



# **Medicare Enrollment Portal**

**Broker Training** 

10182021

#### **Module Description**

This module is designed to provide an overview of the Medicare Enrollment Portal:

Broker Portal	Page 4 - 6
Enrollment Portal Navigation	Page 7 - 13
Scope of Appointment	Page 14 - 20
Application - Getting Started	Page 21 - 27
Send a Quote	Page 28 - 30
Enroll a Beneficiary	Page 31 - 36





#### **Interactive Table of Contents**

K

Control + Click the box below to automatically link to this section

> Broker Portal Overview

Scope of Appointment (SOA)

Application-Getting Started

Send a Quote

#### Enroll a Beneficiary





#### Locating the Medicare Enrollment Portal

oscar				Individual book Medicare book $\equiv$ Mer
	Welcome Broker		NPN: Writing number: none	
	My Details Update your account information, settings and preferences.	Start Selling Complete these items before you write your first policy.	Agency details Manage your agency's details and payment preferences.	
	Basic details	Upload proof of E&O coverage >	Agency details >	
	Account password	✓ Sign producer agreement >		
	✓ Marketing materials preferences >	✓ Get appointed to Sell IFP >		
	Get paid commissions	Get certified to sell Medicare		

After logging into the Broker Portal, locate the Medicare book from the top right corner. **NOTE**: The blue checkmark will indicate that section is complete and you are ready to sell.

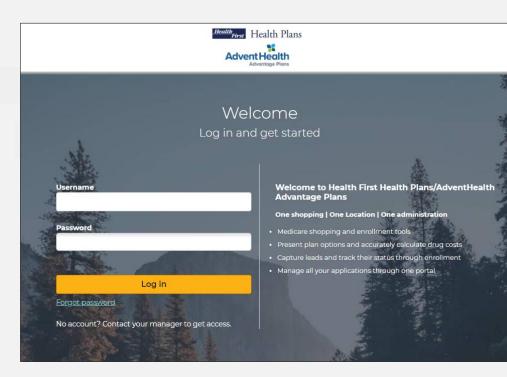




## **Medicare Enrollment Portal Login**

Access the 2022 <u>Medicare Enrollment</u> Portal

Note: Save the URL in your browser "bookmarks" for easy, future access.







# Initial Login, Reset, Forgot Password

As a broker, the first time you log in, you will need to use the Forgot Password link. This link is also used if you forget your password or wish to reset it.

- Click the Forgot Password link.
- Enter your NPN in the \*Username field.
- Click Send email
- Log into email & verify email



#### Password reset

Enter your username and then check your email to continue to reset your password. Contact your administrator if you need assistance.

\* Username

Send email

Or login to your account





#### **Search Beneficiaries**

After logging in, the **Search Beneficiary** screen will display.

Use the top navigation bar to:

- Search Profile
- Create a New Profile
- Access your **Broker Profile**

Health First Health Plans				🤳 Contact us
Advent Health Advantage Plans		Q Search profile	e 🗸 🗈 New profile 🗸	brokertest 🗸
	Search bene	ficiaries		
First name	Last name		Date of birth	Phone number
Email address	Confirmation number		мві	
Application start date	Application end date		Agent username	
				Search profiles





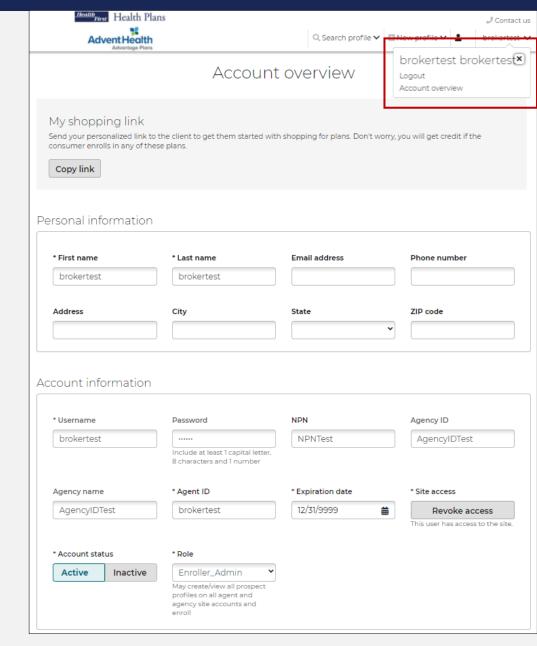
#### Top Navigation Broker Profile

View and edit **your account information** and/or logout of the portal.

