



MMP – Scope of Sales Appointment Confirmation Form

(For use by Health Net employed sales agent only)

The Centers for Medicare and Medicaid Services (CMS) requires Sales Agents to document the scope of a marketing appointment 48 hours prior to any sales meeting (when practicable) 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 or her authorized representative.

Please initial below beside the product type you want the agent to discuss:

<input type="checkbox"/>	Medicare-Medicaid Plan (MMP) A managed care plan designed for beneficiaries who are eligible for both Medicare and Medicaid that allows and coordinates both Medicare and Medicaid benefits under one plan.
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By signing this form, you agree to a meeting with a sales agent to discuss the product you initialed above. Please note, the person who will discuss the products is employed 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 or future enrollment, or enroll you in a Medicare-Medicaid plan.

Beneficiary or authorized representative:

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

Representative's name:	Relationship to beneficiary:
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To be completed by a Health Net employed sales agent only:

Agent name:	Agent phone:
Plan assigned agent ID:	Agent NPN:
Beneficiary name:	Beneficiary phone:
Initial method of contact (check one): <input type="checkbox"/> Sales event <input type="checkbox"/> Walk-in <input type="checkbox"/> Inbound call <input type="checkbox"/> Permission-to-call card <input type="checkbox"/> Other (specify): _____	
Plan(s) represented during this meeting:	
If SOA was not documented and signed by the beneficiary 48 hours prior to the appointment, provide an explanation:	
Agent signature:	Date appointment completed:

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

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