

TPMO Audio Monitoring Checklist



Name of agent/broker _____

Date of call _____ Time of call _____

Call type (check all that apply): Marketing Sales Enrollment

Measure	Answer	Comments
Introduction		
Did the agent/broker receive permission to record the call ?	Yes No N/A	
Was the CMS Disclaimer read within the first minute of the call? <i>(CMS Disclaimer: We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 800-MEDICARE to get information on all of your options.)</i>	Yes No N/A	
Verified what kind of health plan the beneficiary wishes to enroll in?	Yes No N/A	
Providers		
Verified PCPs/specialists are in-network, and if not, explained that the beneficiary will need to choose new ones or pay out-of-pocket	Yes No N/A	
Verified if the beneficiary's preferred hospital is in-network, and if not, explained that they will need to pick a new one	Yes No N/A	
Verified if any other preferred facilities are in-network	Yes No N/A	
Prescriptions		
Verified beneficiary's prescriptions are on the formulary, and their pharmacy is in-network, and if not, explained they will need to choose a new pharmacy or may have to pay full price for the prescription	Yes No N/A	

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Measure	Answer	Comments
Other healthcare needs		
Verified if the beneficiary has any other specific healthcare needs	Yes No N/A	
Verified if the beneficiary has any other healthcare needs, such as DME or physical therapy	Yes No N/A	
Verified if the beneficiary requires hearing, dental, and/or vision coverage	Yes No N/A	
Premium and benefits		
Reviewed premiums , including whether Part B premium is monthly/quarterly/yearly	Yes No N/A	
Reviewed current premium vs. another plan's premium (if applicable)	Yes No N/A	
Reviewed cost sharing , such as deductibles, copays, and coinsurances	Yes No N/A	
Reviewed the costs/limitations on dental, vision, and hearing	Yes No N/A	
Explained that this is not a hearing/dental/vision "rider" but a full plan	Yes No N/A	
Reviewed coverage for out-of-network providers and services	Yes No N/A	
Reviewed PPO or PFFS out-of-network coverage (if applicable)	Yes No N/A	
Reviewed coverage outside of the United States	Yes No N/A	
Explained that Evidence of Coverage provides all of the costs, benefits, and rules of the plan	Yes No N/A	
Explained that plans operate on a calendar-year basis , so benefits may change on January 1 of the following year	Yes No N/A	

Measure	Answer	Comments
Miscellaneous		
Explained the potential effect that enrolling in this plan will have on other, current coverage , which may in some cases mean that the individual is disenrolled from the beneficiary's current health coverage	Yes No N/A	
Reviewed the right to cancel the enrollment , as well as the specific date through which cancellation may occur	Yes No N/A	
Reviewed need to have Medicaid to qualify for D-SNP (if applicable)	Yes No N/A	
Reviewed how to file a complaint	Yes No N/A	

Notes on the quality of the call: _____

TPMO Educational Event Monitoring Checklist



Name of agent/broker/presenter _____

Date of event _____ Time of event _____ Location of event _____

Action	Answer	Comments
Things you may do		
Distribute Medicare educational materials free of plan-specific information	Yes No N/A	
Distribute educational healthcare materials	Yes No N/A	
Answer questions posed by attendees	Yes No N/A	
Give out business card and contact info for beneficiaries to use to initiate contact	Yes No N/A	
Hold an event in a public venue	Yes No N/A	
Things you may not do		
Discuss any carrier-specific plans or benefits, or distribute marketing plan materials	Yes No N/A	
Display a sign-in sheet	Yes No N/A	
Answer questions beyond what attendees ask	Yes No N/A	
Schedule future marketing appointments	Yes No N/A	
Collect Scope of Appointment or Enrollment forms	Yes No N/A	
Hold a marketing/sales event within 12 hours of an educational event at the same location or adjacent buildings	Yes No N/A	
Lead or attempt to lead attendees toward a specific plan or sets of plans	Yes No N/A	

Notes on the quality of the event: _____

TPMO Sales Event Monitoring Checklist



Name of agent/broker/presenter _____

Date of event _____ Time of event _____ Location of event _____

Action	Answer	Comments
Things you may do		
Use a sign-in sheet that is clearly indicated as optional	Yes No N/A	
Follow the carrier's filing and reporting procedures prior to the event	Yes No N/A	
Follow the carrier's cancellation procedures	Yes No N/A	
Collect Scope of Appointment and Applications	Yes No N/A	
Schedule future appointments	Yes No N/A	
Receive documented permission for follow-up calls	Yes No N/A	
Offer promotional items, refreshments, or light snacks that comply with CMS's nominal gift rules	Yes No N/A	
Things you may not do		
Offer health screenings	Yes No N/A	
Request or accept a referral	Yes No N/A	
Give away cash or monetary rebates	Yes No N/A	
Offer meals	Yes No N/A	
Make absolute statements	Yes No N/A	
Use pressure to sign someone up	Yes No N/A	

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Action	Answer	Comments
Cross-sell, or promote non-health-related products	Yes No N/A	
Require attendees to sign in (must be optional)	Yes No N/A	
Require attendees to fill out a Scope of Appointment or Enrollment form	Yes No N/A	
Hold a marketing/sales event within 12 hours of an educational event at the same location or adjacent buildings	Yes No N/A	

Notes on the quality of the event: _____
