

CONNECTURE DRx

TRAINING GUIDE

EXECUTIVE SUMMARY

The Connecture tool is both comprehensive AND intuitive.
Our training guide consists of three scenarios:

- **Fast Path** – *You're keying in an existing paper application OR You're in the middle of a consultation, have connectivity, and the customer wants to enroll.*
- **Full Consultation** – *Using the entire tool.*
- **Search Profiles** – *Iterative, step by step, pick-up where you left-off.*

Couple of quick hints/thoughts:

- *It may seem complex at first... but thousands of agent/brokers are using the tool across the country. Once you are familiar with the tool, it will get easier.*
- *The tools are there to HELP YOU but are NOT REQUIRED to be used every time. Thus, the Fast Path approach.*
- *The tool IS flexible. After initial training delivery, our group will be completing a comprehensive review to gather feedback to make the tool even more efficient/effective for future training sessions.*

MANY THANKS!



ACCESSING DRx

Use the following link to gain access to the DRx site.
You will be prompted to enter your login information.

User name is NPN + broker number
Password is your last name ALL CAPS.

<https://cignahealthspring-ppc.destinationrx.com/PlanCompare/2020/Professional/Type1/Compare/Home>

NOTE: You will be provided with a DRx login credentials via email.



FAST PATH

You're keying in an existing paper application.

- OR -

You're in the middle of a consultation, have connectivity, and the customer wants to enroll.



STEP 1: LOG IN



SIGN IN WITH YOUR CIGNA ACCOUNT

Username:

Password:

[Forgot Password](#)

LOGIN

NOTE: Use the following link to access Connecture DRx.

<https://cignahealthspring-ppc.destinationrx.com/PlanCompare/2020/Professional/Type1/Compare/Home>

STEP2: SELECT "START NEW ENROLLMENT"



VIEW DASHBOARD

SEARCH PROFILES

START CONSULTATION

START NEW ENROLLMENT

SEND QUICK QUOTE

DASHBOARD

REPORTS

COMPLETED ENROLLMENTS: **2**

TASKS

OPEN TASKS: **0**

PROFILES STARTED: **27**

Select A Date

From

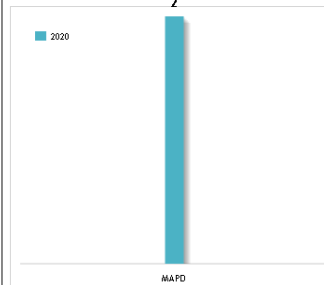


To

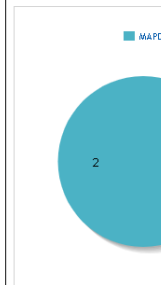


RUN

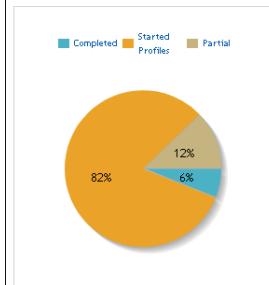
Completed Enrollments (Prior Year vs Current Year)



Enrollment By Plan type



Completed vs. Profile Started



STEP 3 – ENTER ZIP and click submit button.

[VIEW DASHBOARD](#)[SEARCH PROFILES](#)[START CONSULTATION](#)[START NEW ENROLLMENT](#)[SEND QUICK QUOTE](#)[PROFILE](#)[SOA](#)[HEALTH](#)[SUBSIDY](#)[DRUGS](#)[PHARMACY](#)[COMPARE PLANS](#)[Calculator](#) [Add Notes/Task to an active profile](#)

SELECT A PLAN

Enter your zip code. Click Submit.

[SUBMIT](#)

STEP 4 – EITHER SELECT PLAN (ENROLL) or SEND QUOTE (next slide)

SELECT A PLAN

Enter your zip code. Click Submit.

