

# Anthem Online and Telephonic Enrollment

# Access mProducer Directly

1. Navigate to mProducer at [mproducer.anthem.com](https://mproducer.anthem.com).
2. Enter your username and password and click **Login**. \*
3. Click **Continue**.

\* If you have not signed up, click **Sign up now**. You will be navigated back to PTB to register.



# mProducer Home Page

Stay informed by reading our broadcast messages!

Click here for updates on this tool and more! (if you touch here for scrollbar)

Online [DSNP validation](#) is available for [California](#) in mProducer effective [1/26](#)!



Scope of Appointment



Quoting



Customers



Eligibility Check  
Medicare and Medicaid

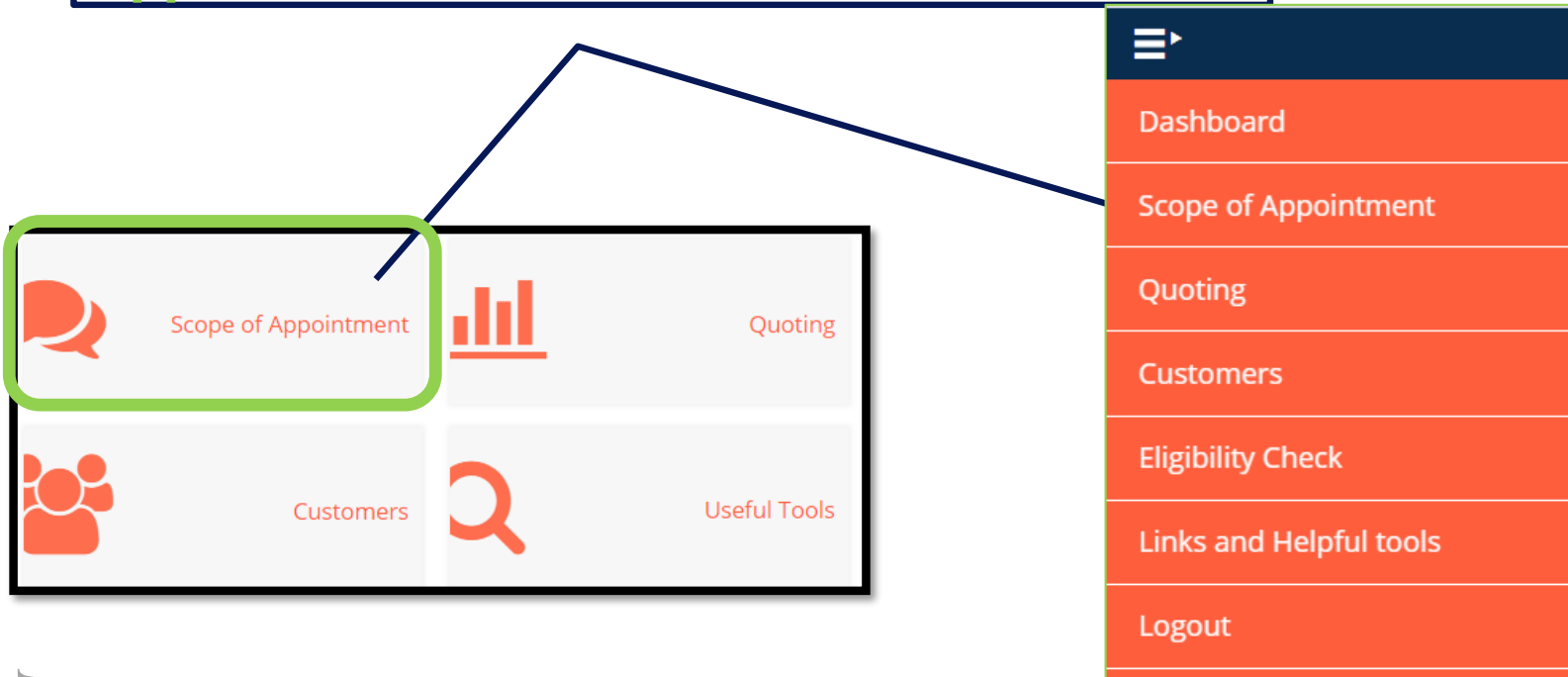


Links and Helpful tools

You can perform various tasks by clicking on the appropriate home page tile.

# Scope of Appointment

From the Home page, click on the Scope of Appointment tile. From any page, you can click the *Menu* icon and select Scope of Appointment.



# Create New SOA

Create New Electronic SOA

Electronic SOA List



Download Scope of Appointment Form



Upload Completed Scope Of Appointments

To create a new SOA, click the Create New Electronic SOA button.

# Electronic Scope of Appointment

Leave beneficiary section empty; the beneficiary completes upon transfer

Agent section must be completed prior to transfer of Scope

Scope of Sales Appointment Confirmation Form [Back to SOA](#)

The Centers for Medicare & Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or his/her authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.

|                                                                                                                                                                                                                                                                                                                                  |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Beneficiary Initials                                                                                                                                                                                                                                                                                                             | Stand-alone Medicare Prescription Drug Plans (Part D) |
| Medicare Prescription Drug Plan (PDP)<br>A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost plans, some Medicare Private Fee-for-Service plans, and Medicare Medical Savings Account plans.                                                                                   |                                                       |
| Beneficiary Initials                                                                                                                                                                                                                                                                                                             | Medicare Advantage Plans (Part C)                     |
| Medicare Health Maintenance Organization (HMO) Plan<br>A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies). |                                                       |
| Medicare Preferred Provider Organization (PPO) Plan<br>A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.  |                                                       |

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. The person does 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 enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature:  Signature Date:

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

Representative's Name:

Your Relationship to the Beneficiary:

Required - to be completed by Agent (Prior to Appointment):

Agent Name:

Unit ID#:

Agent Phone:

123-456-7890

Beneficiary Name:

Walt Disney

Beneficiary Phone (Optional):

Beneficiary Address (Optional):

Medicare ID Number:

Initial Method/Location of Contact:

☐ Indicate here if beneficiary was a walk-in.

Required - to be completed by Agent (Post to Appointment):

Plan(s) the agent represented during this meeting:

# eSOA Required Agent Information

Scroll down, complete the section “Required – to be completed by Agent” prior to transfer (minimum information required: Agent Name, Agent Phone, Beneficiary Name) Agent name and phone number will pre-populate.

Required - to be completed by Agent (Prior to Appointment):

Agent Name

Beverly Danner

Agent Phone

513-203-6349

Beneficiary Name

Beneficiary Phone (Optional)

Beneficiary Address (Optional)

Medicare ID Number

Initial Method/Location of Contact

☐ Indicate here if beneficiary was a walk-in.

# eSOA Transfer to Client

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

Agent: Ensure correct Scope of Appointment form is selected for beneficiary's plan enrollment choice. Also, if the form was signed by the beneficiary at the time of appointment, please provide explanation why SOA was not documented prior to meeting:

Anthem-affiliated health plans are Medicare Advantage Organizations and Prescription Drug Plans with a Medicare contract. For Dual-Eligible Special Needs Plans: Anthem-affiliated health plans are a D-SNP with a Medicare contract and a contract with the state Medicaid program. Enrollment in Anthem-affiliated health plans depends on contract renewal.

A Medicare-approved Part D sponsor.

Save Initiated SOA

Transfer to Bene to eSign

# eSOA Transfer to Beneficiary

A pop up box with "Transfer eSOA to Beneficiary" will display

Enter beneficiary's email ID

Enter beneficiary provided 4 digit PIN (you or your client will make up the random PIN)

Enter message (optional)

Click "Send eSOA"

Transfer eSOA to Beneficiary

Customer's email ID

beverly.danner@anthem.com

Customer provided 4-digit PIN

4141

Automated transfer emails are occasionally identified as Spam or Junk mail. Please ask the shopper to check Spam or Junk mail folder if they don't see an email from us.

Additional Information

Use this space to provide additional information in the email to your customer. Text entered in this box will only appear on this email notification to be retained.

Max 2000 characters

Cancel

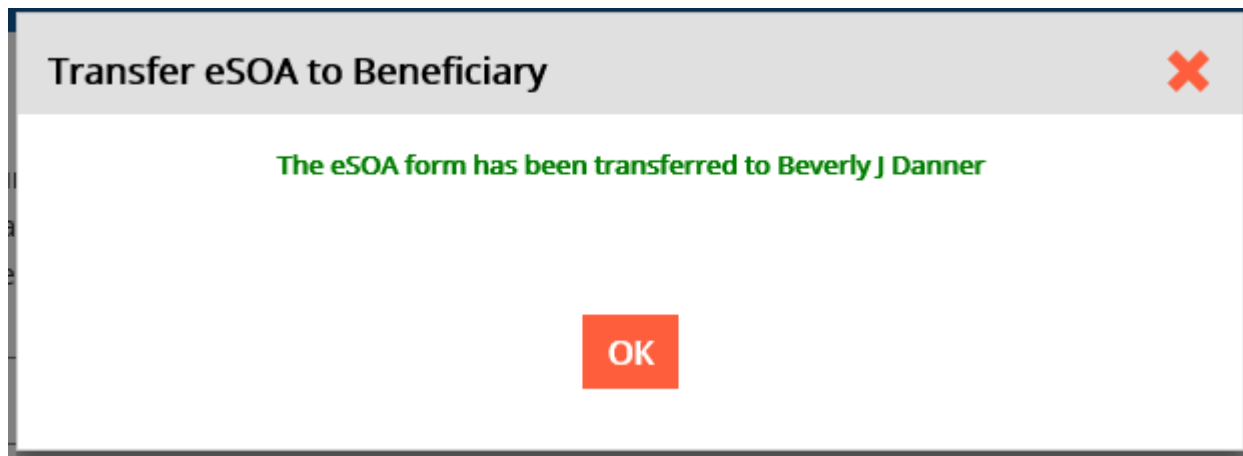
Send eSOA

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# eSOA Transfer to Beneficiary

---

Upon “Transfer to Bene to eSign”, you will receive a confirmation pop up that eSOA was transferred



# eSOA Electronic Scope of Appointments List

## Electronic Scope of Appointments List

[Back to SOA](#)

Search Beneficiary

Status Type

All



| BENEFICIARY NAME | PHONE | MEDICARE ID | CREATE DATE | STATUS          |                                                                                                                                                                             |
|------------------|-------|-------------|-------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Beverly konrad   |       | 1EG4TE5ML72 | 2020-04-14  | eSign Requested |       |
| Bjd              |       |             | 2020-03-08  | Completed       |                                                                                          |
| Vls              |       |             | 2020-03-08  | Initiated       |   |

# eSOA Client Signature

Beneficiary will receive an email from Anthem. Beneficiary will click on the link to open

Your agent, Beverly Danner, has started an electronic scope of appointment for you.

*Notice from agent:* [No message to display]

*To access your scope of appointment, please click on the following link* <https://shop.anthem.com/medicare/my-esoa/enterpin?esoa-pin=1094>

To view the scope of appointment, please use the link provided above. You will need to enter the Email address and the 4 digit PIN you provided to the agent.

## Customer Information

Name: Beverly Konrad

Email Address: [beverly.danner@anthem.com](mailto:beverly.danner@anthem.com)

PIN: 4 digit pin you provided to the agent.

We look forward to the opportunity to service your health coverage needs.

Beverly Danner

# eSOA Beneficiary Signature

“Access your Scope of Appointment” box will appear, beneficiary will enter email address and 4 digit pin

## Access your Scope of appointment

Enter your PIN

Enter your email address

Next

# eSOA Beneficiary Section

Beneficiary completes the “beneficiary section” of the SOA

The beneficiary should tap into the field for the desired products they want to discuss and enter their initials

Beneficiary signs and dates the Scope

### Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or his/her authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.

Beneficiary initials

Stand-alone Medicare Prescription Drug Plans (Part D)

**Medicare Prescription Drug Plan (PDP)**

A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost plans, some Medicare Private Fee-for-Service plans, and Medicare Medical Savings Account plans.

Beneficiary initials

Medicare Advantage Plans (Part C)

**Medicare Health Maintenance Organization (HMO) Plan**

A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

**Medicare Preferred Provider Organization (PPO) Plan**

A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

**By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above.** Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. The person does 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 enrollment, or enroll you in a Medicare plan.

