ENROLLMENT HUB

JOB AID

Create an Enrollment: MAPD Part 1

In this job aid, you will learn how to create an enrollment application and post enrollment forms for a new member. This enrollment process will help you create an application for MA and MAPD plans. It will help you identify steps you need to follow and the main sections of the form you need to complete with the necessary information. You will learn to successfully complete the enrollment form and to avoid mistakes that could require the applicant to re-sign the application.

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Steps to Create an Enrollment Application

Learn & Shop: Accessing the Enrollment Application Form

The Enrollment Application Form allows you to create enrollments for new members and existing members. This job aid will show you how to create an enrollment for new members only. To access the Enrollment Application Form, you will first need to follow a series of steps in the Learn & Shop section located in this job aid. To start an Enrollment Application:
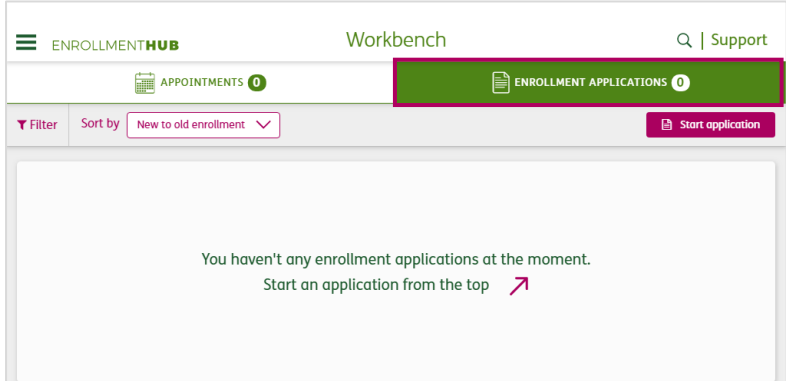
Description	Screenshot in Enrollment HUB
1. Click the **ENROLLMENT APPLICATIONS** tab.	

Image 1 - Workbench View: Enrollment Applications Tab

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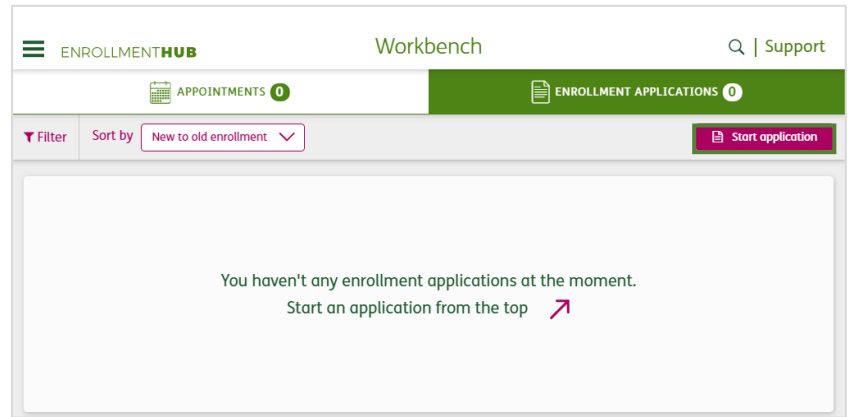2. Click the **Start application** button.