[SUBMIT](#)[Change County](#)

Medicare Advantage
Prescription Drug Plans
3 plans



Prescription Drug Plans
3 plans



Medicare Advantage Plans
1 plan



CIGNA-HEALTHSPRING PREMIER (HMO-POS)

Premium (Monthly Price)

\$0.00

[ENROLL IN THIS PLAN](#)[SEND QUOTE](#)

CIGNA-HEALTHSPRING PREFERRED (HMO)

Premium (Monthly Price)

\$0.00

[ENROLL IN THIS PLAN](#)[SEND QUOTE](#)

CIGNA-HEALTHSPRING TRUE CHOICE (PPO)

Premium (Monthly Price)

\$0.00

[ENROLL IN THIS PLAN](#)[SEND QUOTE](#)

STEP 4A – OR SEND A “QUICK QUOTE”

Quick Quote

* First Name:

* Last Name:

* Phone: () -

* What would you like to send?
☒ Quote and enrollment
☐ Enrollment form only

How would you like to send this information?
☒ Email

* Email Address:

List of requested items to be included.
Check all that apply.

Select one or All	Plan Name	Plan Document List	Description
☐	Cigna-HealthSpring Preferred (HMO)	Pharmacy Benefits and You	Learn More about Medicare Pharmacy Benefits
☐	Cigna-HealthSpring Preferred (HMO)	Summary of Benefits	2020 Summary of Benefits
☐	Cigna-HealthSpring Preferred (HMO)	Resumen de Beneficios	2020 Resumen de Beneficios
☐	Cigna-HealthSpring Preferred (HMO)	Dental - Preventative	2020 AZ Dental Guide - Preventative

This message below will appear on the beneficiary's quote. Please remember all compliance guidelines when updating this message.

Message

Thank you for taking the time to meet with me today. Here are plans that I think will meet your needs below.

➔

SEND QUICK QUOTE

CODE

This Authorization Code will be sent to the beneficiary under a separate email.

STEP 5 – AFTER SELECTING “ENROLL,” COMPLETE APPLICATION AND SUBMIT

[VIEW DASHBOARD](#)[SEARCH PROFILES](#)[START CONSULTATION](#)[START NEW ENROLLMENT](#)[SEND QUICK QUOTE](#)

CIGNA-HEALTHSPRING PREMIER (HMO-POS)

Monthly Premium:\$0.00
Plan: H1415-021-000

[Calculator](#)[Add Notes/Task to an active profile](#)

IMPORTANT INFORMATION

You'll find links to important enrollment documents, including the Plan's Summaries of Benefits, eligibility information, and multi-language interpreter services [on our website](#).

[2020 Summary of Benefits](#)
[2020 Resumen de Beneficios](#)
[2020 Evidence of Coverage](#)
[2020 Constancia de Cobertura](#)
[2020 MAPD Formulary](#)
[2020 Lista Completa de Medicamentos \(formulario\)](#)
[2020 LIS Premium Chart](#)
[2020 Cuadro resumen resumen LIS](#)
[2020 Pre-Enrollment Checklist](#)
[2020 Lista de Control Previa a la Inscripcion](#)
[2020 Star Rating](#)
[2020 Calificaciones por Estrellas Medicare](#)
[2020 Provider Directory](#)
[2020 Multi Language Insert](#)
[2020 Enrollment Form](#)
[2020 Formulario de Solicitud de Inscripcion Individual En Un Plan](#)
[Online Provider Search](#)

CONTACT INFORMATION

Use the form below to apply to the plan. You'll be able to review your information and make changes before you submit your completed form.

Please contact the plan directly if you need information in another language or format (Braille).

Fields marked with an asterisk (*) are required

PERSONAL INFORMATION

Please enter your personal information in the spaces provided.

Title

☐ Mr. ☐ Mrs. ☐ Ms.

First Name *

Middle Initial

Last Name *

Date of Birth *



Gender *

☐ Male ☐ Female

Home Phone Number *

Please enter your 10 digit phone number with no hyphen or spaces (e.g., 2125551212).