**Beneficiary or Authorized Representative Signature and Signature Date:**

Signature

# eSOA Submit & Transfer Back to Agent

---

Beneficiary will click Submit and Transfer Back to Agent at the bottom of the form

A red rectangular button with rounded corners, outlined in blue, containing the text "Submit & Transfer Back to Agent" in white.

Submit & Transfer Back to Agent

Beneficiary will get a "Thank You!" screen and can close window

Thank You!

Your portion of scope of appointment form is complete. Your agent may now proceed to discuss the products you selected in your upcoming appointment.

---

# Electronic Scope of Appointments List

Once the beneficiary signs, the Electronic Scope of Appointments List will display "eSign Received"

## Electronic Scope of Appointments List

[Back to SOA](#)

Search Beneficiary

Status Type

All

| BENEFICIARY NAME | PHONE | MEDICARE ID | CREATE DATE | STATUS          |                                                                                       |
|------------------|-------|-------------|-------------|-----------------|---------------------------------------------------------------------------------------|
| Beverly konrad   |       | 1EG4TE5ML72 | 2020-04-14  | eSign Requested |  |
| Beverly j danner |       |             | 2020-04-14  | eSign Received  |  |

# Electronic Scope of Appointment List

Tap on the initiated icon to complete SOA

## Electronic Scope of Appointments List

[Back to SOA](#)

Search Beneficiary

Status Type



| BENEFICIARY NAME | PHONE | MEDICARE ID | CREATE DATE | STATUS          |                                                                                       |
|------------------|-------|-------------|-------------|-----------------|---------------------------------------------------------------------------------------|
| Beverly konrad   |       | 1EG4TE5ML72 | 2020-04-14  | eSign Requested |  |
| Beverly j danner |       |             | 2020-04-14  | eSign Received  |  |

# Electronic Scope of Appointment

Complete the remainder of the Scope and sign

Medicare ID Number

.....

Initial Method/Location of Contact

walk in

☒ Indicate here if beneficiary was a walk-in.

Required - to be completed by Agent (Post Appointment):

Plan(s) the agent represented during this meeting

☐ PDP ☒ MA/MAPD

Date Appointment Completed

04/15/2020



Today

Clear

Plan Use Only

Agent's Signature



Clear

# Electronic Scope of Appointment

Tap on the update icon and SOA will now appear in your Scope of Appointments List as completed

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

Agent: Ensure correct Scope of Appointment form is selected for beneficiary's plan enrollment choice. Also, if the form was signed by the beneficiary at the time of appointment, please provide explanation why SOA was not documented prior to meeting:

Anthem-affiliated health plans are Medicare Advantage Organizations and Prescription Drug Plans with a Medicare contract. For Dual-Eligible Special Needs Plans: Anthem-affiliated health plans are a D-SNP with a Medicare contract and a contract with the state Medicaid program. Enrollment in Anthem-affiliated health plans depends on contract renewal.  
A Medicare-approved Part D sponsor.

UPDATE

Transfer to Bene to eSign

# Electronic Scope of Appointments List

Your Electronic Scope of Appointments List will reflect a Completed Status.

## Electronic Scope of Appointments List

[Back to SOA](#)

Search Beneficiary

Status Type



| BENEFICIARY NAME | PHONE | MEDICARE ID | CREATE DATE | STATUS          |                                                                                       |
|------------------|-------|-------------|-------------|-----------------|---------------------------------------------------------------------------------------|
| Beverly konrad   |       | 1EG4TE5ML72 | 2020-04-14  | eSign Requested |    |
| Bjd              |       |             | 2020-03-08  | Completed       |  |
| Vls              |       |             | 2020-03-08  | Initiated       |  |

# Upload Scope of Appointment

At any point while you are completing the application to transfer to client for signature, upload the eSOA.

500699MUSENMUB\_0154 | MA\_HMO | INPROGRESS | NO SUB-STATUS AVAILABLE | B011F071 [Upload SOA](#) [Upload Documents](#)

 Español



If you currently have health coverage from an employer or union, joining Anthem Blue Cross and Blue Shield could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Anthem Blue Cross and Blue Shield. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

## Plan Chosen

Plan Selected:

Anthem MediBlue Preferred (HMO)

Monthly Plan Premium :

\$0.00

OSB Selected:

Monthly OSB Premium:

Requested Effdt:

05/01/2020

Total Monthly Premium:

\$0.00

## Applicant

Select Electronic SOA. Tap on area to the right of the create date. Tap on Upload.

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# Electronic SOA Upload Confirmation

Successfully associated electronic SOA with the application. This will be uploaded during application submission.

## What is the format of the SOA that you want to upload?

☐ Scanned SOA    ☒ Electronic SOA

Search Beneficiary Name



| BENEFICIARY NAME | PHONE | MEDICARE ID | CREATE DATE |   |
|------------------|-------|-------------|-------------|---|
| Beverly J Konrad |       | 1EG4TE5MK72 | 2020-04-16  | ✓ |
| Beverly J Danner |       | 1EG4TE5MK72 | 2020-04-14  |   |
| bjd              |       |             | 2020-03-08  |   |

Upload

Close

# Upload Electronic SOA's

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Upload Electronic SOA's

# Upload SOA

Create New Electronic SOA

Electronic SOA List



Download Scope of Appointment Form



Upload Completed Scope Of Appointments

To upload a completed paper SOA, click the **Upload Completed Scope of Appointments** button. This allows brokers to upload SOA's independently of the application.

# Upload FAQ

Follow the directions to upload an SOA.

 Upload Scope(s) of Sales Appointment Documents 

Upload Signed Scope of Appointment (SOA) form – For enrollments that have been submitted through fax, mail, or through the E-Submit Web Portal only.

**Please note the following:**  
If the face-to-face appointment did not result in an enrollment, you simply need to keep the SOA on file.  
Please ensure the SOA form is completely filled out to include:

- Beneficiary initials next to the product you will be discussing
- Beneficiary signature and date
- Agent fields completed to include the beneficiary Medicare ID number

**To upload:**

- Click the "Browse" button to locate the completed SOA form on your computer
- Upload of up to 5 SOA forms is permitted at a time.
- File sizes cannot exceed 5 MB
- Only pdf or jpg files are accepted.

For questions associated with the SOA process, please contact us at the following:

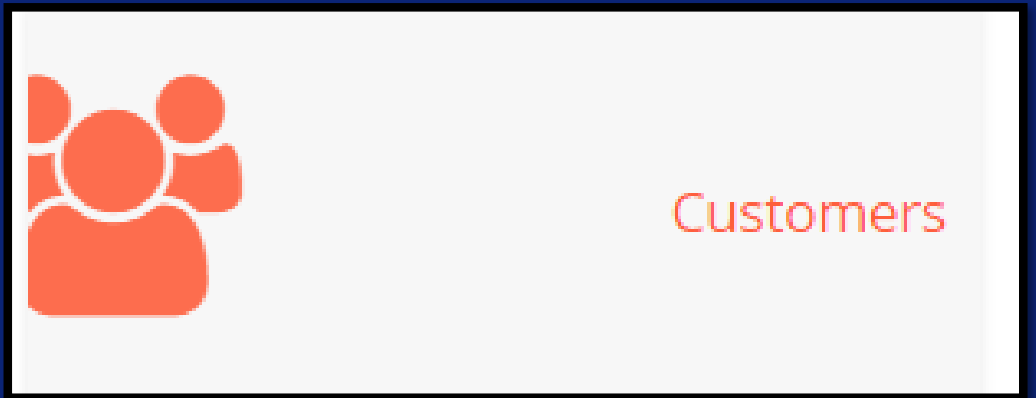
- In CA: 888-209-7839
- All other states: 800-633-4368
- SeniorSalesTraining@WellPoint.com

|      |                                          |                                       |                                      |
|------|------------------------------------------|---------------------------------------|--------------------------------------|
| File | <input type="text" value="Choose File"/> | <input type="button" value="Browse"/> | <input type="button" value="Clear"/> |
| File | <input type="text" value="Choose File"/> | <input type="button" value="Browse"/> | <input type="button" value="Clear"/> |
| File | <input type="text" value="Choose File"/> | <input type="button" value="Browse"/> | <input type="button" value="Clear"/> |
| File | <input type="text" value="Choose File"/> | <input type="button" value="Browse"/> | <input type="button" value="Clear"/> |
| File | <input type="text" value="Choose File"/> | <input type="button" value="Browse"/> | <input type="button" value="Clear"/> |

# mProducer

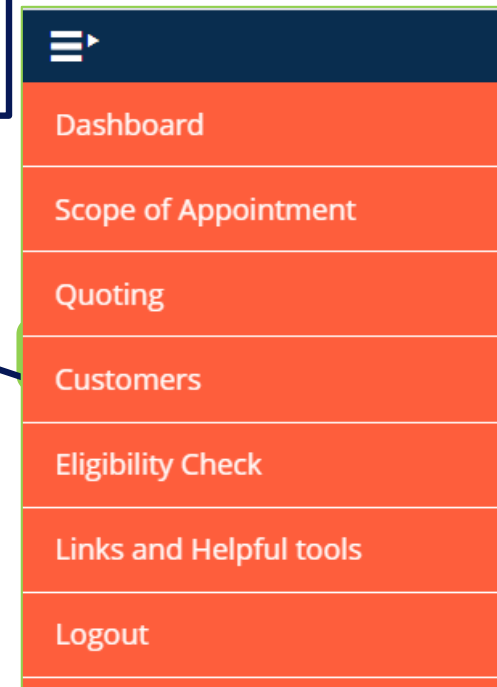
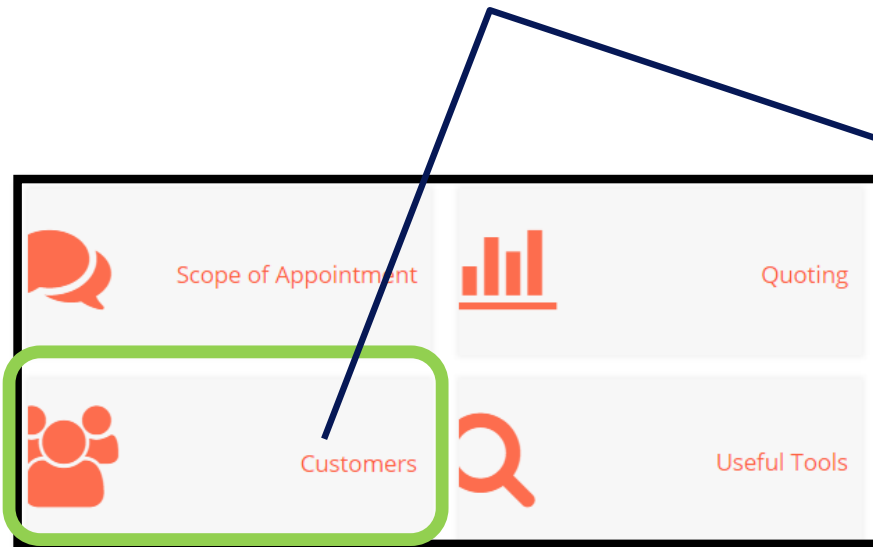
---

Managing customers



# Customers

From the Home page, click on the **Customers** tile. From any page, you can click the **Menu** icon and select **Customers**.



# Customer List

From the landing page, you can manage your existing customers or create new customers.

## Manage your Customers and Applications

[Create a new Customer](#)

### Search Customer List by

First Name:

Last Name:

Date of Birth:

mm/dd/yyyy

Clear

Search

Page Size: 25

| Customer Name  | Last Updated | Application Status         | Channel   | Pending Applications | Remove Customer |
|----------------|--------------|----------------------------|-----------|----------------------|-----------------|
| R, Harish      | 08/25/2017   | <a href="#">Click Here</a> | mProducer | ✓                    | ✗               |
| kannan, jeeva  | 08/25/2017   | <a href="#">Click Here</a> | mProducer | ✓                    | ✗               |
| asd, ads       | 08/24/2017   | <a href="#">Click Here</a> | mProducer |                      | ✗               |
| TEst, TESt     | 08/24/2017   | <a href="#">Click Here</a> | mProducer |                      | ✗               |
| hjkhj, ghjkhjk | 08/24/2017   | <a href="#">Click Here</a> | mProducer |                      | ✗               |
| kannan, jeeva  | 08/24/2017   | <a href="#">Click Here</a> | mProducer | ✓                    | ✗               |

# Creating a Customer

Click the **Create a new Customer** button to create a customer. A blank customer form appears.

