Needs Assessment Worksheet & CMS-Required Questions & Topics Checklist

Use these two helpful resources in your Medicare Advantage and Prescription Drug Plan appointments.

Resource 1: Needs Assessment Worksheet
Utilize pre-appointment: Helps you gather relevant information to conduct a targeted needs-based plan search.

Resource 2: CMS-Required Questions & Topics
Utilize pre-enrollment: Agents are required to discuss a list of CMS-developed questions and topics during the marketing and sale of an MA or Part D Plan, prior to the beginning of the enrollment process. Use this helpful checklist to keep you on track!

Needs Assessment Worksheet

Name _____ Phone _____ Address _____

City _____ State _____ Zip _____ County _____ Email _____

Authorized Legal Representative (e.g., POA): Yes ___ No ___ (If Yes) Name _____

Medicare Questions

Age _____ Medicare Part A Effective Date _____ Medicare Part B Effective Date _____

If not eligible, date of eligibility _____ Medicaid/DUAL, LIS, or Chronic Illness? _____

General Information

Living at home, or in a facility? _____

Travel Habits: Extended (1-6 months) _____ Medium (multiple vacations per year) _____ Minimal (1-2 trips per year) _____

Additional home in a different city, county, or state? _____

If yes, which address is on record with Social Security?_____

Comfortable with Doctor and Hospital Networks? _____

Please note, this document is for quick reference purposes only and is not all-inclusive. Agent are responsible for complying with all applicable CMS regulations and carrier policies.

Current Coverage & Providers

Current Plan:

Coverage Type _____ Company _____ Plan Name _____End Date _____

Happy ____ Unhappy ____ Monthly Premium _____ Plan Details (HMO, PPO, Etc.) _____

Likes _____ Dislikes _____

Primary Care Physician	Medical Group(s)	Location	PCP ID	Existing Only?	Closed?

Specialists (Name & Specialty)	Medical Group(s)	Location	In-Network?

Preferred Hospital _____ Location _____ In-Network? _____

Preferred Pharmacy _____ Location _____ In-Network? _____

Other Preferred Facilities _____Location _____ In-Network? _____

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Medications

Medication (Name & Form)	Dosage	Quantity	Refill Frequency	In Formulary?	Tier	Initial Coverage Stage Co-Pay

Diabetic Supplies Needed? _____

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Durable Medical Equipment	Physical Therapy	Additional Benefits

Other Healthcare Needs _____

_____

_____

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✓	CMS-Required Questions & Topics
	Review what kind of health plan the beneficiary desires to enroll in (such as low premium and higher copay or vice versa).
	Check to see if beneficiary's PCP and Specialists are in-network. If not, explain that they will need to choose new ones or pay out of pocket.
	Check to see if beneficiary's prescriptions are on the formulary and their pharmacy is in-network. If not, explain that they will need to choose a new pharmacy or may have to pay the full price of the prescription.
	Does the beneficiary require hearing, dental, and/or vision coverage?
	Does the beneficiary have any other healthcare needs, such as needing durable medical equipment or physical therapy?
	Check to see if the beneficiary's preferred hospital is in-network. If not, explain that they will need to pick a new one.
	Are these other preferred facilities that need to be in-network?
	Does the beneficiary have any other specific healthcare needs?
	Explain the right to cancel this enrollment as well as the specific date through which cancellation may occur.
	Review premiums, including Part B premium.
	Review beneficiary cost-sharing, such as deductibles, copays, and coinsurances. Go over deductible cost, PCP copay, Specialist copay, inpatient hospital copay, and any other copays for services/items beneficiary needs.
	Discuss the costs/limitations on dental, vision, and hearing.
	Review coverage for out-of-network providers and services (see plan's Summary of Benefits for explanation, as coverage will depend on plan type).
	Review coverage outside the United States.
	Explain 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 (e.g., enrollment into another MA/PDP plan will replace current MA/PDP) plan.
	Explain that the MA plan itself is not a hearing/dental/vision "rider" but a full plan.
	Explain that plan operates on a calendar year basis, so benefits may change on January 1 of the following year.
	Explain that Evidence of Coverage provides all of the costs, benefits, and rules for the plan.
	Review how to file a complaint.
	If PPO or PFFS, review both in-network and out-of-network coverage.
	If CSNP, review need to qualify for chronic/disabling condition requirement for CSNPs.
	If DSNP, review the need to have qualifying level of Medicaid to qualify for DSNP.

During your sales presentation, refer to the plan's approved Summary of Benefits (SB) document when reviewing plan benefits, being careful to disclose applicable costs and limitations. If a higher degree of detail is needed, refer to the plan's Evidence of Coverage (EOC).

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