**Username:** this field will always be your National Producer Number (NPN).

Account Overview: Broker demographic overview including username and password.

Logout of the portal







#### Top Navigation Search Profile

Search for an **existing beneficiary profile** in the system. If a beneficiary profile exists, clicking this option will enable you to access the beneficiary's saved information, including any enrollments in progress.

To search for a beneficiary:

- 1. Enter search parameters
- 2. Click Search profiles
- Registrant status indicates a beneficiary who has not started an enrollment application.
- Applicant status indicates a beneficiary who has either started or completed an enrollment application
- If no search results are found, create a new profile and the search criteria that was entered will be automatically pre-filled into the New Profile.

AdventHealth AdventHealth Adventge Plans	Q, Sear	→ Contact u rch profile 🗸 🗳 New profile 🗸 🗠 brokertest 🔹
	Search beneficia	ries
First name	Last name	Date of birth Phone number
Email address	Confirmation number	мві
Application start date	Application end date	Agent username
		Search profiles





#### Top Navigation Beneficiary

After searching for an existing beneficiary profile in the system and selecting the client you would like to review, this beneficiary name will populate in the top navigation with a set of drop-down options to work from.

Personal information     *ZIP code   32955   Brevard, FL   *Last name   Date of birth   Jennifer   Cole   MM/DD/YYY   Phone number Phone number Phone number Phone address Address 1 Address 2 Created 03/23/2020 C				
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Profile  Personal information  *ZIP code  32955 Brevard, FL  * First name Cole MM/DD/YYYY Plans Cart  meet with me today. He are plans that I think will meet your needs below.  beneficiary@hf.org (321) 555-4444  Home address Address 1 Address 2  Created 03/23/2020  Temporary Quick Quote Password for Jennifer CC 2mMUSEvs - brokertest torkertest Created 03/23/2020  Temporary Quick Quote Password for Jennifer CC 2mMUSEvs - brokertest torkertest Created 03/23/2020  Temporary Quick Quote Password for Jennifer CC 2mMUSEvs - brokertest torkertest Created 03/23/2020  Temporary Quick Quote Password for Jennifer CC 2mMUSEvs - brokertest torkertest Created 03/23/2020  Cart Sales information  ts the sales contact different from the beneficiary?		h	🔍 Search profile 🗸 🖸 New profile 🕻	Jennifer Cole 🗸 brokertes
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beneficiary?	Sales information			You have no tasks for thi profile
Yes No		from the		🕒 Add ti
	Yes No			
			Save	]
Save				





#### Top Navigation New Profile

If a beneficiary profile does not exist in the system, follow these steps:

#### To create a New Profile:

- 1. Click New Profile
- 2. Enter required information
- 3. Click Save

After a New Profile is created, you can:

- Edit the beneficiary's information
- Shop for plans
- Add preferences information
- Send a Scope of Appointment
- Send a Quick Quote
- Start Enrollment

Health First Health	Plans		🤳 Contact us
Advent Healt	h	Q Search profile 🗸 💷 N	New profile 🗸 🛶 🔒 brokertest 🗸
		Profile	
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*ZIP code			You have no notes for this profile
* First name	* Last name	Date of birth	O Add note
		MM/DD/YYYY	Tasks
Email address	Phone number		You have no tasks for this profile
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Home address	Address 2		
City	State		
		~	
Sales information			
Is the sales contact differen beneficiary?	t from th <del>e</del>		
Yes No			
		Save	
			5
< Previous	Add preferences > Contin	ue to SOA Continue to plans	





#### **Profile Notes**

Notes can be added to track:

- Sending electronic SOAs
- Enrollment applications sent via email or text

Some actions agents perform in the system generate notes automatically. For example, when agents send an electronic scope of appointment form, the email and date are added as a note.

Click Save after entering any Notes.