Manage your Customers and Applications

Create a new Customer

Search Customer List by

First Name:

Last Name:

Date of Birth:

mm/dd/yyyy



Clear

Search

Page Size: 25



Create New Customer



First Name

Last Name

Gender

☐ Male ☐ Female

Date of Birth

mm/dd/yyyy



Zip Code (Primary Residence)

Email

Phone

Create Customer & Quote

Create Customer

Email Customer

# Creating a Customer FAQ

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All fields, except **EMAIL**, are required to save the customer.

You cannot edit customer information once the customer has been saved!

- If you made a mistake, delete the customer record and create a new one.

If you don't have the **EMAIL** when creating the customer, you can still capture it an application, but you cannot add it to the customer record once the customer has been saved.

# Saving the Customer

---

Click one of the **Create Customer** buttons to save the customer.

- Create Customer & Quote takes you to the Plans section.
- Create Customer takes you back to the Customer list.

You have the option to email the customer by clicking Email Customer.

- This does not save the customer! You must still click one of the other buttons to save the customer.



# Managing Existing Customers

Existing customers appear in descending order based on the date they were last updated.

This benefits you because the customers with which you have recently interacted appear at the top of the list.

### Manage your Customers and Applications

Create a new Customer

Search Customer List by

First Name:

Last Name:

Date of Birth:

mm/dd/yyyy

Clear

Search

Page Size: 25

| Customer Name           | Last Updated | Application Status         | Channel   | Pending Applications | Remove Customer |
|-------------------------|--------------|----------------------------|-----------|----------------------|-----------------|
| testmedsup, medsupstest | 08/14/2017   | <a href="#">Click Here</a> | mProducer | ✓                    | ✗               |
| Tracy, Alana            | 08/11/2017   | <a href="#">Click Here</a> | mProducer | ✓                    | ✗               |
| Delgado, Johnny         | 08/10/2017   | <a href="#">Click Here</a> | mProducer |                      | ✗               |

# Searching for Customers

You can search for an existing customer by entering search criteria and clicking on the **Search** button.

Manage your Customers and Applications Create a new Customer

Search Customer List by

|                      |                      |                                         |                                                                            |
|----------------------|----------------------|-----------------------------------------|----------------------------------------------------------------------------|
| First Name:          | Last Name:           | Date of Birth:                          |                                                                            |
| <input type="text"/> | <input type="text"/> | <input type="text" value="mm/dd/yyyy"/> | <input type="button" value="Clear"/> <input type="button" value="Search"/> |

Page Size: 25

To clear the search criteria and return all customers, click the **Clear** button.

# Customer Record

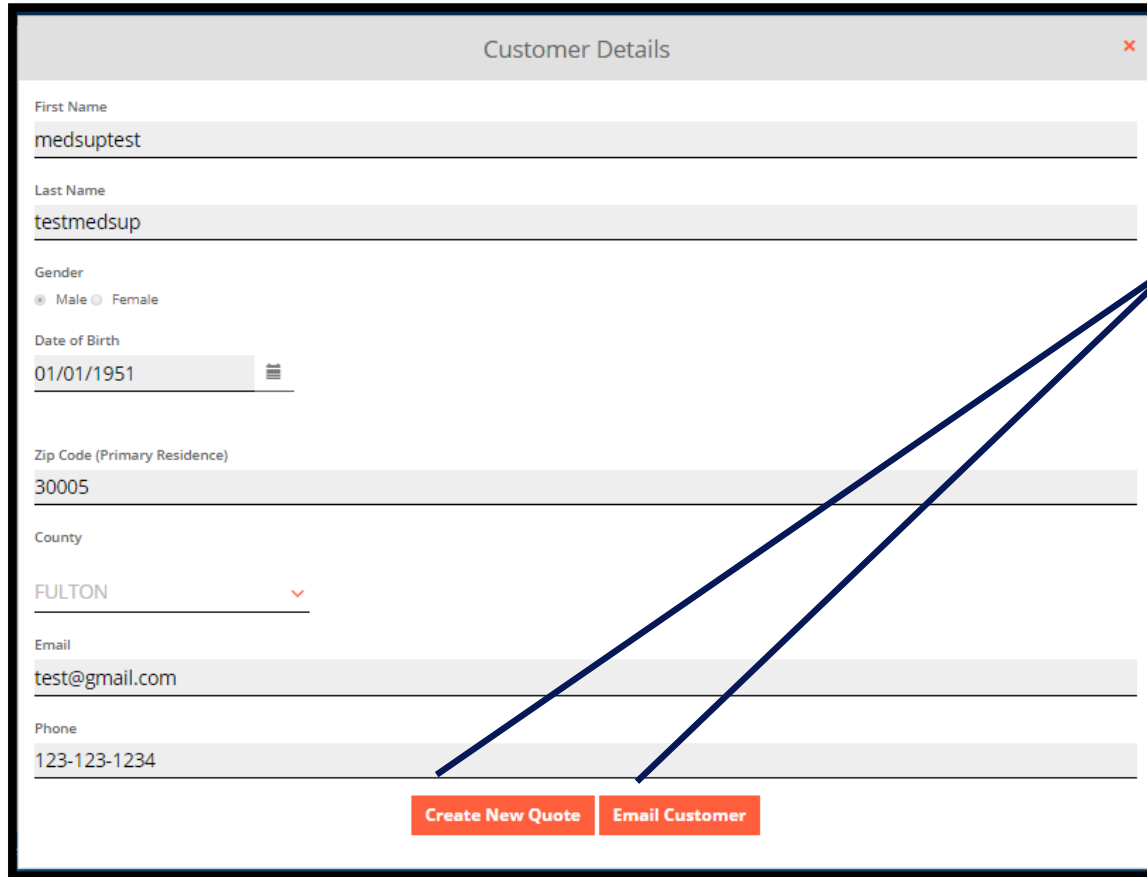
Click on the **CUSTOMER NAME** hyperlink to bring up his/her demographic information.

| <u>Customer Name</u>                   | Last Updated | Application Status         | Channel   | Pending Applications | Remove Customer |
|----------------------------------------|--------------|----------------------------|-----------|----------------------|-----------------|
| <a href="#">testmedsup, medsuptest</a> | 08/14/2017   | <a href="#">Click Here</a> | mProducer | ✓                    | ✗               |

To delete a customer from this list, click the **X** under **REMOVE CUSTOMER**.

(If there is an **In-Progress** application, you will be prompted to cancel the application.)

# Customer Demographic Information



The screenshot shows a 'Customer Details' form with the following fields and values:

- First Name: medsupptest
- Last Name: testmedsup
- Gender: ☒ Male ☐ Female
- Date of Birth: 01/01/1951
- Zip Code (Primary Residence): 30005
- County: FULTON
- Email: test@gmail.com
- Phone: 123-123-1234

At the bottom of the form are two red buttons: 'Create New Quote' and 'Email Customer'. Two blue lines originate from the right side of the form and point towards the text boxes on the right.

You can email the customer by clicking the **Email Customer** button. \*

You can generate a quote by clicking the **Create New Quote** button.

[To learn more, continue to the **Plan Details** page of the **Quoting and Applying** section of this presentation.]

\* **Email Customer** opens up Outlook. It does not prompt for web-based email applications like Yahoo or Gmail.



# mProducer: Statuses

Agents will see new statuses for MA in the existing **STATUS** and **STATUS REASON** fields.

Application statuses will be real-time for both non-electronic and electronic submissions.

| Application Status Detail |          |              |                         |                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |
|---------------------------|----------|--------------|-------------------------|----------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Product                   | ACN No.  | Date Updated | Status                  | Status Reason              | Respond RFI                                                                           | PDF                                                                                   | Assign (Delegate)                                                                     | Transfer (Customer)                                                                   |
| Medicare HMO              | D45Y6854 | 05/28/2019   | Request for Information | Need copy of Medicare Card |  |  |                                                                                       |                                                                                       |
| Medicare HMO              | D2T23619 | 07/11/2019   | In-Progress             |                            |                                                                                       |  |  |  |

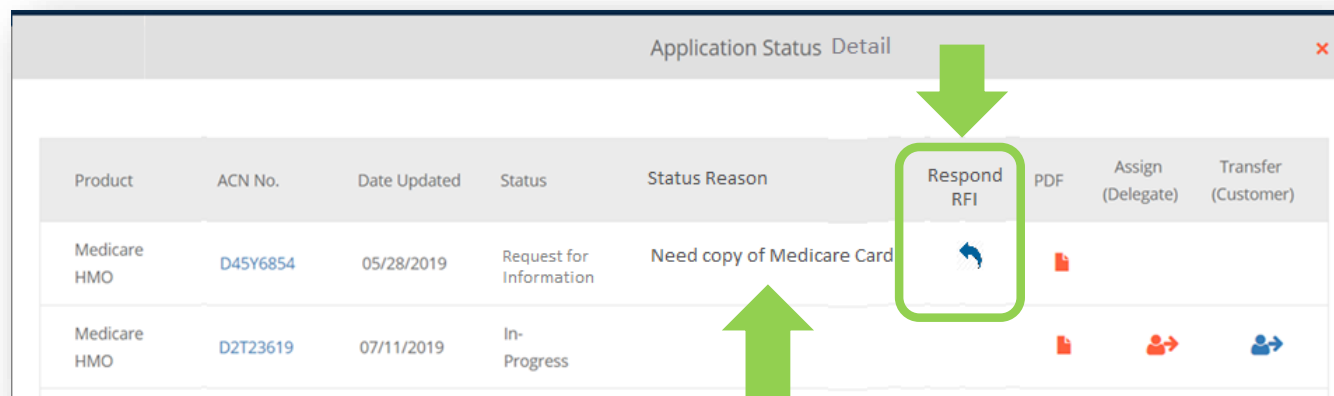
## mProducer: In Progress Reminder

If you have **not** submitted the application, it will show with a **STATUS** of *In-Progress* and the **ACTION NEEDED** field will appear with an exclamation point.

| Customer Name       | Last Status<br>(Click status for details) | Last Updated | Action Needed<br>(Not Submitted)                                                     | DSNP Verification Code                                                              | Remove<br>Customer |
|---------------------|-------------------------------------------|--------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------|
| LAMBRECHT, VICTORIA |                                           | 09/17/2019   |                                                                                      |  | ×                  |
| WHITE, BRUCE        |                                           | 09/17/2019   |                                                                                      |  | ×                  |
| Matias, Jose        |                                           | 09/17/2019   |                                                                                      |  | ×                  |
| Swifter, Raven      | INPROGRESS                                | 09/17/2019   |  | N/A                                                                                 | ×                  |

# mProducer: Pending Applications and Reasons

For pending applications, agents will see a **Respond RFI** icon.



| Application Status Detail |          |              |                         |                            |                                                                                     |                                                                                     |                                                                                     |                                                                                     |
|---------------------------|----------|--------------|-------------------------|----------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Product                   | ACN No.  | Date Updated | Status                  | Status Reason              | Respond RFI                                                                         | PDF                                                                                 | Assign (Delegate)                                                                   | Transfer (Customer)                                                                 |
| Medicare HMO              | D45Y6854 | 05/28/2019   | Request for Information | Need copy of Medicare Card |  |  |                                                                                     |                                                                                     |
| Medicare HMO              | D2T23619 | 07/11/2019   | In-Progress             |                            |                                                                                     |  |  |  |

The **STATUS REASON** lists the outstanding information needed to process the application.

- Multiple RFI reasons will appear if applicable and the application area will expand as needed.

# mProducer: Submitting RFI Information

The **Respond RFI** icon will navigate agents to an RFI repository.

| Application Status Detail |          |              |                         |                            |                                                                                     |                                                                                     |                                                                                     |                                                                                     |
|---------------------------|----------|--------------|-------------------------|----------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Product                   | ACN No.  | Date Updated | Status                  | Status Reason              | Respond RFI                                                                         | PDF                                                                                 | Assign (Delegate)                                                                   | Transfer (Customer)                                                                 |
| Medicare HMO              | D45Y6854 | 05/28/2019   | Request for Information | Need copy of Medicare Card |  |  |                                                                                     |                                                                                     |
| Medicare HMO              | D2T23619 | 07/11/2019   | In-Progress             |                            |                                                                                     |  |  |  |

# RFI Repository

There will be a separate text section for each reason that has caused the application to pend.

Agents can respond to as many or as few reasons as they are able.