Email Address

OTHER ENROLLMENT METHODS

**Cigna-HealthSpring Premier
(HMO-POS)**

PO Box 20012
Nashville, TN 37202

Phone:
800-668-3813



CONSULTATION

Assumes step-by-step discussion with prospect that can be saved and completed any time.

Depth/Detail is dependent on whether prospect is “good to go” or “wants more detail” or “wants to compare” (assuming more than one plan available).



STEP 1: LOG IN





SIGN IN WITH YOUR CIGNA ACCOUNT

Username:

Password:

[Forgot Password](#)

LOGIN

STEP 2: SELECT START CONSULTATION



[VIEW DASHBOARD](#) [SEARCH PROFILES](#) [START CONSULTATION](#) [START NEW ENROLLMENT](#) [SEND QUICK QUOTE](#)

DASHBOARD

REPORTS

COMPLETED ENROLLMENTS: 2

TASKS

OPEN TASKS: 0

PROFILES STARTED: 27

Select A Date

From 10/1/2018

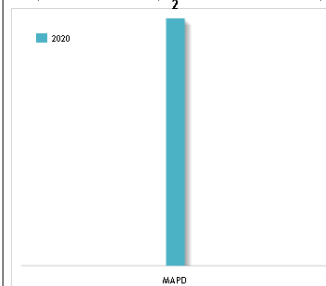


To 5/8/2020

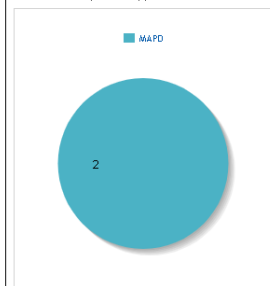


RUN

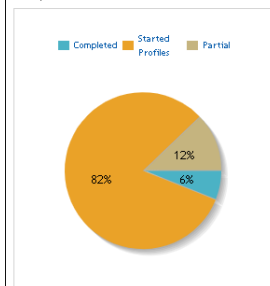
Completed Enrollments (Prior Year vs Current Year)



Enrollment By Plan type



Completed vs. Profile Started



STEP 3: CREATE PROFILE BY ADDING REQUIRED INFORMATION

PROFILE

SOA

HEALTH

SUBSIDY

DRUGS

PHARMACY

COMPARE
PLANS

Calculator 

Add Notes/Task to an active profile 

CREATE A NEW PROFILE

* Denotes a required field.

Beneficiary Information

* First Name

* Last Name

* Date of Birth
Required Format:mm/dd/yyyy

* ZIP code

[Change County](#)

Phone

Email Address

Address (Line 1)

Address (Line 2)

City

State

Is the sales contact different from the beneficiary? ☐ Yes ☒ No

SEND ACCESS TO CONSUMER SITE

This button is available for you to use in the event you are talking with a member that is time constrained and would like to shop on their own and talk later. Using this button will attach your credentials to the member.



STEP 4A: SEND AND COMPLETE ELECTRONIC SOA FORM. CAN BE SKIPPED IF USING PAPER.

PROFILE

SOA

HEALTH

SUBSIDY

DRUGS

PHARMACY

COMPARE PLANS

Calculator  Add Notes/Task to an active profile 

SCOPE OF APPOINTMENT

PLEASE USE THE CIGNA eSOA PROCES instead of the DRx application for Scope of Appointments. Links are provided in the page footer and the Resources list. A Scope of Appointment is required for all face to face sales appointments. We recommend email as the simplest method. After you complete the sales appointment, you will be able to return to this screen and complete and submit the SOA.

Signed SOAs

There are no signed SOAs for this beneficiary profile.

Select Scope of Appointment Method:

Email

Important

You must [create a profile](#) or use an existing profile of a beneficiary before sending an SOA

* Denotes required fields

* Email Address

Email SOA

Your SOA has been sent successfully.
Please tell customers to close browser
upon submission of SOA.