Adver		Q Search profile 🗸 📱	New profile V 2 brokertest V
		Profile	
Personal infor *ZIP code *First name	mation * Last name	Date of birth	Notes You have no notes for this profile Add note
Email address	Phone number	MM/DD/YYYY	Tasks You have no tasks for this profile Add task
Address 1	Address 2 State	~	
Sales informa Is the sales contact beneficiary? Yes			
		Save	
< Previous	Add preferences >	Continue to SOA Continue to plans	

Health Health Plans





## **Profile Tasks**

**Tasks** allow you to create reminders to perform actions to assist a beneficiary. These include:

- Check SOA completion
- Email materials or plan documents to beneficiary
- Upload/view SOA's from desktop
- Document a scheduled meeting with the beneficiary

Click **Save** after entering any Tasks.

Click **Continue to plans** or **Continue to SOA**, below the profile form.

Advent Health		Q. Search profile $\checkmark$	New profile	✓ 🛓 brokertest ∨
	Prot	file		
Personal information			No	tes
*ZIP code			You	have no notes for this profile
* First name	* Last name	Date of birth		• Add note
		MM/DD/YYYY	Tas	ks
Email address	Phone number		Yo	u have no tasks for this profile
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Home address Address 1	Address 2			
	State			
City	State ~			
Sales information				
Is the sales contact different fro beneficiary?	om the			
Yes No				
		Save		
< Previous Add	preferences > Continue to SO	Continue to plans		

Health Plans





Contact us

# **Scope of Appointment**

- View uploaded SOA's
- Upload new SOA's received
- Complete an SOA after the appointment
- SOA's sent via email or text will be documented in the **Notes** section

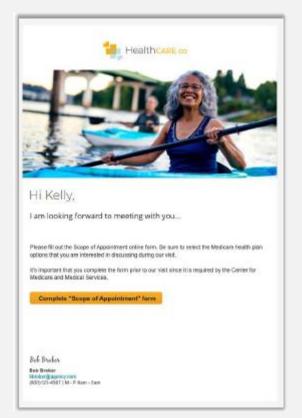
Health First Health Plans	l Contact u
Advent Health Adventage Plans	Q Search profile ✔ 🖾 New profile ✔ 🚢 Test Test ✔ brokertest ♥
	Scope of Appointment
	Scope of Appointment
A Scope of Appointment is required f beneficiary.	or all sales appointments. Submit the SOA once you have received it from the
SOAs	
	You have no SOAs for this profile
	🖨 Print consumer form   🏞 Uploa
Email address	
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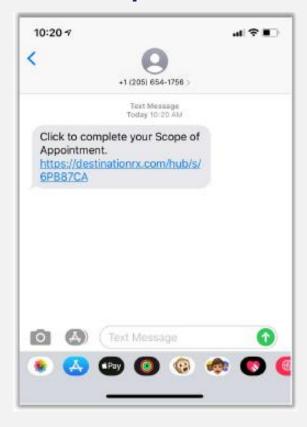


#### Scope of Appointments Sent to the Beneficiary

#### Sample Email



#### **Sample Text**







#### Scope of Appointment Received by the Beneficiary

- This is a sample form the Beneficiary will see when the link in the email or text is selected.
- Agent information will appear in upper right of the header.
- The Beneficiary will choose options from the form to discuss at the appointment, complete all required fields, and submit the form.