Image 2 - Workbench View: Start Application Button

3. Click the **New member** radio button, then click the **Next** button to move forward.
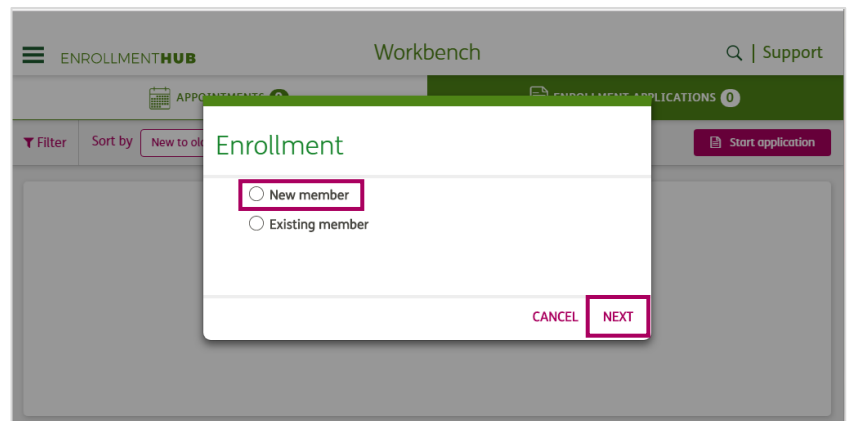
Image 3 - Workbench View: Enrollment Pop-up

4. Enter the applicant's zip code in the **ZIP code** field. After that, the **County** and **State** fields will autocomplete.
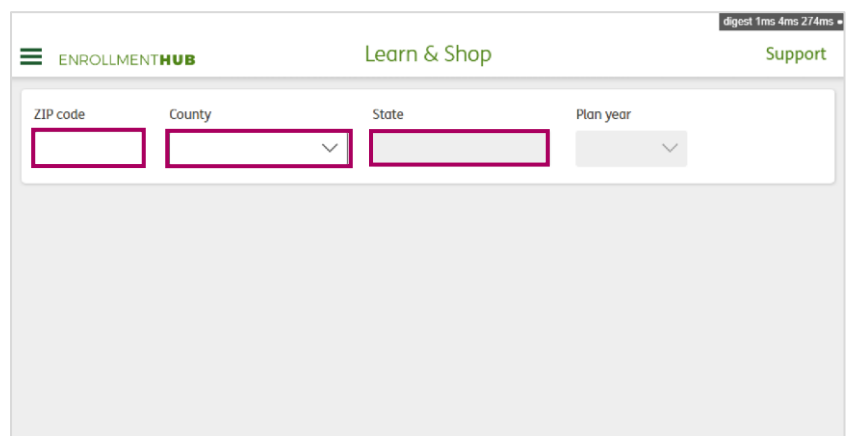
Image 4 - Learn and Shop View: Zip Code, County and State Fields

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5. The **Plan year** drop-down menu will auto-populate for you with the applicable plan year.

> ⓘ NOTE: The **Plan year** drop-down menu will require you to select the appropriate year during AEP. Otherwise, it is populated for you.
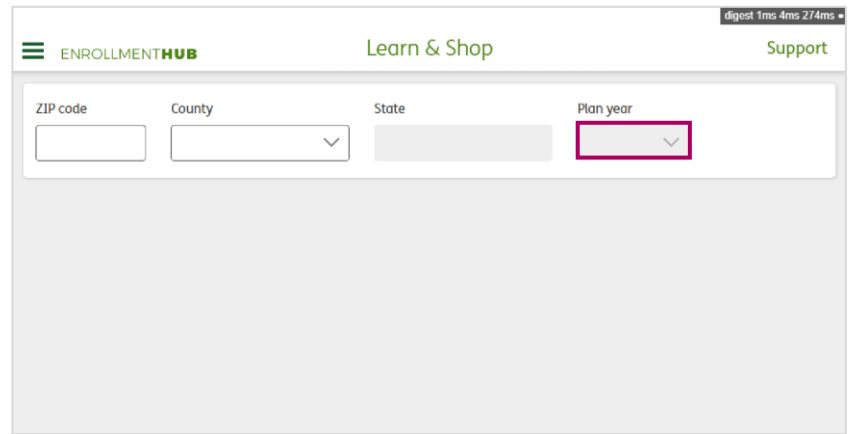