500699MUSENMUB\_0176 | MA\_HMO | Processing | B1B12029

B1B12029 is currently on hold for the below reason(s). Please respond to this Request for Information and click on Submit to prevent any further delays.

## Request for Information

Need Leave Emp Cov Date

You may provide the requested information by typing the data and/or by uploading any supporting documentation using the appropriate fields below. Please be sure to click the submit button when finished.

Reason for request: Need Leave Emp Cov Date

☐ Attaching a File

TYPE RESPONSE HERE

Please use the file selection below to upload all supporting document.

Choose File

Submit

Agents should check **ATTACHING A FILE** if they are going to upload a document in response to the pend reason.

Once the agent has entered his responses and selected his file(s) for uploading, he will click **Submit**.

# Status and Status Reasons

## Application Received

Pending Processing

## Approved

Welcome Kit/ID Card Mailed

Welcome Kit/ID Card Pending

## Closed

Plan Change Complete

Plan Change Incomplete

## Processed

Plan Change

Plan Change Complete

## Processing

Application Validation

Pending CMS Approval

Welcome Kit/ID Card Mailed

Welcome Kit/ID Card Pending

## Cancelled

Applicant Deceased

Application Cancelled

Cancelled at Applicant request

Does not have Part A and/or B

Enrollment Cancelled

Incorrect Effective Date

IRMAA Autodisenrollment

Loss of SNP Eligibility

Other Coverage

Out of Service Area

Service Area Reduction

## Denied

Applicant Deceased

CMS Error

Denied

Does not have Part A and/or B

Invalid Election Period

No Response to RFI

Not Eligible

Other Coverage

Out of Service Area

Plan Change

Unauthorized Representative

# Request for Information Status Reasons

| Request for Information                           |
|---------------------------------------------------|
| Need application for plan year selected           |
| Need Authorized Rep Address                       |
| Need Authorized Rep City                          |
| Need Authorized Rep Name                          |
| Need Authorized Rep Phone                         |
| Need Authorized Rep Relationship                  |
| Need Authorized Rep State                         |
| Need Authorized Rep Zip Code                      |
| Need Copy of Medicare Card                        |
| Need date for eligibility selection               |
| Need date for eligibilty selection                |
| Need date in/out of PACE program                  |
| Need date moved in/out of long term care facility |
| Need date moved in/out of service area            |

| Request for Information             |
|-------------------------------------|
| Need date no help from Medicare     |
| Need date of change in Medicaid     |
| Need date returned to United States |
| Need Leave Emp Cov Date             |
| Need Medicaid Eligibility           |
| Need Member eligibility period      |
| Need members Form 2728              |
| Need Missing Election Period        |
| Need POA/Guardianship documentation |
| Need proof of residence             |
| Need signed application             |
| Need to confirm plan selection      |
| Need to confirm selected plan year  |
| Need to validate group              |

| Request for Information                 |
|-----------------------------------------|
| Need to verify member address           |
| Need to verify member residence address |
| Need to verify requested effective date |
| Need valid email                        |
| Need valid PCP selection                |
| Need verification for chronic illness   |
| Request for Information                 |
| Validate application received date      |
| Validation Processing                   |
| Verify Package Id                       |
| Verify Plan Number                      |
| Verify requested Effective Date         |

# Client and Agent Communication

---

Clients will receive mailed notices from Enrollment when information is needed.

It is vital that agents communicate with clients if they have responded to RFI's on the client's behalf in order to avoid customer abrasion.



**ALERT**

---

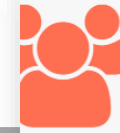
# mProducer:

## Welcome Kits and ID Cards Mailed Date

Agents can see the date the welcome kit and ID card are mailed.

| Application Status Detail |          |              |          |                            |             |                    |                |                                                                                       |                                                                                       |                                                                                       |
|---------------------------|----------|--------------|----------|----------------------------|-------------|--------------------|----------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Plan Name                 | ACN No.  | Date Updated | Status   | Status Reason(s)           | Respond RFI | Welcome Kit Mailed | ID Card Mailed | PDF                                                                                   | Assign (Delegate)                                                                     | Transfer (Customer)                                                                   |
| Medicare HMO              | D34F0263 | 09/18/2019   | APPROVED | Welcome Kit/ID Card Mailed |             | 09/25/2019         | 09/25/2019     |  |  |  |

# Non-Electronic Applications



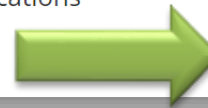
Customers

To view non-electronic applications, click on the **Customer** tile.

From the **Customer** home page, click the **View Non-Electronic Applications** hyperlink.

Manage Electronic Customers and Applications

Create a new Customer



[View Non-Electronic Applications](#)

You will be navigated to a screen where you can search for and access non-electronic (fax/snail mail) submissions.

[Back to Electronic Application](#)

## Non-Electronic Customers and Applications

Search Customer List by

First Name:

Last Name:

Date of Birth:

mm/dd/yyyy



Application Received Date From:

05/20/2019



Application Received Date To:

09/17/2019

State:



Search

Clear

# Completing Initiated Applications

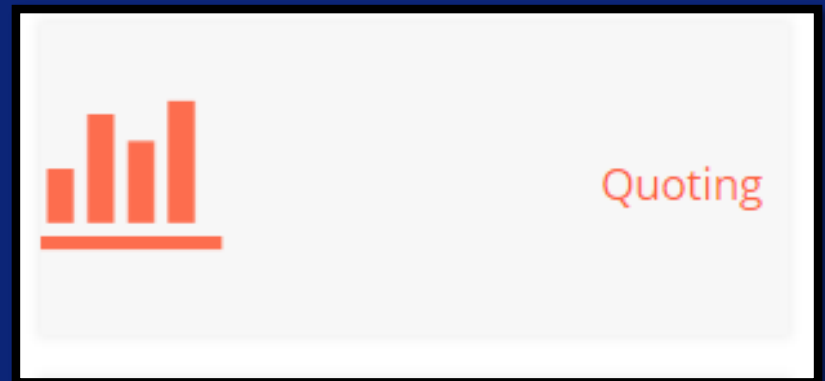
| Application Status <span>×</span> |                          |              |             |            |                                                                                     |                                                                                     |
|-----------------------------------|--------------------------|--------------|-------------|------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Product                           | ACN No.                  | Date Updated | Status      | Sub-Status | PDF                                                                                 | Assign                                                                              |
| Medicare Supplement               | <a href="#">K2446D27</a> | 08/14/2017   | In-Progress |            |  |  |
| <div>Close</div>                  |                          |              |             |            |                                                                                     |                                                                                     |

To continue an application that is in-progress, click on the **ACN** hyperlink.

# mProducer

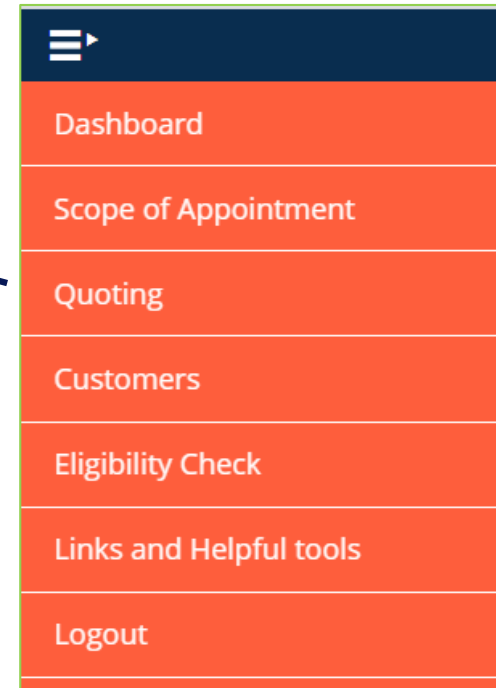
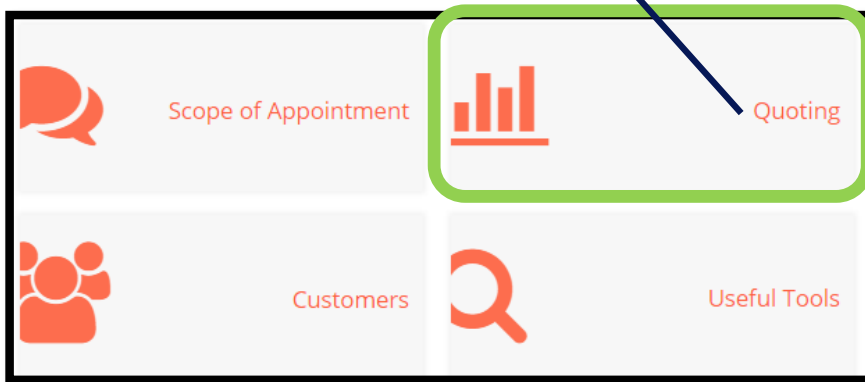
---

Quoting and applying

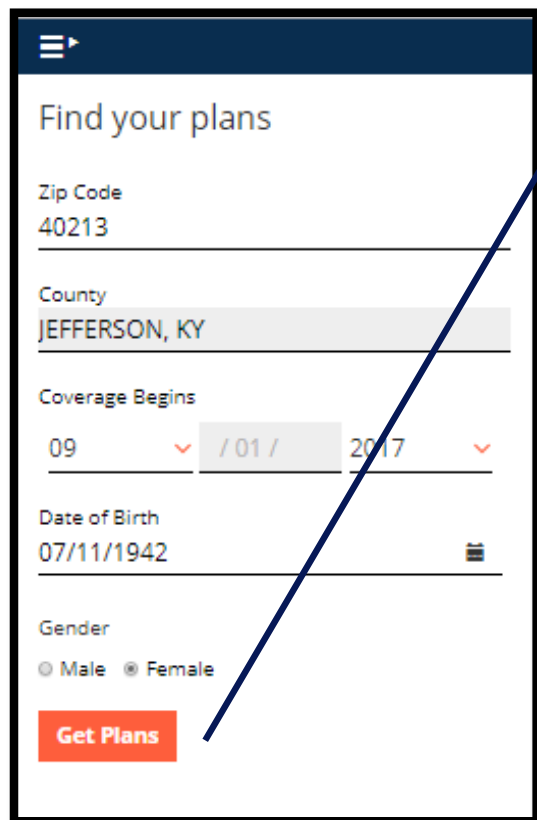


# Quoting

From the Home page, click on the **Quoting** tile. From any page, you can click the ***Menu*** icon and select **Quoting**.



# Find Your Plans



Find your plans

Zip Code  
40213

County  
JEFFERSON, KY

Coverage Begins  
09 / 01 / 2017

Date of Birth  
07/11/1942

Gender  
☐ Male ☒ Female

**Get Plans**

Enter the following information and click **Get Plans**.

- **ZIP CODE\***
- **COVERAGE BEGINS \*\***
- **DATE OF BIRTH \*\*\***
- **GENDER**



\* If the **ZIP CODE** is associated to only one county, the **COUNTY** field auto-populates. Otherwise, you will need to select the appropriate **COUNTY**.

\*\* **COVERAGE BEGINS** defaults to the 1<sup>st</sup> of the following month during lock-in and to the 1<sup>st</sup> of the following year during AEP.

\*\*\* **DATE OF BIRTH** defaults to the year that makes the client 65 for the current year.

# Not Licensed

If you are not licensed for a state, you will receive an error message when you attempt to generate a quote for that state.

Find your plans

Zip Code

19348

You are not eligible for this zipcode.

# Plan Details

A list of available plans appears in the **Plan Details** section, along with a high-level description and monthly premium.

Find your plans

Zip Code  
40213

County  
JEFFERSON, KY

Coverage Begins  
10 / 01 / 2017

Date of Birth  
10/01/1945

Gender  
☒ Male ☐ Female

Get Plans

Plan Details

| Plan Name                                                                                                          | Plan Description                                                                                                                                               | Monthly Premium |                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------|
| Anthem MediBlue Plus (HMO)<br><a href="#">Benefit Summary</a><br><a href="#">Enrollment Document</a>               | Anthem MediBlue Plus (HMO) is a Medicare Advantage Health Maintenance Organization plan with a Medicare contract.                                              | \$0.00          | <br><a href="#">Apply</a>   |
| Anthem MediBlue Dual Advantage (HMO SNP)<br><a href="#">Benefit Summary</a><br><a href="#">Enrollment Document</a> | Anthem MediBlue Dual Advantage (HMO SNP) is a Health Maintenance Organization plan with a Medicare contract and a contract with the Kentucky Medicaid program. | \$0.00          | <br><a href="#">Apply</a>   |
| Anthem MediBlue Access (PPO)<br><a href="#">Benefit Summary</a><br><a href="#">Enrollment Document</a>             | Anthem MediBlue Access (PPO) is a Preferred Provider Organization plan with a Medicare contract.                                                               | \$55.00         | <br><a href="#">Apply</a>  |
| Anthem MediBlue Access (Regional PPO)<br><a href="#">Benefit Summary</a><br><a href="#">Enrollment Document</a>    | Anthem MediBlue Access (Regional PPO) is a Preferred Provider Organization plan with a Medicare contract.                                                      | \$63.00         | <br><a href="#">Apply</a> |

Plans are sorted by MA, then Med Supp, then PDP.