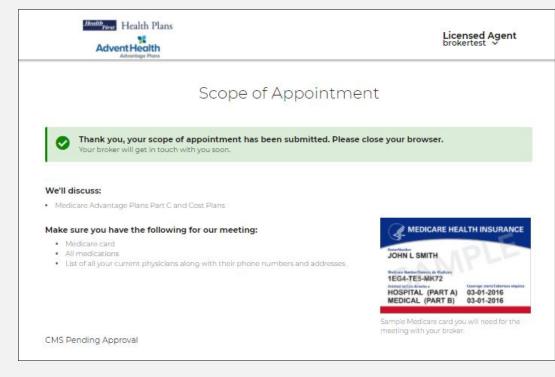
Health Pl First Health Pl		Licensed Agent brokertest ~
Advantage Plans		
	pointment Confirmation I	
		document the scope of a marketing appointment what will be discussed between the agent and the
		ation provided on this form is confidential and shou
	n with Medicare or his/her authorized re	epresentative.
Fields marked with an asteri	sk (*) are required.	
Plance shock one or ALL the pr	oduct(s) below that you want the agent to	dieuse *
	scription Drug Plans (Part D)	
Medicare Advantage Plan		
<ul> <li>Medicare Supplement (M</li> <li>Ancillary Products</li> </ul>	edigap) Products	
View complete Medicare pro	duct descriptions.	
Beneficiary or Authorized F	epresentative Information	
By signing this form, you a	aree to a meeting with a sales agent to	to discuss the types of products you initialed abo
Please note, the person who	will discuss the products is either emplo	loyed or contracted by a Medicare plan. They do not
work directly for the Federal	government. This individual may also be	pe paid based on your enrollment in a plan.
	obligate you to enroll in a plan, affect yo	our current enrollment, or enroll you in a Medicare
plan.		
Beneficiary's First Name*		
Beneficiary's Last Name*		
Beneficiary's Last Name*		
*Address (Line 1)		
Address (Line 2)		
*City		
*State	Select ·	
*Zip Code		
Phone Number*		
Are you the authorized represe	ntative acting on behalf of the beneficiary	?*
Yes No		
<ul> <li>D By checking this</li> </ul>	s box, I have read and understand the o	contents of the Scope of Appointment form, and
		urate. If submitted by an authorized individual (as
		son is authorized under State law to complete the is authority is available upon request by Medicare.
CMS Pending Approval		
		Submit for





#### Scope of Appointment Completed by the Beneficiary

The Beneficiary will receive a confirmation message once they have successfully submitted their completed SOA.

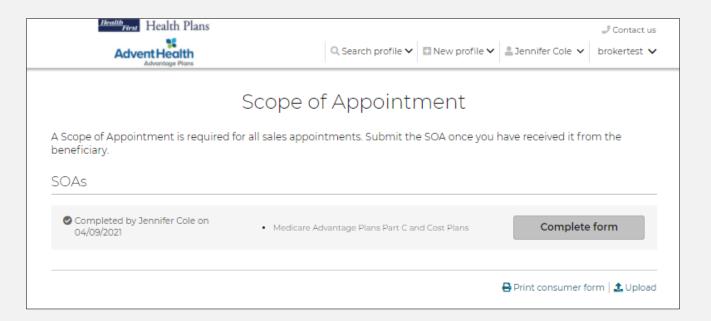






# Agent Completion of the Scope of Appointment

- The agent will receive a notification email (if the agent has an email on file) that the beneficiary has completed their portion of the form.
- The agent will log into the system, search for that beneficiary, navigate to the SOA page, and click Complete form.







# Agent Completion of the Scope of Appointment

This is a sample form the agent will see when they click to complete their portion after received back from the beneficiary.

	J Contact us
Advent Health	Q, Search profile 🗸 💷 New profile 🗸 🚊 Jennifer Cole 👻 🛛 brokertest 🗸
	Scope of Appointment
A Scope of Appointment is required beneficiary.	for all sales appointments. Submit the SOA once you have received it from the
SOAs	
Completed by Jennifer Cole on 04/09/2021	Medicare Advantage Plans Part C and Cost Plans     Close form
	🔒 Print consumer form   🦺 Upload
	tment Form (To Be Completed by Agent) to be completed and submitted for all scheduled appointments (even for no- those that do not result in a sale).
Agent First Name*	
brokertest	
Agent Last Name*	
brokertest	
Agent Phone*	
-	
Please enter your 10 digit phone nu Initial Method of Contact*	umber with no hyphen or spaces (e.g., 2125551212).
If the SOA form was signed by the ber to the meeting."	eficiary at time of appointment, provide explanation why SOA was not documented prior
Plan(s) represented during this meeting	ns.*
Date Appointment Completed*	
04/09/2021	
<ul> <li>By checking this box,</li> </ul>	confirm the information represented here is true and accurate. I authorize my f Appointment form using this information.
	Submit broker form

Health

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# **Uploading a Scope of Appointment**

To upload an SOA that was completed outside of the system, click the **Upload** link on the SOA page and upload the document.