Image 5 - Plan Year Field

6. In the **Enrollment type** section under **Individual**, select the **Medicare - (MA, MAPD, PDP)** option.

> ⓘ NOTE: The **OSB** add-on is grayed out since the Existing Member flow is required for an OSB application. The IDV and Medsupp buttons link out to a different tool for completion. The Group Medicare option is grayed out since Group plans will not be available until a later time.
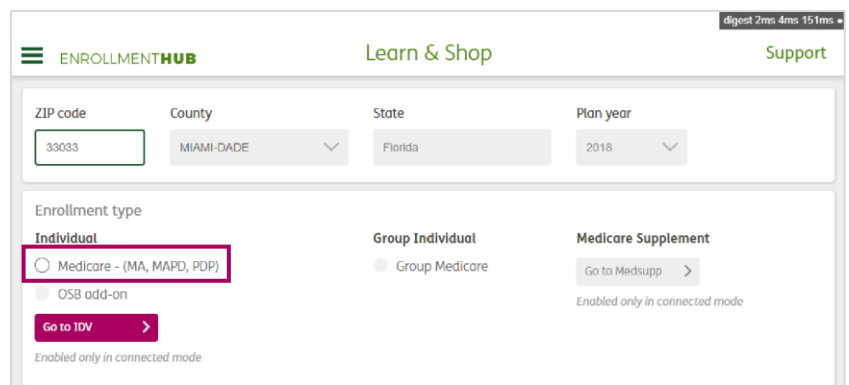
Image 6 - Learn & Shop View: Enrollment Radio Buttons

7. The pop-up message "**You must complete the presentation to proceed with the enrollment process. Have you completed the presentation?**" shows. You need to confirm you have completed the compliant presentation to the applicant. Click **YES** to continue.
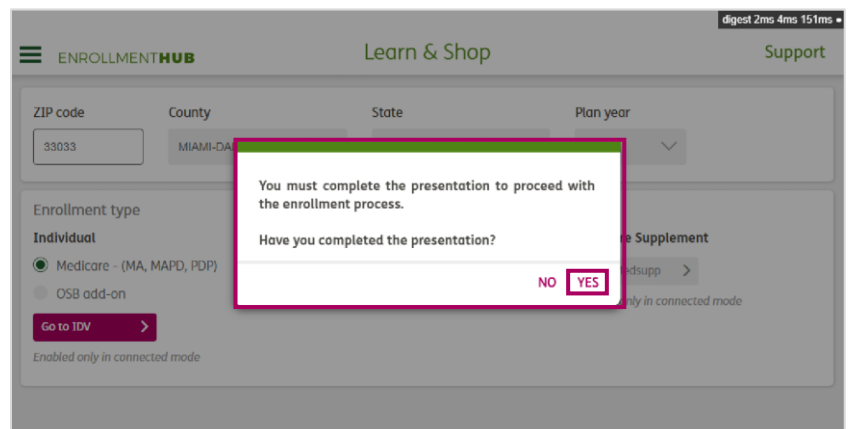
Image 7 - Learn and Shop View: Presentation Pop-up

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8. In the Eligibility Determination section, complete the fields with the beneficiary's information. Enter the corresponding data:

- Medicare Number
- Re-enter Medicare Number
- Date of birth
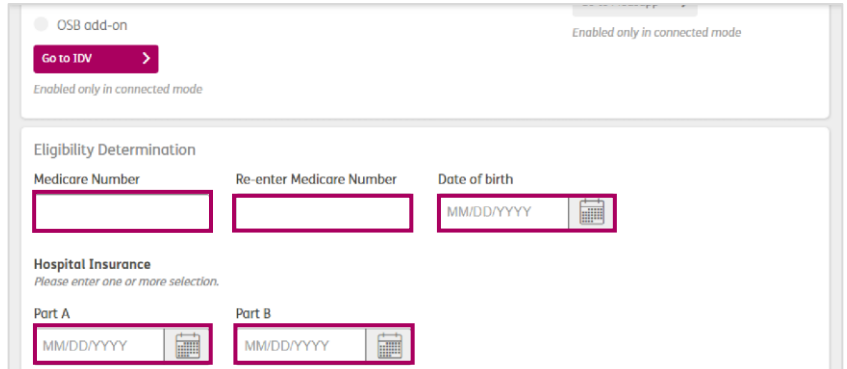- Hospital Insurance's dates for:
  a. Part A
  b. Part B

Image 8 - Learn and Shop View: Eligibility Determination Menu

> **NOTE:** You must enter the information on this section as it appears on the clients Medicare Card. The application could fail if the information does not match.