STEP 4B: WHEN FORM IS RETURNED, SUBMIT TO SYSTEM BY SELECTING "AWAITING TO BE SUBMITTED"

PROFILE

SOA

HEALTH

SUBSIDY

DRUGS

PHARMACY

COMPARE PLANS

Calculator  Add Notes/Task to an active profile 

SCOPE OF APPOINTMENT

PLEASE USE THE CIGNA eSOA PROCES instead of the DRx application for Scope of Appointments. Links are provided in the page footer and the Resources list. A Scope of Appointment is required for all face to face sales appointments. We recommend email as the simplest method. After you complete the sales appointment, you will be able to return to this screen and complete and submit the SOA.

Date Created	Date Submitted	Plan Type	Confirmation Number	Status
05/08/2020		Medicare Advantage Plans Part C and Cost Plans	WIWQH0BN0KG4JPU6MTLW	Awaiting to be submitted



STEP 5: ENTER SUBSIDY INFORMATION (IF APPLICABLE)

PROFILE

SOA

HEALTH

SUBSIDY

DRUGS

PHARMACY

COMPARE PLANS

Calculator  Add Notes/Task to an active profile 

MEDICARE EXTRA HELP

Please answer the questions below to determine whether you may qualify for extra help.

* Denotes a required field.

- * What extra help level(s) do you currently qualify for? 
- ☐ I am not eligible for special assistance.
 - ☐ I am receiving Medicaid as well as Medicare. (Dual Full Subsidy)
 - ☐ I belong to a Medicare Savings Program (MSP)
 - ☐ I am receiving full extra help, but not Medicaid.
 - ☐ I am receiving partial extra help.
 - ☐ I don't know.

< HEALTH

CONTINUE >

STEP 6: ADD DRUGS TO PROFILE. CHANGE DOSAGE AND QUANTITY IF NECESSARY. SELECT SWITCH TO GENERIC FOR LIKELY SAVINGS LINK TO SEE GENERIC DRUG COSTS ON PLANS PAGE. **NOTE: THIS CAN BE SKIPPED.**



[VIEW DASHBOARD](#) [SEARCH PROFILES](#) [START CONSULTATION](#) [START NEW ENROLLMENT](#) [SEND QUICK QUOTE](#)

PROFILE

SOA

HEALTH

SUBSIDY

DRUGS

PHARMACY

COMPARE PLANS

Calculator  Add Notes/Task to an active profile 

ADD DRUGS

To provide an estimate of your drug costs under each plan, please provide us a list of your medications. This information does not affect your plan premium – it's simply used to assist in choosing the best plan for your situation.

If you choose to skip this page, we'll assume you take no medications.

- 1 Type the first few letters of a drug name, then
- 2 Select your drug from the list that appears.

Namenda [FIND DRUG](#)

If you are not sure how the drug is spelled, see



ADD DRUGS

To provide an estimate of your drug costs under each plan, please provide us a list of your plan premium – it's simply used to assist in choosing the best plan for your situation.

If you choose to skip this page, we'll assume you take no medications.

ADD NAMENDA

Select your dosage and enter the amount you use per month below. The most common dosage is pre-selected.

Dosage ☒ Namenda TAB 5MG
☐ Namenda TAB 10MG

Quantity per month [change frequency](#)

[Cancel \(do not add drug\)](#)

ADD DRUG

MY DRUG LIST

Namenda TAB 5MG has been added to My Drug List. ✕

Namenda TAB 5MG

[Switch to generic for likely savings](#) ?

60 per month

☒ [change](#) ✕ [remove](#)

MY DRUG LIST IS COMPLETE

STEP 7: COMPARE PLANS SIDE BY SIDE OR VIEW ONE PLAN AT A TIME

[VIEW DASHBOARD](#)

[SEARCH PROFILES](#)

[START CONSULTATION](#)

[START NEW ENROLLMENT](#)

[SEND QUICK QUOTE](#)

PROFILE

SOA

HEALTH

SUBSIDY

DRUGS

PHARMACY

COMPARE
PLANS

Calculator

Add Notes/Task to an active profile

VIEW AND COMPARE PLANS

The following are the plans available in your area. Based on the information you provided, your total estimated costs for each plan and your care are shown. This will assist you in finding the best value.