Health First Health Plans		🤳 Contact us
		Q. Search profile $\checkmark$ 🖾 New profile $\checkmark$ 🛓 test test $\checkmark$ brokertest $\checkmark$
	Scope	of Appointment
A Scope of Appointment is requi beneficiary.	ired for all sales app	pintments. Submit the SOA once you have received it from the
SOAs		
	You hav	e no SOAs for this profile
		Print consumer form
Franil address		🖨 Print consumer form   🤹 Upload
Email address	Email SOA	🖶 Print consumer form   🤹 Upload
	Email SOA	🖶 Print consumer form   🤽 Upload
Phone number	Email SOA Text SOA	🖶 Print consumer form   🔩 Upload
		🖶 Print consumer form   🏝 Upload
Phone number		🖶 Print consumer form   🔩 Upload





#### **Getting Started**

Health Plans		🤳 Contact us
	Q Search profile 🗸 🗈 New profile 🗸 🚨 Jennife	er Cole 🗸 brokertest 🗸
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Sco	ope of Appointmentscope	of Appointment
	ales appointments. Submit the SOA once you h	ences
eneficiary.		escriptions
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Completed by Jennifer Cole on 04/09/2021	Medicare Advantage Plans Part C and Cost Plans Cart	
mail address	🖨 Print ci	onsumer form   🏞 Upload
mail address Jennifer.Cole@hf.org Email SOA	🖶 Print c	onsumer form   よ Uploac
	🖶 Print c	onsumer form   🛓 Uploac
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Jennifer.Cole@hf.org Email SOA	Print c	onsumer form   🛓 Upload

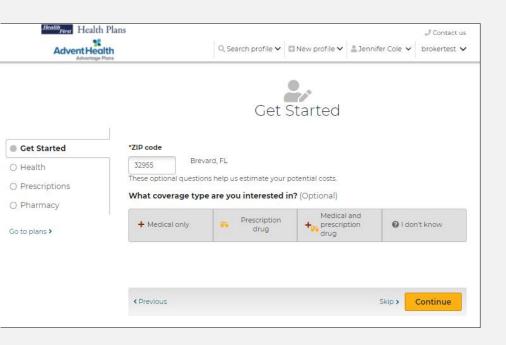
After the SOA is complete - get started with adding preferences, reviewing plans, and starting enrollment.

- 1. From the Beneficiary's tab, click **Preferences**
- 2. Or click the **Add preferences** button from the bottom of the SOA page.





## **Getting Started**



On the **Get Started** page, agents can provide the beneficiary's zip code, select **the interested coverage** type and **the Low-Income subsidy** amount.

Providing the beneficiary's subsidy information allows the system to adjust premiums, prescription deductible and prescription copays in the plan cost estimates.

While working with a beneficiary profile, agents can access this page by selecting **Preferences** from the drop-down option.

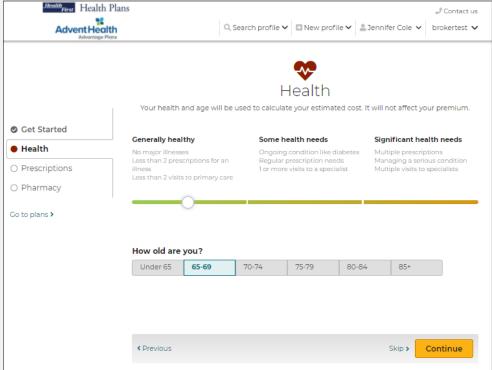




#### **Getting Started - Health**

Entering information about the beneficiary's location, age range, and health provides a list of available plans and calculates estimated out-of-pocket medical expenses.

While working with a beneficiary profile, agents can access this page by selecting **Health** from the drop-down option.







## **Getting Started - Prescriptions**

It is recommended the beneficiary provide prescription drug information, as this allows agents and the beneficiary to understand if and how their drugs are covered and to provide a better out-of-pocket cost estimate.

**Note:** This step can be skipped by clicking **Skip** or **Continue** at the bottom of the page

While working with a beneficiary profile, agents can access this page by selecting **Prescriptions** from the drop-down option.