Learn & Shop: Individual Medicare Plan Listing

The Plan Display section shows all the information about the Humana plans that are part of the Individual Medicare Plan Listing. Remember that the plans will display on the screen per applicant's zip code and the agent's licenses and certification.

The Individual Medicare Plan Listing includes detailed information about the plan:

1. **Complete Name & Rating**

   - **Benefit Summary:** The section includes the name of the plan and includes a detailed summary of the plan benefits. By clicking on the plan name, a PDF of the plan's Summary of Benefits will display with additional information.
   - **5-Start Rating:** The star rating determines the quality and performance of the plan. The plan's Star Rating helps applicants compare plans based on quality and performance. This will only display if we have a 5-STAR plan(s) in the applicant's service area.

2. **Coverage & Benefits:** Each plan includes, coverage benefits and detailed plan information. This section of the screen will allow you to see certain details of the plan which you can share with your applicant.
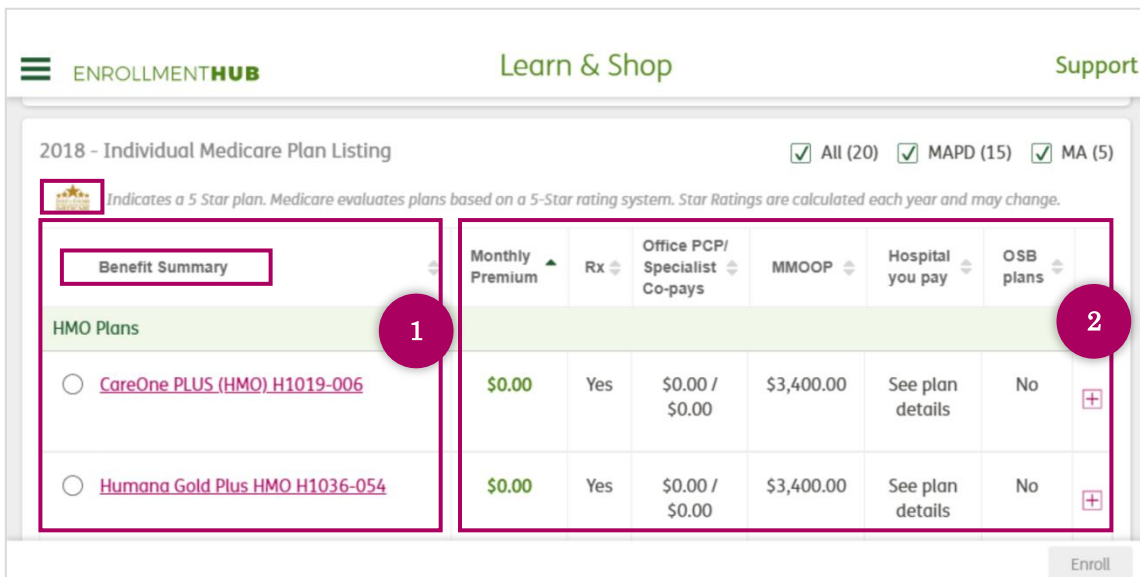
Image 9 - Learn & Shop View: Individual Medicare Plan Listing Section

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Description	Screenshot in Enrollment HUB

1. From the **Benefit Summary** column, select the desired plan and click the radio button next to the plan. Remember that you can only select one plan for each applicant.

