



MA and PDP Scope of Appointment Forms

We appreciate everyone's willingness to comply with the recent MIPPA Guidelines and wanted to provide additional clarity regarding the use of "Scope of Appointment Forms". Regence has filed this general Scope of Appointment Form with CMS and it has been approved for distribution. You are however, permitted to use Scope of Appointment Forms from other carriers.

Regence is currently reviewing proper handling of this form and will update you as our Scope of Appointment policy and procedure matures. At this time, we ask that you maintain the Scope of Appointment Form in your files (You do not need to submit it with an application).

CMS has created the Scope of Appointment form to ensure that beneficiaries are clearly informed, in advance, of the types of products to be reviewed during an appointment. Prior to a face to face appointment a beneficiary must first agree to the products and services that will be presented.

Scope of appointment sheets:

- Must be filed for a minimum of 10 years
- Must be collected in advance of an appointment (via fax/ email/mail). Collecting a signature on the document at the appointments doorstep is not acceptable.
- Are not required if a verbal Scope of Appointment has been acknowledged and recorded during a phone conversation.
- Are required prior to discussing benefits with an additional person who unexpectedly joined an appointment that you already had scheduled and documented scope
- May not be distributed at educational events
- Do apply to third party entities
- Are not required for a beneficiary to attend a seminar

If the beneficiary walks into your agency or initiates a face to face meeting you will not be required to collect the Scope of Appointment form in advance- just note "Walk-in" on the document and collect it during the appointment.

If a beneficiary wants to discuss other products or services not agreed to and documented in advance of the appointment the Agent must set another appointment at least 48 hours later to discuss these additional topics.

Scope of Sales Appointment Confirmation Form

To be completed by person with Medicare.

Please initial below in the box beside the plan type that you want the agent to discuss with you. If you do not want the agent to discuss a plan type with you, please leave the box empty. (Please note that an agent may also discuss a Medicare Supplement policy with you.)

<input type="checkbox"/>	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.
<input type="checkbox"/>	Medicare Advantage (Part C), Medicare Advantage Prescription Drug Plans, and other Medicare Plans
	Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that must cover all Part A and Part B health care. In most HMOs, you can only go to doctors, specialists, or hospitals in the plan's network except in an emergency.
	Medicare Preferred Provider Organization (PPO) Plan — A type of Medicare Advantage Plan available in a local or regional area in which you pay less if you use doctors, hospitals, and providers that belong to the network. You can use doctors, hospitals, and providers outside of the network for an additional cost.
	Medicare Private Fee-For-Service (PFFS) Plan — A type of Medicare Advantage Plan in which you may go to any Medicare-approved doctor or hospital that accepts the plan's payment and terms and conditions.
	Medicare Special Needs Plan (SNP) — A special type of Medicare Advantage Plan that provides more focused and specialized health care for specific groups of people, such as those who have both Medicare and Medicaid, who reside in a nursing home, or have certain chronic medical conditions.
	Medicare Medical Savings Account (MSA) Plan — MSA Plans combine a high deductible Medicare Advantage Plan and 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 — A type of health plan. In a Medicare Cost Plan, if you get services outside of the plan's network without a referral, your Medicare-covered services will be paid for under the Original Medicare Plan (your Cost Plan pays for emergency services, or urgently needed services).

By signing this you are agreeing to a sales meeting with a sales agent to discuss the specific types of products you initialed above. The person that will be discussing plan options with you is either employed or contracted by a Medicare health plan or prescription drug plan that is not the Federal government, and they may be compensated based on your enrollment in a plan.

Signing this does NOT affect your current enrollment, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan.

Beneficiary Signature: _____

If you are the authorized representative, you must sign above and provide the following information: Name: _____

Address: _____ *Phone number:* _____

Relationship to Beneficiary: _____

To be completed by Agent:

Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Plan Use Only:	

M0016 APPTSCOPE REV

C0001 APPTSCOPE REV