Health First Health Plans					🤳 Contact us
Advent Health Adventage Plans		Q Search profile 🗸 🖸	New profile 🗸	💄 Jennifer Cole 🗸	brokertest 🗸
	Add y	Prescr our prescriptions to see P	riptions	ovides coverage.	
Get Started	Searc	h prescriptions		Q	
Health					
Prescriptions	colchicine				
Pharmacy	Select your dosage and quantity is prefilled.	d enter the amount you u	use below. The m	ost common dosage	e and
Go to plans >	Select dose and form		Enter	quantity and freque	ency
	colchicine CAP 0.6	MG	30	per month	~
	colchicine TAB 0.6	MG			
	Cancel Your prescriptio	ns			Add
	atorvastatin calciur	n TAB 10MG			Edit 🗙
	30 tablets per month				Generic
	< Previous			Skip <b>&gt;</b>	Continue



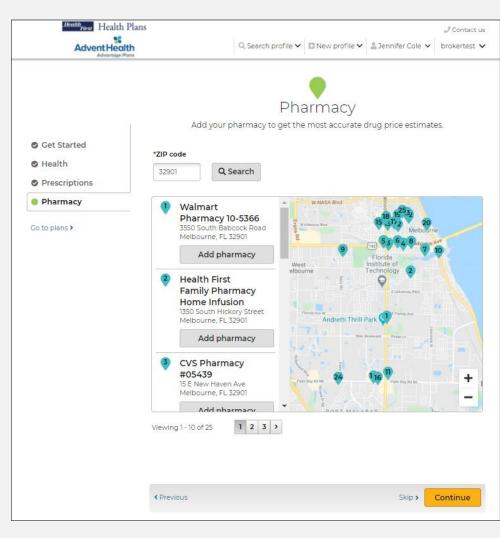


# **Getting Started - Pharmacy**

The **Pharmacy** page allows agents to enter the place where the beneficiary fills prescriptions. This allows the system to provide more accurate prescription pricing.

**Note:** This step can be skipped by clicking **Skip** or **Continue** at the bottom of the page

While working with a beneficiary profile, agents can access this page by selecting **Pharmacy** from the drop-down option.





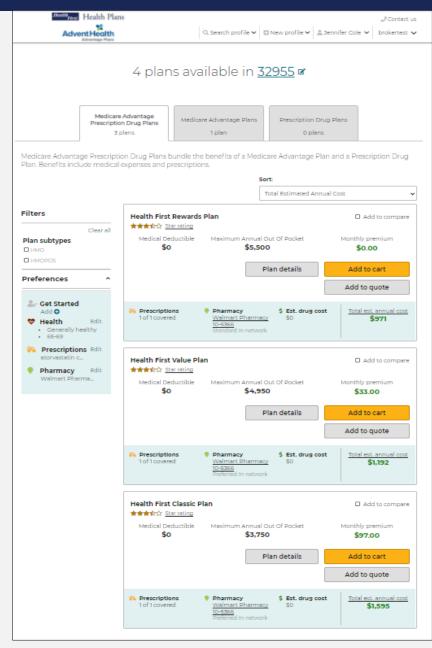


#### **Plans**

The **Plans** page allows agents to view all the plans that are available in the beneficiary's service area.

The available plans, plan pricing, and estimated costs are impacted by several factors including the beneficiary's location, subsidy eligibility, prescription drugs, and pharmacy selected.

Plan cost estimates are more accurate with more information entered for the beneficiary.





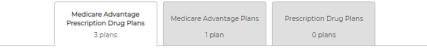


#### **Compare Plans**

Agents can compare up to 3 plans side by side on the Compare Plans page.

Check the boxes of the plans you'd like to compare, then click, **Compare** now.

Health First Health Plans Advent Health 🔍 Search profile 🗸 🖸 New profile 🗸 💄 Jennifer Cole 🗸 🛛 brokertest 🗸 4 plans available in <u>32955</u> ☞



Medicare Advantage Prescription Drug Plans bundle the benefits of a Medicare Advantage Plan and a Prescription Drug Plan. Benefits include medical expenses and prescriptions.

