the form was signed by the beneficiary at the appointment, provide an explanation as to why the Scope of Appointment was not documented prior to meeting:

*Scope of Appointment documentation is subject to CMS record-retention requirements.

Stand-Alone Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to the Original Medicare plan, some Medicare cost plans, some Medicare private fee-for-service plans and Medicare medical savings account plans.

Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO) Plan — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare Point of Service (POS) Plan — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. Like an HMO, you get care from an in-network primary care provider (PCP), but like a PPO, you can go out of network. You will generally pay less for in-network care.

Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals, but you can also use out-of-network providers, usually at a higher cost.

Medicare Private Fee-for-Service (PFFS) Plan — A Medicare Advantage plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you—not all providers will. If you join a PFFS plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Special Needs Plan (SNP) — A Medicare Advantage plan that has a benefit package designed for people with special healthcare needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) Plan — MSA plans combine a high-deductible health plan with a bank account. The plan deposits money from Medicare in the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan — In a Medicare cost plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare, but you will be responsible for Medicare coinsurance and deductibles.

Medicare Supplement Plans

Medicare Supplement plans are offered by private companies to help cover medical expenses Original Medicare doesn't cover. You must have Original Medicare to purchase a Medicare Supplement plan. With a Medicare Supplement plan, you can see any doctor and go to any hospital that accepts Medicare patients, but these plans don't include prescription drug coverage.