PREVIOUS

[Medicare Advantage Prescription Drug Plans](#)
3 plans

[Prescription Drug Plans](#)
3 plans

[Medicare Advantage Plans](#)
1 plan

COMPARE UP TO 3 PLANS Total Estimated Cost ▾

☒ Check to compare

CIGNA-HEALTHSPRING PREFERRED (HMO)

Premium (Monthly Price)
\$0.00

Total Est. Cost ?
\$6,805

Plan Rating ?
★★★★☆

[ENROLL IN THIS PLAN](#) [VIEW PLAN DETAILS](#) [SEND QUOTE](#)

☒ Check to compare

CIGNA-HEALTHSPRING PREMIER (HMO-POS)

Premium (Monthly Price)
\$0.00

Total Est. Cost ?
\$6,964

Plan Rating ?
★★★★☆

[ENROLL IN THIS PLAN](#) [VIEW PLAN DETAILS](#) [SEND QUOTE](#)



STEP 8: SEND QUOTE, VIEW DETAILS OR ENROLL

[VIEW DASHBOARD](#)[SEARCH PROFILES](#)[START CONSULTATION](#)[START NEW ENROLLMENT](#)[SEND QUICK QUOTE](#)[PROFILE](#)[SOA](#)[HEALTH](#)[SUBSIDY](#)[DRUGS](#)[PHARMACY](#)[COMPARE
PLANS](#)[Calculator](#) [Add Notes/Task to an active profile](#) 

VIEW AND COMPARE PLANS

The following are the plans available in your area. Based on the information you provided, your total estimated costs for each plan and your care are shown. This will assist you in finding the best value.

PREVIOUS

[Medicare Advantage
Prescription Drug Plans
3 plans](#) 

[Prescription Drug Plans
3 plans](#) 

[Medicare Advantage Plans
1 plan](#) 

[COMPARE UP TO 3 PLANS](#) [Total Estimated Cost ▼](#)

☐ Check to compare

CIGNA-HEALTHSPRING PREFERRED (HMO)

Premium (Monthly Price)
\$0.00

Total Est. Cost 
\$6,805

Plan Rating 


[ENROLL IN THIS PLAN](#) [VIEW PLAN DETAILS](#) [SEND QUOTE](#)

☐ Check to compare

CIGNA-HEALTHSPRING PREMIER (HMO-POS)

Premium (Monthly Price)
\$0.00

Total Est. Cost 
\$6,964

Plan Rating 


[ENROLL IN THIS PLAN](#) [VIEW PLAN DETAILS](#) [SEND QUOTE](#)



SEARCH PROFILES

Find partial and completed profiles as needed.



STEP 1: SELECT SEARCH PROFILES

[VIEW DASHBOARD](#)[SEARCH PROFILES](#)[START CONSULTATION](#)[START NEW ENROLLMENT](#)[SEND QUICK QUOTE](#)

SEARCH YOUR PROFILES & ENROLLMENTS

First Name:		?
Last Name:		?
Phone Number:		?
Date of Birth (DOB):		
Confirmation Number:		?
Medicare ID number:		?
Application Start Date:		
Application End Date:		

[SEARCH](#)

STEP 2: SEARCH BY TYPING ANY OF CRITERIA LISTED. SELECT PROFILE FROM RESULTS RETURNED.