# Summary of Benefits

Click the **Benefit Summary\*** link for a plan to launch a PDF of the Summary of Benefits in a new window.



\* This will also launch the Certificate of Coverage for MS plans.

Plan Details

| Plan Name                                                                                                          | Plan Description                                                                                    |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Anthem MediBlue Plus (HMO)<br><a href="#">Benefit Summary</a><br><a href="#">Enrollment Document</a>               | Anthem Medicare Maintenance                                                                         |
| Anthem MediBlue Dual Advantage (HMO SNP)<br><a href="#">Benefit Summary</a><br><a href="#">Enrollment Document</a> | Anthem Medicare Maintenance contract with                                                           |
| Anthem MediBlue Access (PPO)<br><a href="#">Benefit Summary</a><br><a href="#">Enrollment Document</a>             | Anthem Medicare Organization                                                                        |
| Anthem MediBlue Access (Regional PPO)<br><a href="#">Benefit Summary</a><br><a href="#">Enrollment Document</a>    | Anthem Medicare Provider Organization                                                               |
| Select Plan N<br><a href="#">Benefit Summary</a><br><a href="#">Enrollment Document</a>                            | A Medicare private insurance Original Medicare Part B Coinsurance Supplemental network restrictions |

https://www.anthem.com/shop/con...  
Secure | https://www.anthem.com/shop/...  
SB\_Plus\_KY.pdf

**Summary of Benefits**  
for Anthem MediBlue Plus (HMO)

Available in: Select Counties\* in Kentucky \*See Page 2 for a list of counties.  
Plan year: January 1, 2017 - December 31, 2017

In this section, you'll learn about some of the services we cover, what you'll pay for those services and other important details to help you choose the right Medicare Advantage plan for you. While the benefit information provided does not list every service that we cover or list every limitation or condition, you can get a complete list of those services. Just give us a call and we'll provide Evidence of Coverage.

Have questions? Here's how to reach us and our hours of operation:

- If you are not a member of this plan, please call toll free 1-866-803-5169 (TTY: 711), and follow the instructions to be connected to a representative.
- If you are a member of this plan, call our toll-free Customer Service number at 1-855-558-1439 (TTY: 711).
- 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30.
- You can learn more about us on our website at [www.anthem.com/shop](http://www.anthem.com/shop).

# Enrollment Documents

Click the **Enrollment Documents** link to navigate to OLS to see all content associated to the plan.

OLS will open in a new window/tab in your browser.

| Plan Details                                                                                 |                                                                                                                                                                |   |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| Plan Name                                                                                    | Plan Description                                                                                                                                               | M |
| <a href="#">Anthem MediBlue Plus (HMO) Benefit Summary Enrollment Document</a>               | Anthem MediBlue Plus (HMO) is a Medicare Advantage Health Maintenance Organization plan with a Medicare contract.                                              |   |
| <a href="#">Anthem MediBlue Dual Advantage (HMO SNP) Benefit Summary Enrollment Document</a> | Anthem MediBlue Dual Advantage (HMO SNP) is a Health Maintenance Organization plan with a Medicare contract and a contract with the Kentucky Medicaid program. |   |
| <a href="#">Anthem MediBlue Access (PPO) Benefit Summary Enrollment Document</a>             | Anthem MediBlue Access (PPO) is a Preferred Provider Organization plan with a Medicare contract.                                                               |   |
| <a href="#">Anthem MediBlue Access (Regional PPO) Benefit Summary Enrollment Document</a>    | Anthem MediBlue Access (Regional PPO) is a Preferred Provider Organization plan with a Medicare contract.                                                      |   |

# Apply

Click **Apply** for the desired plan to start an application.

Find your plans

Zip Code  
40213

County  
JEFFERSON, KY

Coverage Begins  
10 / 01 / 2017

Date of Birth  
10/01/1945

Gender  
☒ Male ☐ Female

Get Plans

Plan Details

| Plan Name                                                                                                                 | Plan Description                                                                                                                                               | Monthly Premium |                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------|
| <b>Anthem MediBlue Plus (HMO)</b><br><a href="#">Benefit Summary</a><br><a href="#">Enrollment Document</a>               | Anthem MediBlue Plus (HMO) is a Medicare Advantage Health Maintenance Organization plan with a Medicare contract.                                              | \$0.00          | <br><b>Apply</b>   |
| <b>Anthem MediBlue Dual Advantage (HMO SNP)</b><br><a href="#">Benefit Summary</a><br><a href="#">Enrollment Document</a> | Anthem MediBlue Dual Advantage (HMO SNP) is a Health Maintenance Organization plan with a Medicare contract and a contract with the Kentucky Medicaid program. | \$0.00          | <br><b>Apply</b>   |
| <b>Anthem MediBlue Access (PPO)</b><br><a href="#">Benefit Summary</a><br><a href="#">Enrollment Document</a>             | Anthem MediBlue Access (PPO) is a Preferred Provider Organization plan with a Medicare contract.                                                               | \$55.00         | <br><b>Apply</b> |
| <b>Anthem MediBlue Access (Regional PPO)</b><br><a href="#">Benefit Summary</a><br><a href="#">Enrollment Document</a>    | Anthem MediBlue Access (Regional PPO) is a Preferred Provider Organization plan with a Medicare contract.                                                      | \$63.00         | <br><b>Apply</b> |

# Additional Coverage

If additional coverage is available for the plan, the option to select the coverage appears. Click on the desired coverage to add it.

The screenshot shows a web interface titled "Plan Detail" with a close button (X) in the top right corner. Below the title, a message states: "This plan contains additional options. Select those options you are interested in or continue without selections." The plan name "Anthem MediBlue Access (PPO)" is displayed on the left, and the "Plan Premium" is listed as "\$55.00" on the right. A section titled "Additional Coverage" follows, with a note: "You have the option of enrolling in Optional Supplemental Benefits up to 90 days after your plan's effective date. The effective date you selected for this plan is listed below under 'Coverage Begins'." Below this note are four radio button options: "No Additional Coverage", "Dental and Vision Package - \$24.00", "Enhanced Dental and Vision Package - \$39.00", and "Preventive Dental Package - \$16.00". At the bottom right, the "Total Monthly Premium" is shown as "\$55.00" and "Coverage Begins: September 2017". A red "Select Agent" button is located at the bottom center.

Plan Detail

This plan contains additional options.  
Select those options you are interested in or continue without selections.

Anthem MediBlue Access (PPO) Plan Premium \$55.00

**Additional Coverage**  
You have the option of enrolling in Optional Supplemental Benefits up to 90 days after your plan's effective date. The effective date you selected for this plan is listed below under "Coverage Begins".

- ☐ No Additional Coverage
- ☐ Dental and Vision Package - \$24.00
- ☐ Enhanced Dental and Vision Package - \$39.00
- ☐ Preventive Dental Package - \$16.00

Total Monthly Premium \$55.00  
Coverage Begins: September 2017

Select Agent

# Additional Coverage Premium

The **TOTAL MONTHLY PREMIUM** will be updated to reflect the additional premium.

Plan Detail

This plan contains additional options.  
Select those options you are interested in or continue without selections.

Anthem MediBlue Access (PPO)

Plan Premium **\$55.00**

**Additional Coverage**  
You have the option of enrolling in Optional Supplemental Benefits up to 90 days after your plan's effective date. The effective date you selected for this plan is listed below under "Coverage Begins".

- ☐ No Additional Coverage
- ☒ Dental and Vision Package - **\$24.00**
- ☐ Enhanced Dental and Vision Package - ~~\$35.00~~
- ☐ Preventive Dental Package - **\$16.00**

Total Monthly Premium **\$79.00**  
Coverage Begins: September 2017

Select Agent

Click **Select Agent** to continue.

# Select Agent



\* Agent information feeds from the L&C system (ASCS). If information is not correct here, contact Agent Services.

Select the **PARENT**, **PAID**, and **WRITING** agent from the drop-downs. \*

Select Agent

Which State is this quote for ? KY

Parent Agent/General Agency : MLMPGQJPTY - EHEALTHINSURANCE SERVICES INC

Paid Agent/Agency : MLMPGQJPTY - EHEALTHINSURANCE SERVICES INC

Writing Agent : KCLHQKSNLZ - AMIR MOSTAFAIE

Agent Code : 9436-08

Customer Details

Click **Customer Details** to continue.  
(If you started the quote from an existing customer, this button will not display and you will have options to enroll.)

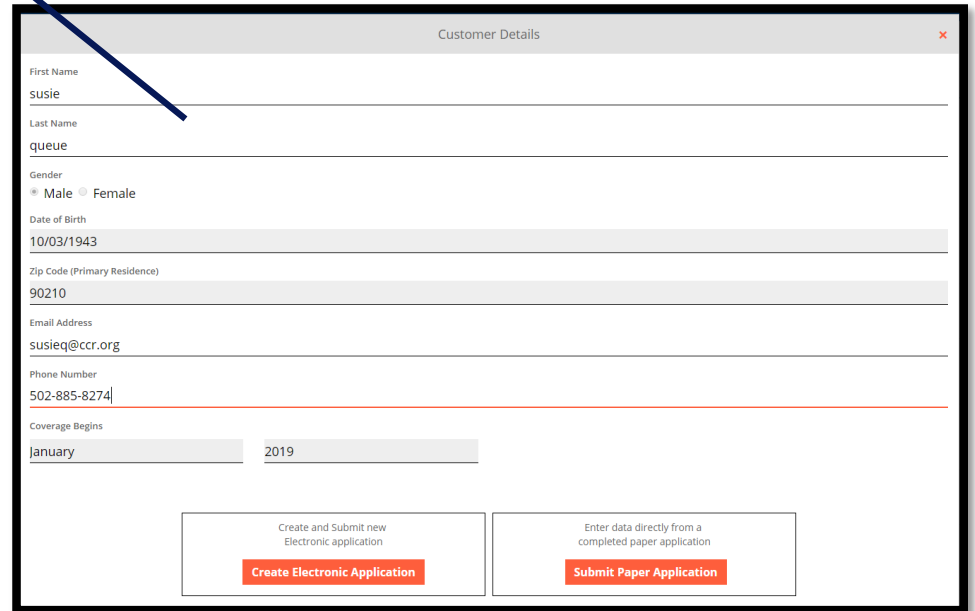
# Customer Details

Enter additional customer information here.

If you started the quote from an existing customer, this page will be by-passed.

You cannot change the following fields because plans and premiums are dependent on these values:

- **GENDER**
- **DATE OF BIRTH**
- **COVERAGE BEGINS**
- **ZIP CODE**



The screenshot shows a web form titled "Customer Details" with a close button (X) in the top right corner. The form contains the following fields:

- First Name: susie
- Last Name: queue
- Gender: ☒ Male ☐ Female
- Date of Birth: 10/03/1943
- Zip Code (Primary Residence): 90210
- Email Address: susieq@ccr.org
- Phone Number: 502-885-8274
- Coverage Begins: January 2019

At the bottom of the form, there are two buttons:

- Create and Submit new Electronic application (Create Electronic Application)
- Enter data directly from a completed paper application (Submit Paper Application)

A blue arrow points from the text box on the left to the First Name field in the form.

# Start the Application

Click Create Electronic Application to start the application.

The customer, regardless if you complete the enrollment, will now appear on your customer dashboard if this was the first time you captured the customer information.

If you are merely keying in a paper application, click Submit Paper Application. This will remove the pagination, making it easier to key.

