

# Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services requires sales agents to document the scope of a marketing appointment at least 48 hours prior to any sales meeting when possible, to ensure understanding of what will be discussed between the sales 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.

## To be completed by the Beneficiary or Authorized Representative

**Check the product type(s) you want the agent to discuss (required):**  
(refer to page 3 for product type descriptions)

- Standalone Medicare Prescription Drug Plans (Part D)**
- Medicare Supplement (Medigap) Products**
- Medicare Advantage Plans (Part C) and other Medicare Plans**

**Signature:** \_\_\_\_\_ **Signature date (required):** \_\_\_\_/\_\_\_\_/\_\_\_\_

## If you are the Authorized Representative, please sign above and print below

**Representative's name:** \_\_\_\_\_

**Relationship to Beneficiary:** \_\_\_\_\_

By signing this form, you agree to a meeting with a sales agent to discuss the product type(s) you checked above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. He or she does 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, impact your current or future Medicare enrollment status, or automatically enroll you in the plan(s) to be discussed.

## To be completed by the agent

**Agent name (required):** \_\_\_\_\_ **Agent phone (required):** \_\_\_\_\_

**Plan assigned agent ID:** \_\_\_\_\_ **Agent NPN:** \_\_\_\_\_

**Beneficiary name (required):** \_\_\_\_\_

**Beneficiary contact info (phone or address) (optional):** \_\_\_\_\_

Initial method of contact (check one):  Sales event  Walk-in  Inbound call

Permission to call card  Other (specify) \_\_\_\_\_

**Plan(s) represented during this meeting:** \_\_\_\_\_

**Explanation REQUIRED if Scope of Appointment (SOA) was not documented and signed at least 48 hours prior to the appointment:**

- Beneficiary requested next day or same day appointment
- Beneficiary requested that additional product types be discussed
- Beneficiary did not have fax or mail to receive and return SOA before the appointment
- Other (explain): \_\_\_\_\_

**Agent signature:** \_\_\_\_\_ **Date of appointment (required):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**IMPORTANT:** Beneficiary Medicare number to be completed by agent only after receipt of enrollment application.

**Beneficiary Medicare number:** \_\_\_\_\_



<b>Standalone Medicare Prescription Drug Plans (Part D)</b>
<b>Medicare Prescription Drug Plan (PDP)</b> – A standalone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.
<b>Medicare Advantage Plans (Part C) and other Medicare plans</b>
<b>Medicare Health Maintenance Organization (HMO)</b> – 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).
<b>Medicare Preferred Provider Organization (PPO) Plan</b> – 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.
<b>Medicare Private Fee-For-Service (PFFS) Plan</b> – A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital or 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.
<b>Medicare Point of Service (POS) Plan</b> – A type of Medicare Advantage Plan available in a local or regional area which combines the best features of an HMO with out-of-network benefits. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals and providers outside of the network for an additional cost.
<b>Medicare Special Needs Plan (SNP)</b> – A Medicare Advantage Plan that has a benefit package designed for people with special health care 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.
<b>Medicare Medical Savings Account (MSA) Plan</b> – MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.
<b>Medicare Cost Plan</b> – 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 under Original Medicare, but you will be responsible for Medicare coinsurance and deductibles.
<b>Medicare Supplement (Medigap) Products</b>
Plans offering a supplemental policy to fill “gaps” in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.

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

Allwell is an HMO and HMO SNP plan with a Medicare contract. Enrollment in Allwell depends on contract renewal.



Allwell complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Allwell does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Allwell:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Allwell's Member Services at: 1-855-766-1497 (HMO and HMO SNP) (TTY: 711). From October 1 to February 14, you can call us 7 days a week from 8 a.m. to 8 p.m. From February 15 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Allwell has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Allwell's Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

SPANISH	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-766-1497 (HMO and HMO SNP) (TTY: 711).
CHINESE	注意：如果您說中文，您可以免費獲得語言援助服務。請致電 1-855-766-1497 (HMO and HMO SNP) (TTY: 711)。
VIETNAMESE	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-766-1497 (HMO and HMO SNP) (TTY: 711).
KOREAN	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-766-1497 (HMO and HMO SNP) (TTY: 711). 번으로 전화해 주십시오.
FRENCH	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-766-1497 (HMO and HMO SNP) (TTY: 711).
TAGALOG	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-766-1497 (HMO and HMO SNP) (TTY: 711).
RUSSIAN	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-766-1497 (HMO and HMO SNP) (TTY: 711).
GERMAN	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-766-1497 (HMO and HMO SNP) (TTY: 711).
GUJARATI	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો આપને ભાષાકીય મદદરૂપ સેવા વિના મૂલ્યે પ્રાપ્ય છે. કૃપા કરી 1-855-766-1497 (HMO and HMO SNP) (TTY: 711) પર કોલ કરો.
ARABIC	تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال بالرقم. (مكبلاو مصلا فتاه مقر: 711). 1-855-766-1497 (HMO and HMO SNP)
PORTUGUESE	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-766-1497 (HMO and HMO SNP) (TTY: 711).
JAPANESE	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-766-1497 (HMO and HMO SNP) (TTY: 711) まで、お電話にてご連絡ください。
UKRAINIAN	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-766-1497 (HMO and HMO SNP) (TTY: 711).
HINDI	ध्यान दें: यदि आप हिंदी बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। कृपया 1-855-766-1497 (HMO and HMO SNP) (TTY: 711) पर कॉल करें।
MON-KHMER, CAMBODIAN	ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូម ទូរស័ព្ទទៅលេខ 1-855-766-1497 (HMO and HMO SNP) (TTY: 711) ។