		S	ort:	
			Total Estimated Annua	al Cost 🗸
Filters	Health First Rewards	Plan		Compare now
Clear all Plan subtypes HMO	Medical Deductible	Maximum Annual <b>\$5,50</b>		Monthly premium <b>\$0.00</b>
Preferences ^			Plan details	Add to cart Add to quote
Cet Started Add C Health Edit Generally healthy 65-69	Prescriptions 1 of 1 covered	Pharmacy     Walmart Pharmac <u>10-5366</u> Standard In-networ		<u>Total est. annual cost</u> <b>\$971</b>
<ul> <li>Prescriptions Edit atorvastatin c</li> <li>Pharmacy Edit</li> </ul>	Health First Value Pla	an		Compare now
Walmart Pharma	Medical Deductible	Maximum Annual <b>\$4,95</b>	out off outer	Monthly premium \$33.00
			Plan details	Add to cart
				Add to quote
	Prescriptions 1 of 1 covered	Pharmacy <u>Walmart Pharmac</u> <u>10-5366</u>	\$ Est. drug cost	Total est. annual cost \$1,192





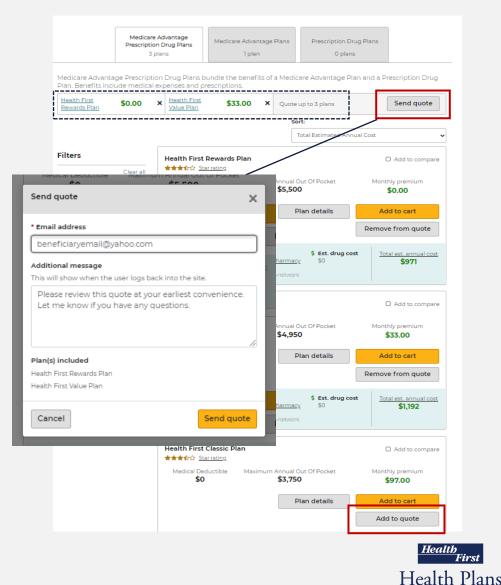
Contact us

# Send a Quote to the Beneficiary

Agents can add specific plans to a quote and email to their beneficiary by clicking **Add to quote.** 

The selected plans will list at the top. When you are ready to email to your beneficiary click, **Send quote.** 

A message window will display asking for the beneficiary's email and message to accompany the quote. Click **Send quote** when finished.





#### Send a Quote to the Beneficiary

When a quote is sent successfully, the beneficiary receives two emails that can be used to access the quote:

- One with the link to view the quote
- One with the access code

These are separate for security reasons because protected health information (PHI) is involved.

Please enter the authorization code you received to view the plan information we discussed.

The authorization code was sent to you.



Health First Health Plans

#### Hi Jennifer,

Please use the authorization code below when you are ready to view the plan information.

Note: This email is from a licensed sales agent Single Use Email

#### Authorization code:

FSVCYLWY

brokertest brokertest AgencyIDTest



Hi Jennifer,

\* Authorization code

Continue

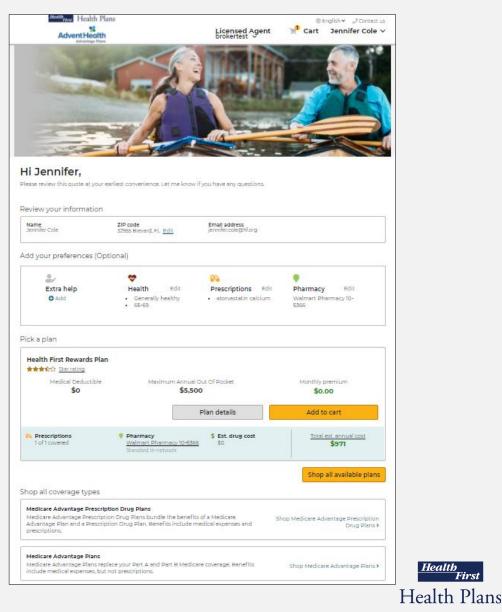


### **Quote Authorization and Summary**

Upon successful authentication, the beneficiary lands on the quote summary page.

The beneficiary, will have access to Add to cart and continue to the enrollment process if they choose.

The links provided in the email contain the Agent ID, which ensures agents get credit for any enrollments that result from the Quote.



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, First



#### Start Enrollment Add to Cart

Once the beneficiary has made their plan selection, the agent can begin the enrollment process.