Customer Details

First Name  
susie

Last Name  
queue

Gender  
☒ Male ☐ Female

Date of Birth  
10/03/1943

Zip Code (Primary Residence)  
90210

Email Address  
susieq@ccr.org

Phone Number  
502-885-8274

Coverage Begins  
January 2019

Create and Submit new Electronic application  
**Create Electronic Application**

Enter data directly from a completed paper application  
**Submit Paper Application**

# mProducer Application Navigation

---

mProducer Application  
Navigation

# Application Process

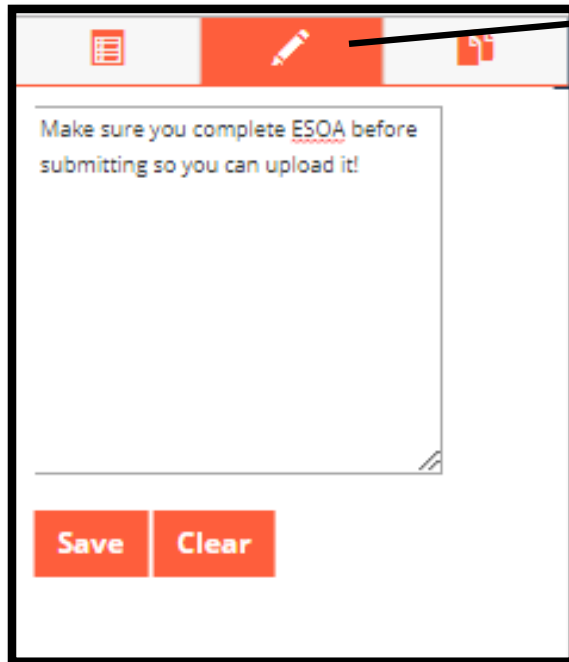
The application opens in the same window/ browser tab as mProducer.

The screenshot shows a web application interface. At the top, a dark blue header bar contains a menu icon (three horizontal lines) on the left and the text "59668MU5ENMUB\_030 | MA\_HMO | INPROGRESS | NO SUB-STATUS AVAILABLE | B2O69981" on the right. Below the header, a sidebar menu is visible on the left, listing several options: Dashboard, Scope of Appointment, Quoting, Customers, Useful Tools, and Logout. The main content area on the right displays a form titled "Plan Chosen" with fields for "Plan Selected:", "OSB Selected:", and "Requested Effdt:". The "Plan Selected" field is filled with "Anthem MediBlue". The "OSB Selected" field is filled with "Dental and Vision". The "Requested Effdt" field is filled with "10/01/2017". Below the form, the word "Applicant" is partially visible.

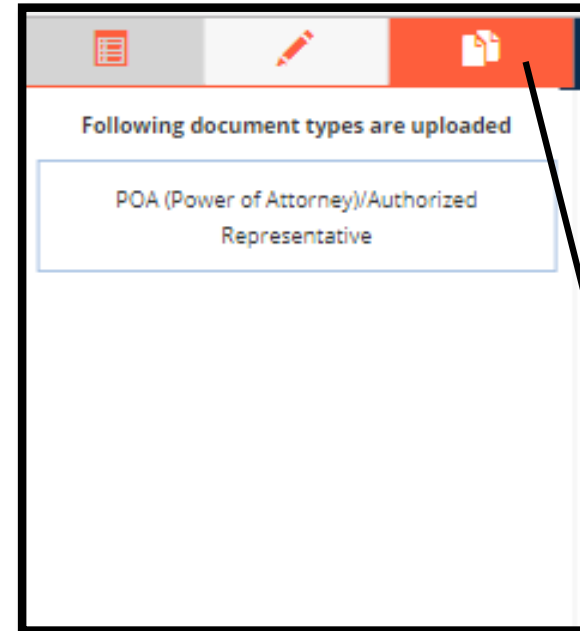
Click the **Menu** icon to see mProducer Dashboard options, as well as application functions.

# Application Functions

Click on the **Pencil** icon to trigger a note where you can jot down reminders.



A screenshot of the application interface showing the Pencil icon selected. The interface has a header bar with three icons: a list, a pencil, and a document. The pencil icon is highlighted in red. Below the header, there is a text area with the message: "Make sure you complete ESOA before submitting so you can upload it!". At the bottom of the text area, there are two red buttons labeled "Save" and "Clear".



A screenshot of the application interface showing the Documents icon selected. The interface has a header bar with three icons: a list, a pencil, and a document. The document icon is highlighted in red. Below the header, there is a section titled "Following document types are uploaded" with a list containing "POA (Power of Attorney)/Authorized Representative".

Click on the **Documents** icon to see a list of documents that you have uploaded.

# Application Information

**PRODUCT  
TYPE**



**APPLICATION  
STATUS/  
SUB-STATUS**



**APPLICATION  
CONTROL  
NUMBER  
(ACN)**



|                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  59668MUSENMUB_030   MA_HMO   INPROGRESS   NO SUB-STATUS AVAILABLE   B2O69981 |
|                                                                                                                                                                |

The application follows the flow of the paper application.

## Other Functions



**PDF** launches a PDF of the application.

**Transfer** button transfers the application to the customer for completion by sending an email to the customer. The customer can complete the application by logging into his/her profile \*

**Cancel** button cancels the application and you will be unable to edit or submit it.

**Save** button saves the application.

Moving between pages auto-saves the application.

# Fields

Fields with a light gray back-ground are read-only.

## Applicant

|                          |                          |                             |                                                                             |
|--------------------------|--------------------------|-----------------------------|-----------------------------------------------------------------------------|
| Last Name*               | First Name*              | M I                         | Prefix                                                                      |
| ANTHEM WORLD             | MOBILE SIEBE             |                             | <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms |
| Birth Date*(mm/dd/yyyy)  | Gender                   | Phone Number*(000-000-0000) | Alternate Phone No. (000-999-9999)                                          |
| 06/20/2016               | <input type="radio"/> M  |                             |                                                                             |
| Home Street Address 1*   |                          |                             |                                                                             |
| 1055 MASON RD            |                          |                             |                                                                             |
| City*                    | State*                   | Zip Code*                   |                                                                             |
| TURNER                   | ME                       | 04282                       |                                                                             |
| Mailing/Billing Address1 | Mailing/Billing Address2 |                             |                                                                             |
|                          |                          |                             |                                                                             |
| Bill City                | Bill State               | Bill ZipCode                |                                                                             |

Fields with a white back-ground are editable.

# Application - Medicare Number



500699MUSENMUB\_0154 | MA\_HMO | INPROGRESS | NO SUB-STATUS AVAILABLE | Y07F4025



Upload SOA



Upload Documents



Español

Bill City

Bill State

Bill ZipCode

## Medicare Information

Medicare Number



**Note: MBI Number will be 11-digits and upper-case letters that do not include S, L, O, I, B, Z. Example 1EG4TE5MK73**

Hospital (Part A) Effective Date\*(mm/01/yyyy)

Medical (Part B) Effective Date\*(mm/01/yyyy)



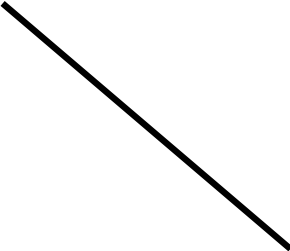
04/01/2020



# Page by Page Validation

mProducer provides page by page validation when you select a different Page button or the Save button.

Error messages appear directly under the impacted field in **red** for easier identification.



Email Address

Te\$gmail.com

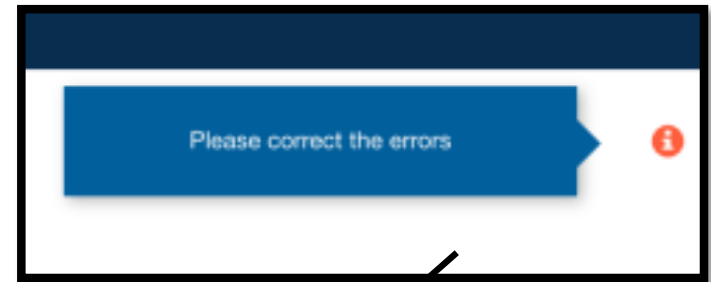
Please enter a valid email address

# Validation Errors

When navigating to a different page, mProducer throws a hard error when errors are identified.

If you want to stay on the page to correct the errors, select Cancel.

If you want to proceed to the next page, select Ok.

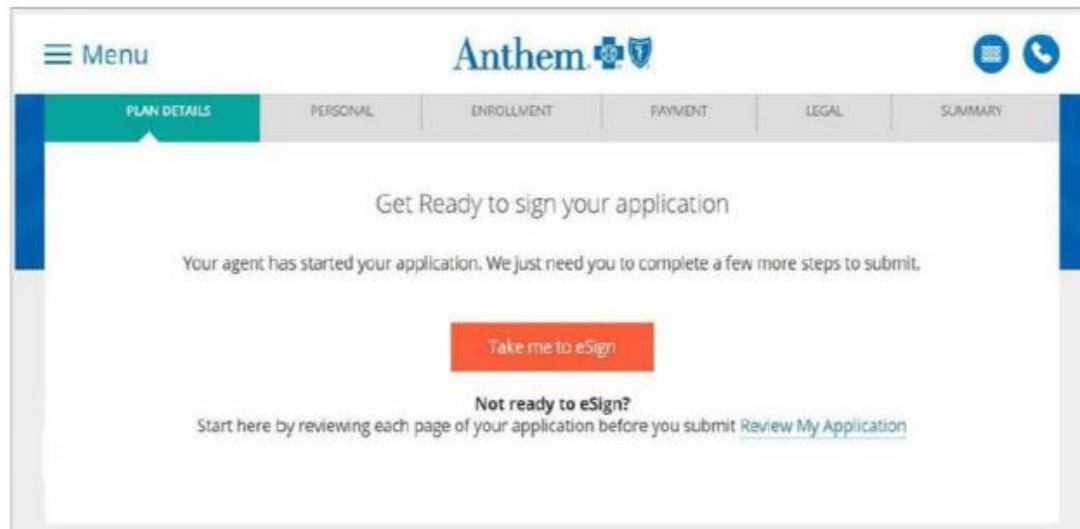


When saving the application on a page, mProducer will throw a soft error at the top of the screen if there are errors on that page. It will vanish on its own.

# Transfer to E-Sign

## Introduction of eSignature

- For complete applications, agents will have the ability to send their customer directly to eSignature
- Transfer to eSign will do a complete check on application for any errors
- Customer has the option to review or go directly to eSign
- Transfer to Customer functionality will remain the same



# Client Processes the Application

---

# Client Receives an Email

The client will receive an email from senioronlinestore.

The client should copy the PIN to his clipboard.

The client should click on the [Link to Online Store](#).



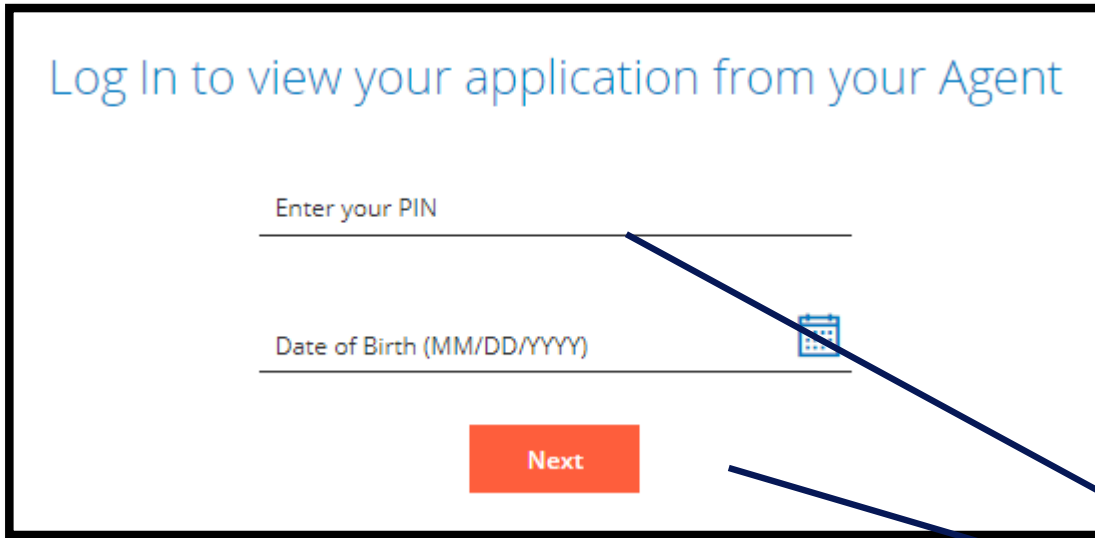
# Client Navigates to OLS

Log In to view your application from your Agent

Enter your PIN

Date of Birth (MM/DD/YYYY)