SEARCH YOUR PROFILES & ENROLLMENTS

First Name:	John	?
Last Name:	Smith	?
Phone Number:		?
Date of Birth (DOB):		
Confirmation Number:		?
Medicare ID number:		?
Application Start Date:		
Application End Date:		

[SEARCH](#)

ALL PROFILES

Select Format Type ▾

[EXPORT](#)

3 results found

Name and Address	Date	Phone/E-mail	Status	
John Smith 36027	4/15/2020	679-879-9879 jeurittdemo@gmail.com	Applicant	Enroll History
John Smith 36027	4/20/2020	798-879-8797 jeurittdemo@gmail.com	Applicant	Enroll History
John Smith 123 dreamy lane Wilmington, IL, 60481	5/8/2020	000-000-0000 maickon.carrico@cigna.com	Applicant	Enroll History



STEP 3: NAVIGATE BY TABS TO PICK UP WHERE YOU LEFT OFF.

[VIEW DASHBOARD](#)[SEARCH PROFILES](#)[START CONSULTATION](#)[START NEW ENROLLMENT](#)[SEND QUICK QUOTE](#)[PROFILE](#)[SOA](#)[HEALTH](#)[SUBSIDY](#)[DRUGS](#)[PHARMACY](#)[COMPARE
PLANS](#)[Calculator](#) [Add Notes/Task to an active profile](#)

CREATE A NEW PROFILE

* Denotes a required field.