First, click **Add to cart** next to the plan option the beneficiary has selected.

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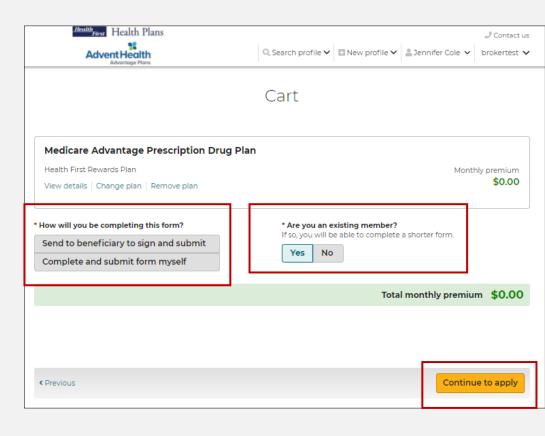
#### Start Enrollment Add to Cart

Two options are offered:

- Enrollment can be completed through sending to the beneficiary to sign and submit
- Agent can complete and submit the enrollment on behalf of their beneficiary <u>ONLY</u> if the agent is sitting with their beneficiary to complete this enrollment.

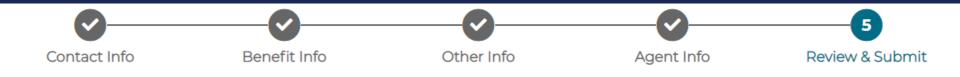
Also, be sure to note if this beneficiary is an existing member. If yes, it will result in completion of a shorter enrollment form.

Click, **Continue to apply** to move ahead with the application.









## **Enroll a Beneficiary**

Agents that select the option: Complete and submit form myself

- The electronic enrollment form will guide agents through a 5-step process of submitting the enrollment application.
- Fields marked with an asterisk are required and agents will not be able to proceed until marked.
- <u>Beneficiaries will need to be present with their agent in order to sign</u> the application at step 5.
- To complete the enrollment, agents will click Submit at the bottom of step 5.







# **Enroll a Beneficiary**

Agents that select the option: Send to beneficiary to sign and submit

- The electronic enrollment form will guide agents through a 4-step process.
- Fields marked with an asterisk are required and agents will not be able to proceed until marked.
- Agents will complete their portion of the enrollment and click Send to beneficiary at the bottom of step 4.
- An email or text will be sent to the beneficiary to review, sign, and submit the completed enrollment application. Note: The beneficiary will either receive two texts or two emails, one with the link and one with the authorization code.

Send enr	ollment X
How wou to finish e	ld the beneficiary like to receive the application nrolling?
Email	* Email address
La El la la	test@test.org
Text	* Phone number
La lext	(321) 555-1212
Cancel	Send application
Carleer	Send application





# **Enrollment History**

There will be no email notification to the agent.

Agents will need to log back into the Medicare Enrollment Portal and check the beneficiary's profile for enrollment completion.

The Profile page allows agents to view a beneficiary's enrollment history.

Agents can access this page by:

- searching for a profile
- opening the profile
- then scrolling down to the Enrollment history section

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Health Plans





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# **Enrollment History**

Three types of enrollment status information may display under the **Enrollment history** section:

- 1. <u>Current year in-process</u> enrollments at the top of the list. These are applications that have been started but not completed for the current plan year and will offer a link to *Continue enrollment*.
- 2. <u>Current year completed</u> enrollments are listed below the in-process enrollments. These are completed enrollment applications for the current plan year and may include information about riders, documents uploaded during enrollment, and the ability to view the PDF of the application.
- 3. <u>Past enrollment</u> information is at the bottom. This may include plan name and other information.





#### **Helpful Contacts**

#### **Broker Services**

321.434.5265 <u>HFBroker@HF.org</u>

#### Commissions

<u>Commissions@HF.org</u> For plan year 2021 and prior questions <u>HF-brokercommissions@plusoscar.com</u> For plan year 2022 and beyond questions

#### Customer Service Broker Support

Local: 321.434.4945 Toll Free: 877.693.6489 <u>HFHPInfo@HF.org</u> <u>HF-brokers@plusoscar.com</u>





# **Thank You!**