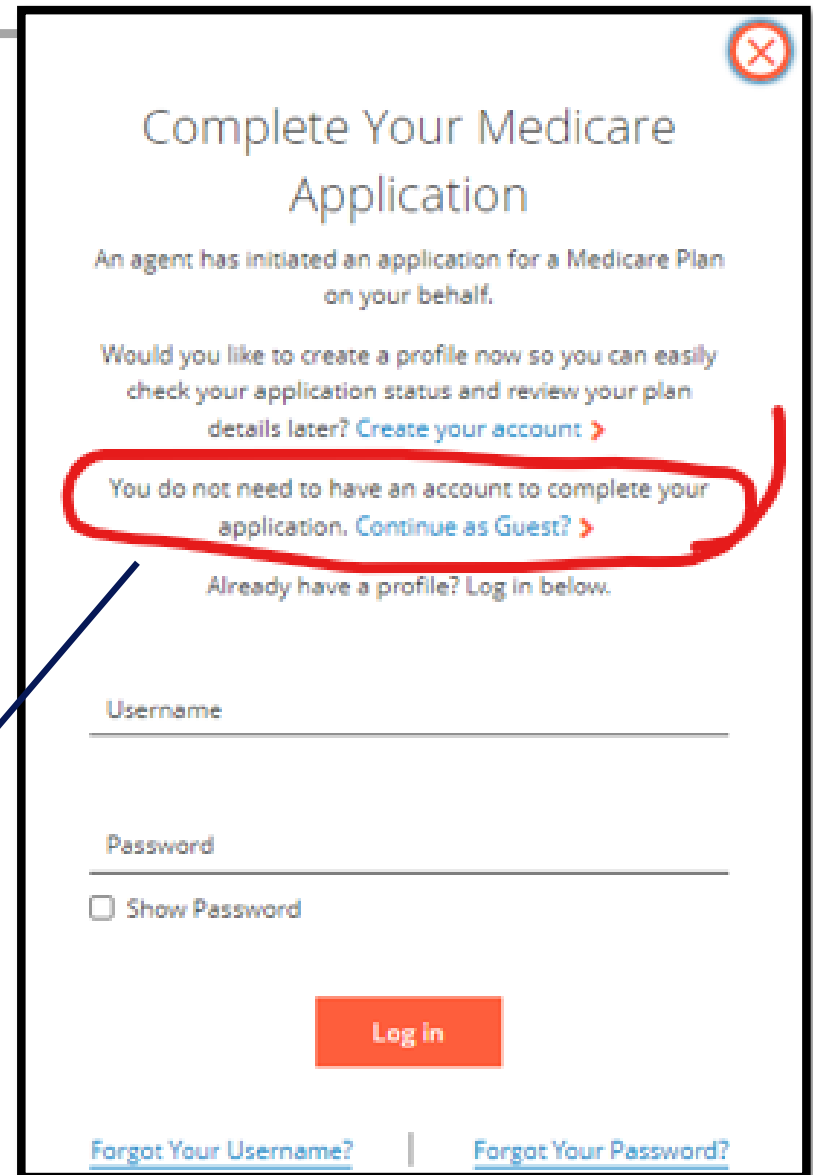
Next



The client should paste the PIN,  
enter his date of birth,  
and click Next.

# Create Profile or Continue As Guest

The client can create a user name and password, or just click the **Continue as Guest** link.



The screenshot shows a web form titled "Complete Your Medicare Application". It includes a close button (X) in the top right corner. The text reads: "An agent has initiated an application for a Medicare Plan on your behalf." followed by "Would you like to create a profile now so you can easily check your application status and review your plan details later? [Create your account >](#)". A red circle highlights the text "You do not need to have an account to complete your application. [Continue as Guest? >](#)". Below this is the text "Already have a profile? Log in below." and a "Log in" button. At the bottom are links for "Forgot Your Username?" and "Forgot Your Password?". The form also includes input fields for "Username" and "Password", and a checkbox for "Show Password".

Complete Your Medicare Application

An agent has initiated an application for a Medicare Plan on your behalf.

Would you like to create a profile now so you can easily check your application status and review your plan details later? [Create your account >](#)

You do not need to have an account to complete your application. [Continue as Guest? >](#)

Already have a profile? Log in below.

Username

Password

☐ Show Password

Log in

[Forgot Your Username?](#) | [Forgot Your Password?](#)

# Get Ready to Apply

PLAN DETAILS

PERSONAL

ENROLLMENT

PAYMENT

LEGAL

SUMMARY

## Get Ready to Apply

Please make sure you have the following documents ready.  
You'll need them to complete your application.

Already have an account? [Log In](#) >

Not signed up? [Create Your Account](#) >



### Medicare Card

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

If you need to apply for Medicare and request your Medicare card, or if you have lost your Medicare card, please visit the [Social Security Administration website](#). You don't need this information just yet, but will in the next few steps.



### Supporting Documents

If you have any supporting documents keep them nearby too. The documents may include a Power of Attorney (POA)/Authorized Representative form, HIPAA form, Loss of LIS Form, or Loss of Credible Coverage form. If you are applying for a Dual Eligible Special Needs Plan (D-SNP), please find your Medicaid Eligibility Letter.

Next

[Save and Exit](#)

The client should click **Next.**

# Plan Documents

PLAN DETAILS

PERSONAL

ENROLLMENT

PAYMENT

LEGAL

SUMMARY

## Anthem MediBlue Plus (HMO) Documents

Review these documents about the Medicare Advantage plan which you selected.

In accordance with Section 1557 of the Affordable Care Act, Anthem Blue Cross does not discriminate on the basis of race, color, national origin, sex, age or disability. The plan documents may be available in other languages. Or, if you have special needs, the plan documents may be available in other formats. Please review the [Notice of Non-Discrimination in Health Programs and Activities](#) (270 KB) and call [Customer Service](#) for details.

[What service area does this plan cover?](#)

|                                            |   |
|--------------------------------------------|---|
| Plan Details                               | + |
| Enrollment Details                         | + |
| Prescription Drug Coverage Details         | + |
| Member Details                             | + |
| Materials Available in Alternate Languages | + |

Back

Next

[Save and Exit](#)

The client should ensure this is the correct plan and click **Next**.

# Demographic Information

The client should ensure demographic information is correct, update as needed, and click **Next**.

[✓ PLAN DETAILS](#) | **PERSONAL** | [ENROLLMENT](#) | [PAYMENT](#) | [LEGAL](#) | [SUMMARY](#)

Good job! You've chosen a great plan!

Now let's begin the enrollment process by making sure we have your personal and contact information.

**First Name**  
Tammy

**M.I.**

**Last Name**  
Rauen

**Date of Birth (MM/DD/YYYY)**  
12/15/1954

**Female**

**Home Phone Number**  
111-222-3333

**Alternate Phone Number**

**Email Address**  
tammy.rauen@anthem.com

I give consent for you to contact me by email and agree that I will receive email from Anthem regarding health care plan solutions at the email address I provided.

**Permanent residence street address (Physical Address, P.O. Box is not allowed)**  
123 main

**Address 2**

**City**  
Any

**State**  
CA

**ZIP Code**  
90210

**County**  
LOS ANGELES

Do you have a different mailing address?

☐ Yes ☒ No

How would you prefer us to send you information?

**Alternate Format:**  
For assistance for the visually impaired, select an option:

☐ Voice-Enabled (Audio) PDF ☐ Large Print

**Alternate Language:**  
If you prefer that we send you information in a language other than English, select a language:

**Select Language**

contact Anthem Blue Cross at 1-888-211-9813 if you need information in an accessible format or language other than what is listed above. TTY users should call 711.

[Back](#) [Next](#)

[Save and Exit](#)

# Medicare Information

[✓ PLAN DETAILS](#) | **PERSONAL** | ENROLLMENT | PAYMENT | LEGAL | SUMMARY

## Add Medicare Information

Please complete the Medicare Insurance information below using your Medicare card (including all letters and numbers as the information appears on your card). You must have Medicare Part A and Part B to join a Medicare Advantage plan.

In a future step, you may attach supporting documents, such as a copy of your letter from Social Security or the Railroad Retirement Board.

Name of Beneficiary  
Tammy Rauen

Sex  
FEMALE



Medicare Number  
\*\*\*\*\*

☐ Show Medicare Number

Please select your Effective Dates for Medicare Part A and Part B. You will only select the Month and Year. The day will automatically be assigned to the 1st of the month you enter.

Part A effective date (MM/YYYY)  
12/2019

Part B effective date (MM/YYYY)  
12/2019

Back

Next

[Save and Exit](#)

The client should ensure Medicare information is correct, update as needed, and click **Next**.

A message appears to remind the client to validate Medicare ID.

- The client should click **Back to Medicare ID** to review if needed.
- The client should click **Continue** to proceed if already reviewed and validated.



## Medicare

Verify the Medicare number entered matches the number on your Medicare card. Make any corrections to your Medicare number in order to prevent delays in application processing. Click continue to proceed with enrollment application.

Back to Medicare ID

Continue

# PCP

The client should ensure the PCP is correct, update as needed, and click **Next**.

✓ PLAN DETAILS

✓ PERSONAL

ENROLLMENT

PAYMENT

LEGAL

SUMMARY

## Your Primary Care Physician Is Selected

Your Primary Care Physician is listed below. Please indicate if this is a new Physician for you. You can go back to make changes or if everything looks good, proceed with enrollment.

Scott Leeds >  
415 N CRESCENT DR STE 225 BEVERLY HILLS, CA 90210

Change PCP

PCP ID: 02405531

Are you now seeing or have you recently seen this doctor?  
☒ Yes ☐ No

Back

Next

# Select Enrollment Period

Your agent should have already selected the appropriate SEP.

The client should click **Next.**

✓ PLAN DETAILS

✓ PERSONAL

ENROLLMENT

PAYMENT

LEGAL

## Select Enrollment Period

**Typically, you may enroll in a Medicare Advantage (MA) plan only during the Annual Enrollment Period (AEP) between October 15 and December 7 of each year or during the Open Enrollment Period (OEP) between January 1 to March 31. Additionally, there are exceptions — i.e., Initial Enrollment Period (IEP/ICEP) and Special Enrollment Periods (SEPs) — that may allow you to enroll in a Medicare Advantage Plan outside of these periods.**

Please read the following statements carefully and check all of the boxes where there is a statement that applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

**Note:** You must select at least one of the options below.

- ☒ I am new to Medicare. (IEP/ICEP)
- ☐ I am turning 65 and not new to Medicare. (IEP2)
- ☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. (SEP)
- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get "Extra

# Required Questions

The client should ensure required questions are correct, update as needed, and click **Next**.

✓ PLAN DETAILS | ✓ PERSONAL | **ENROLLMENT** | PAYMENT | LEGAL | SUMMARY

### Complete Required Questions

Please read and answer these important questions.

Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Anthem Blue Cross and Blue Shield?

☐ Yes ☒ No

Are you enrolled in your State Medicaid program?

☐ Yes ☒ No

Do you or your spouse work?