Beneficiary Information

* First Name

* Last Name

* Date of Birth

Required Format:mm/dd/yyyy

* ZIP code

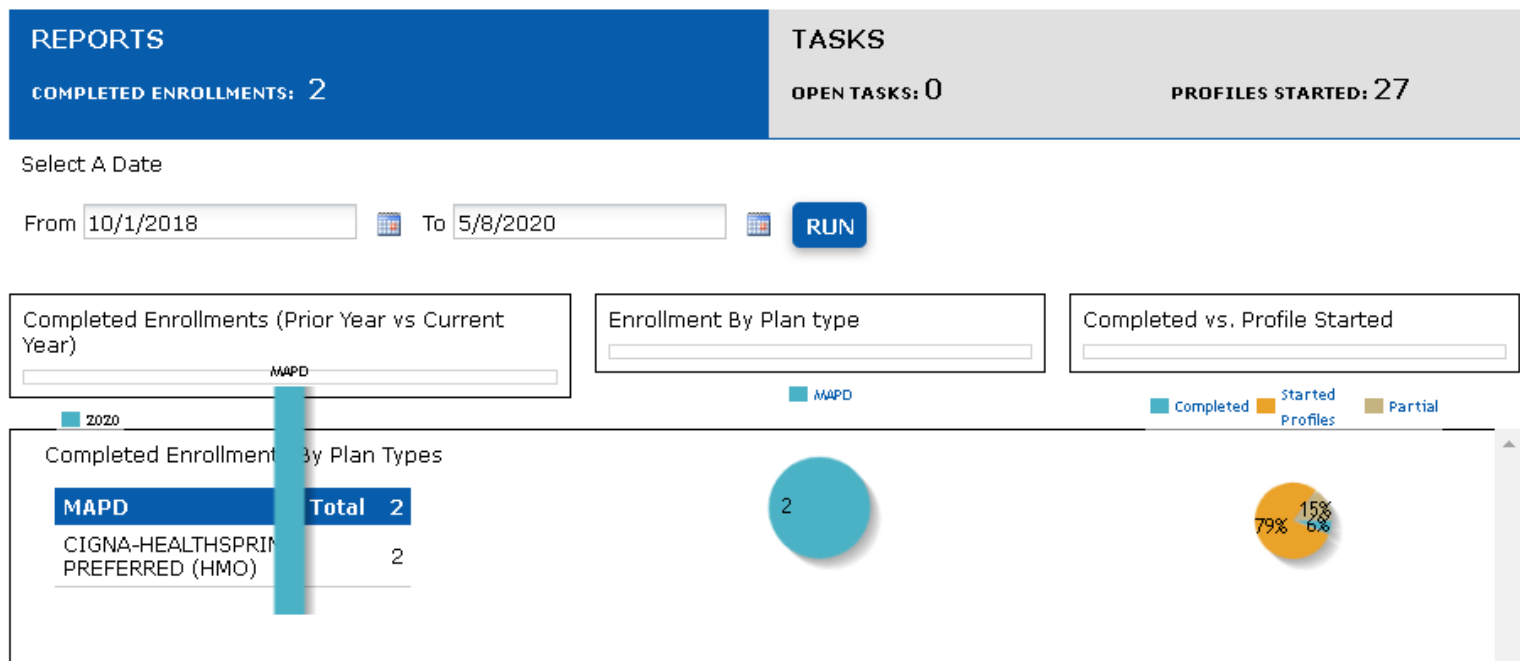


TOOLS & RESOURCES

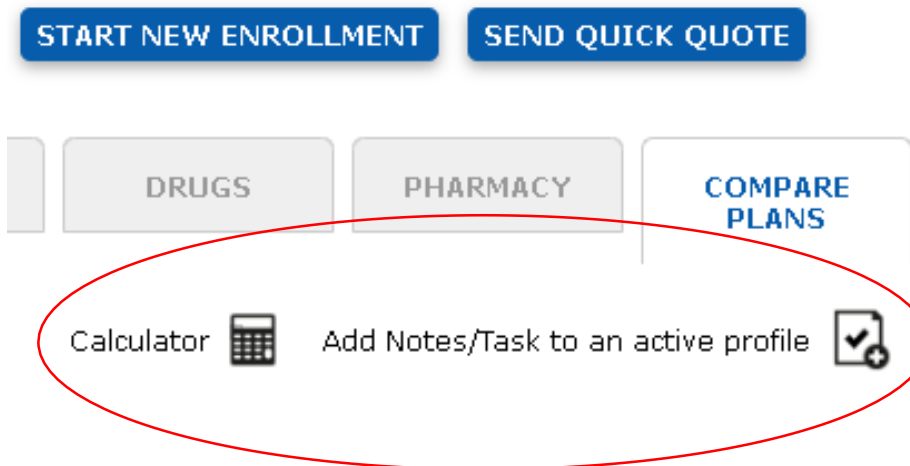


DASHBOARD: ALLOWS YOU TO VIEW AND PULL REPORTS ON YOUR BOOK OF BUSINESS AS WELL AS VIEW ALL TASKS ASSIGNED TO PROFILES.

DASHBOARD



PAGE TOOLS: A CALCULATOR AND NOTES & TASKS FUNCTION CAN BE FOUND ON EACH PAGE.



TO ADD A NOTE OR TASK TO A PROFILE, SELECT THE ICON, TYPE YOUR NOTE/TASK AND SELECT A DUE DATE. ALL TASKS WILL SHOW UP IN ORDER BY DUE DATE ON THE DASHBOARD UNDER THE 'TASKS' TAB.

Add Notes or Tasks

☒ Notes ☐ Tasks

SAVE NOTE

FORMULARY, PHARMACY AND PROVIDER INFORMATION CAN BE FOUND IN THE FOOTER OF EACH PAGE UNDER 'RESOURCES'. SELECTING THE LINK WILL ALLOW YOU TO SEARCH FOR PLAN SPECIFIC INFORMATION.

RESOURCES

www.CignaMedicare.com
[Pharmacy Finder](#)
[Cigna Drug Lists](#)
[Extra Help & LIS Information](#)
[Provider & Pharmacy Directory](#)
[Enroll Now!](#)
[Glossary](#)
[Electronic SOA](#)



ADMINISTRATION

[Agent Account Management](#)
[Enrollment Status and Opportunities](#)

BENEFICIARY INFORMATION

Cost estimates are based on the following information.

- Plans shown are available in ZIP code 60481 [change](#)
- Estimated medical costs based on age 65 - 69 and Good health [change](#)
- 0 drugs [change](#)
- No pharmacy selected [change](#)



Questions?



THANK YOU!

Together, all the way.®