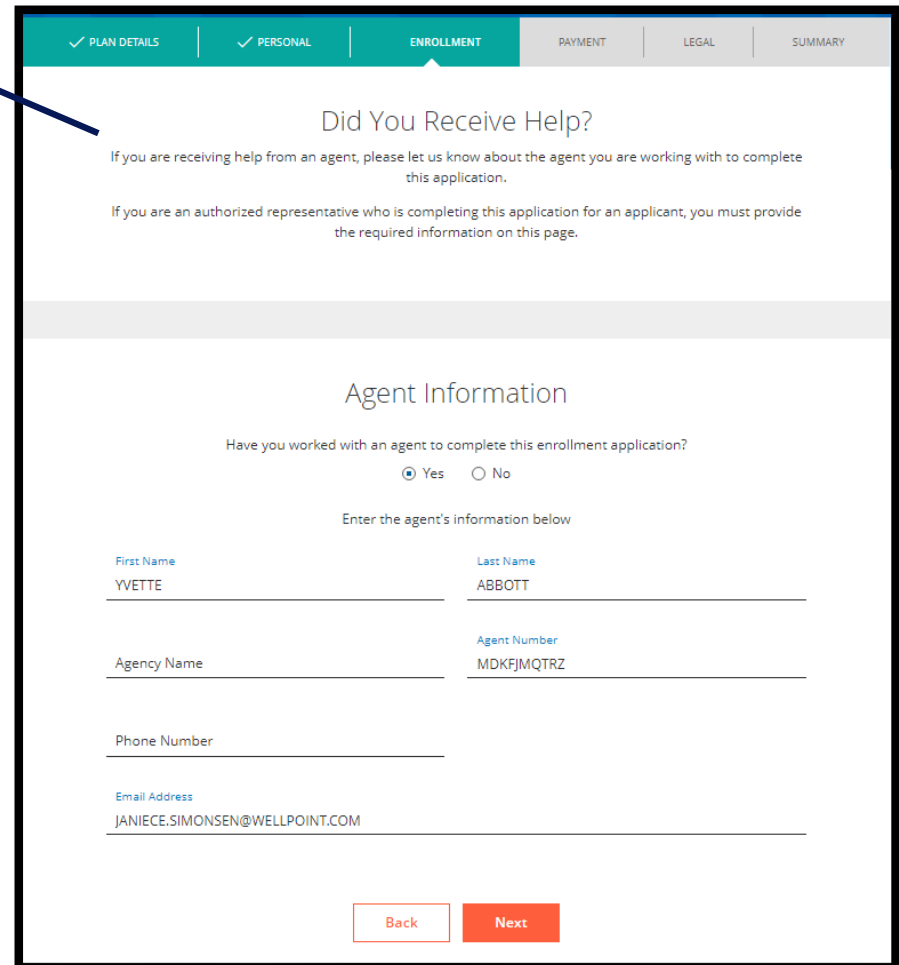
☐ Yes ☒ No

[Back](#) [Next](#)

# Agent Information

The agent should  
have already  
completed the agent  
information.

The client should click  
**Next.**



✓ PLAN DETAILS | ✓ PERSONAL | **ENROLLMENT** | PAYMENT | LEGAL | SUMMARY

### Did You Receive Help?

If you are receiving help from an agent, please let us know about the agent you are working with to complete this application.

If you are an authorized representative who is completing this application for an applicant, you must provide the required information on this page.

### Agent Information

Have you worked with an agent to complete this enrollment application?

☒ Yes ☐ No

Enter the agent's information below

|                                |              |
|--------------------------------|--------------|
| First Name                     | Last Name    |
| YVETTE                         | ABBOTT       |
| Agency Name                    | Agent Number |
|                                | MDKFJMQTRZ   |
| Phone Number                   |              |
| Email Address                  |              |
| JANIECE.SIMONSEN@WELLPOINT.COM |              |

[Back](#) [Next](#)

# Supporting Docs

✓ PLAN DETAILS | ✓ PERSONAL | ✓ ENROLLMENT | **PAYMENT** | LEGAL | SUMMARY

## Supporting Documents

Do you have any supporting documents you'd like to include with this enrollment?  
These documents may include a Power of Attorney (POA)/Authorized Representative form, HIPAA form, Loss of LIS form, or a Loss of Credible Coverage form.

1) **Select a Document Type** first. Then, **select Choose File** to locate the document you want to upload. You may select up to 5 documents at a time. File sizes cannot exceed 5 MB.

2) **Select Upload Documents** to upload your files.

\* Please be sure to properly safeguard any documents or scanned images on your computer, since your supporting documentation may contain protected health or financial information.

Document Type

[Back](#) [Next](#)

[Save and Exit](#)

The client can upload any required documentation not already uploaded by the agent.

The client should then click **Next**.

# Legal/Signature

The client should check the boxes in the **Acknowledgement** section.

The client should sign up for the email program as desired.

The client should check this box if he prefers to receive certain documentation by mail.

✓ PLAN DETAILS | ✓ PERSONAL | ✓ ENROLLMENT | ✓ PAYMENT | **LEGAL** | SUMMARY

## Review and Sign Your Application

Please review the important information in all of the sections below.

### Legal agreement

By completing this enrollment application, I agree to the following:

Anthem MediBlue Plus (HMO) is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I have had a prior break in credible prescription drug coverage (as good as Medicare's), or leave this plan and don't have or get other Medicare prescription drug coverage or credible prescription coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (for example, October 15 – December 7 of every year) or under certain special circumstances.

Anthem MediBlue Plus (HMO) serves a specific service area. If I move out of the area that Anthem Blue Cross serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Anthem MediBlue Plus (HMO), I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Anthem Blue Cross when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I

BY CHECKING THE BOXES AND ENTERING MY NAME BELOW, I AM INDICATING MY INTENT TO ELECTRONICALLY SIGN THIS APPLICATION AND I REPRESENT THAT ALL OF THE INFORMATION I HAVE PROVIDED IS TRUE, COMPLETE AND ACCURATE.

**Acknowledgement**

- ☐ I have personally read and completed this application.
- ☐ I understand that by applying for coverage I am agreeing to the items above.
- ☐ I, the applicant (or authorized representative) acknowledge that I have read and understand the Enrollment Form.

Don't miss out! Sign up for our email program to get important notices and fun extras.

Email is the fastest, easiest way to get important information about your plan - and some fun extras, too! Using the email address provided with this application, I agree to receive email about my benefits, health programs, and other plan services.

☒ Yes ☐ No

This includes getting digital versions of important, CMS-required plan documents such as the new member Welcome Kit, Annual Notice of Changes, and claim-specific Explanation of Benefits (EOBs).

I understand I can change my email preferences at any time by logging into my member profile at <https://www.anthem.com> or calling customer service.

☐ I prefer to get my Welcome kit, Annual Notice of Changes, and EOB in the mail instead.

# Signature

The client can enter his name two times, his city, and state, and click **Submit Application**.

The final step is to sign this application. You can choose to provide an Electronic Signature or use the Signature Pad.

Electronic Signature

Signature Pad

First Name

M.I.

Last Name

Re-enter your name for verification purposes

First Name

M.I.

Last Name

City

State

✗ State is a required field.

Back

Submit Application

[Save and Exit](#)



If he prefers to use his mouse, finger, or stylus to sign, the client can click **Signature Pad**, sign, and then click **Submit Application**.

The final step is to sign this application. You can choose to provide an Electronic Signature or use the Signature Pad.

Electronic Signature

Signature Pad

Click and drag to draw

Clear Signature

Back

Submit Application

[Save and Exit](#)

# Agent Signature



Select the Statement that best Applies:

- ☒ I have assisted the applicant in submitting this application
- ☐ I have not had any interactions whatsoever with this applicant either by phone, email or in person

## Agent Electronic Signature

|                                                                                                                              |                         |                      |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------|
| First Name*                                                                                                                  | Middle Initial          | Last Name*           |
| <input type="text"/>                                                                                                         | <input type="text"/>    | <input type="text"/> |
| First Name (Retype)                                                                                                          | Middle Initial (Retype) | Last Name (Retype)   |
| <input type="text"/>                                                                                                         | <input type="text"/>    | <input type="text"/> |
| City                                                                                                                         | State                   |                      |
| <input type="text"/>                                                                                                         |                         |                      |
| Date Electronically Signed* (Enter the Voice Vault confirmation date or the applicant signature date.)(mm/dd/yyyy)           |                         |                      |
| <div><input type="text"/></div> <div></div> |                         |                      |

# Eligibility Check

---

DSNP Verification

# Initiate Eligibility Check from Create Customer & Quote

*You can validate DSNP eligibility for a newly created customer.*

When you create a customer and click on the **Create Customer & Quote** button, you will be taken to the quote screen. If you quote and click **Apply** for a DSNP plan, you will be prompted to validate DSNP eligibility.

You can perform a check (**Check Eligibility**) or not (**Skip**).

Create New Customer

First Name

jtestest

Last Name

jlastname

Gender

☒ Male ☐ Female

Date of Birth

09/18/1946

Zip Code (Primary Residence)

90001

County

LOS ANGELES

Email Address (Optional)

Phone

123-456-7890

Create Customer & Quote

Create Customer

Email Customer

Medicare Check

DSNP Eligibility Check

First Name\*

Last Name\*

Proposed Effective Date\*

/ 01 /

Date of Birth:\*

mm/dd/yyyy

Medicare Number\*

Check Eligibility

Cancel

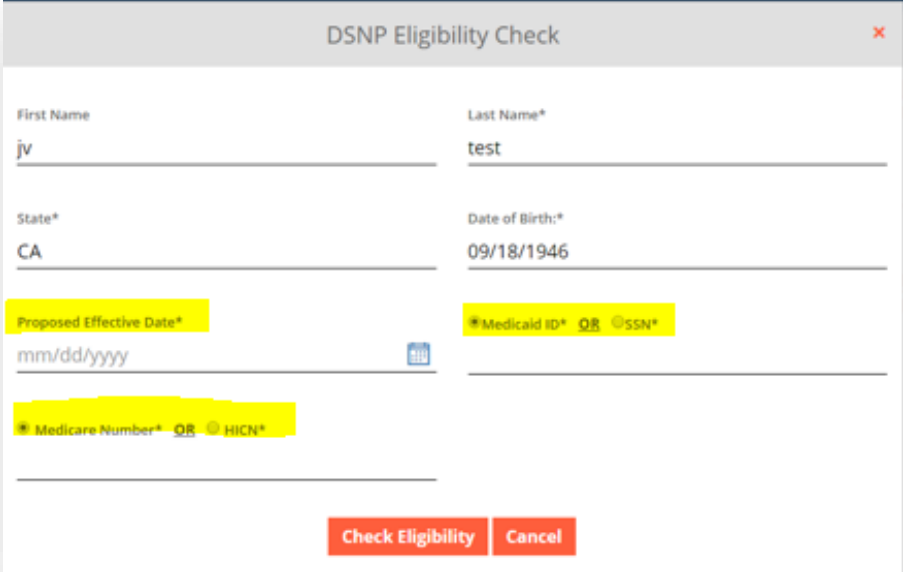
Clear

# How do I validate DSNP Eligibility?

All fields are required to validate DSNP eligibility.

- Customer fields will be pre-populated.
- Enter:
  - Proposed Effective Date
  - Medicaid ID or SSN
  - Medicare # or HICN

Once the fields are populated, click the Check Eligibility button.



The screenshot shows a web form titled "DSNP Eligibility Check" with a close button (X) in the top right corner. The form contains several input fields and radio buttons. The "First Name" field is pre-populated with "jv" and the "Last Name\*" field with "test". The "State\*" field is pre-populated with "CA" and the "Date of Birth\*" field with "09/18/1946". There are two rows of fields for identification numbers. The first row has a "Proposed Effective Date\*" field (highlighted in yellow) with a date format "mm/dd/yyyy" and a calendar icon, followed by a field for "Medicaid ID\*" (highlighted in yellow) with radio buttons for "OR" and "SSN\*". The second row has a "Medicare Number\*" field (highlighted in yellow) with radio buttons for "OR" and "HICN\*". At the bottom right, there are two red buttons: "Check Eligibility" and "Cancel".

| DSNP Eligibility Check                                                                 |                                                                   |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| First Name                                                                             | Last Name*                                                        |
| jv                                                                                     | test                                                              |
| State*                                                                                 | Date of Birth*                                                    |
| CA                                                                                     | 09/18/1946                                                        |
| Proposed Effective Date*                                                               | *Medicaid ID* <input type="radio"/> OR <input type="radio"/> SSN* |
| mm/dd/yyyy                                                                             |                                                                   |
| *Medicare Number* <input type="radio"/> OR <input type="radio"/> HICN*                 |                                                                   |
| <input type="button" value="Check Eligibility"/> <input type="button" value="Cancel"/> |                                                                   |

# DVT Validation Line \*

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Phone #: 844-274-6355

Email: [medicaideligibility@anthem.com](mailto:medicaideligibility@anthem.com)

| Period  | Monday – Friday       | Saturday (DSNP Validation ONLY)                                                                             |
|---------|-----------------------|-------------------------------------------------------------------------------------------------------------|
| Lock-In | 8:30 AM – 8:00 PM EST | <ul style="list-style-type: none"><li>• Last 2 Saturdays of Month</li><li>• 9:00 AM – 5:30 PM EST</li></ul> |
| AEP     | 8:30 AM – 8:00 PM EST | <ul style="list-style-type: none"><li>• Every Saturday</li><li>• 9:00 AM – 5:30 PM EST</li></ul>            |

\* Except company holidays

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thank you!