   > ℹ️ **NOTE:** Only if you start an application, then go back to the **Learn & Shop** section and make a change, the **"Do you want to apply changes to the existing form or you want to create a new one?"** will display. You need to select the corresponding option: **USE EXISTING ENROLLMENT** or **CREATE NEW ENROLLMENT**, and then click **Return to Enrollment.**
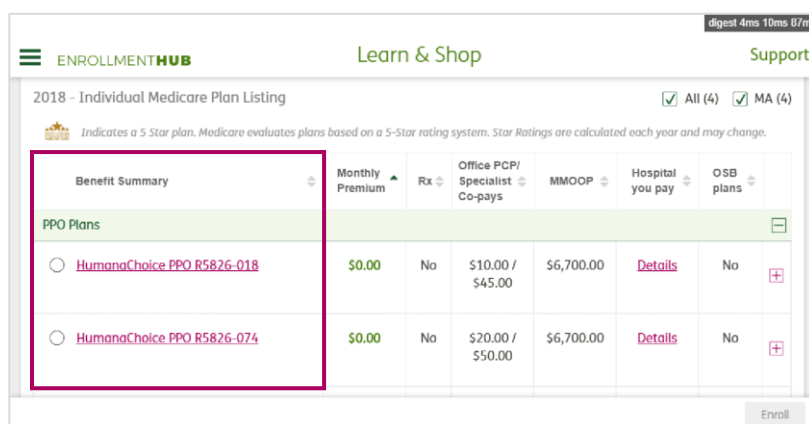
Image 10 - Individual Medicare Plan Listing View

2. Next, click the **Enroll** button to move forward to the Enrollment Application Form.
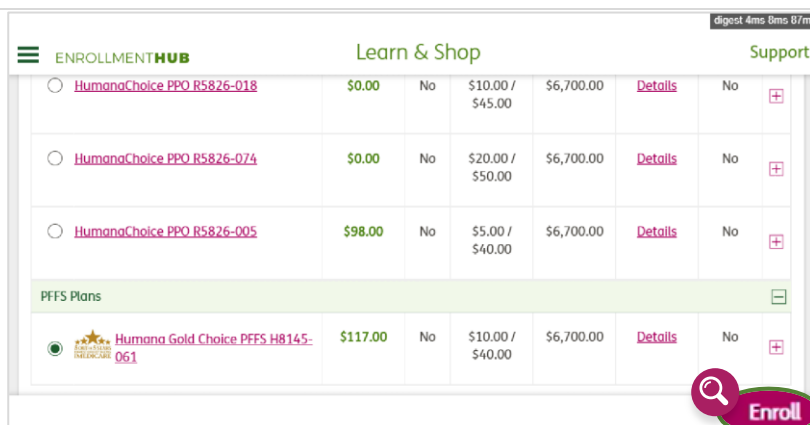
Image 11 - Individual Medicare Plan Listing View: Enroll Button

> ℹ️ **NOTE:** After you click **Enroll** button, if you are no longer licensed in the plans you are trying to sell a compliance warning pop-up will display. This compliance warning pop-up may also appear when you click **Enroll Now** after you completed the Enrollment form.

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Complete the Form to Create an Enrollment Application

Once in the Enrollment Application form, you will see three main sections:

1. **Progress Bar:** This bar will show your progress throughout the form. As you complete each section in the form, the percentage of the progress bar will increase.

2. **Left Navigation Drawer:** This menu shows all the sections included in the form. As you complete the form you will see that the icon next to each title will change its color:

   - Grey indicates that the section has not been completed.
   - Yellow indicates that mandatory information is missing.
   - Green indicates that you have completed all the mandatory fields.
   - Red indicates that there is an error in this section.

3. **Enrollment Application Form:** Here is the actual application form.

   NOTE: In order to complete the form you can either scroll through the app using the scroll bar on the right, or click the section of the application in the Left Navigation Drawer.
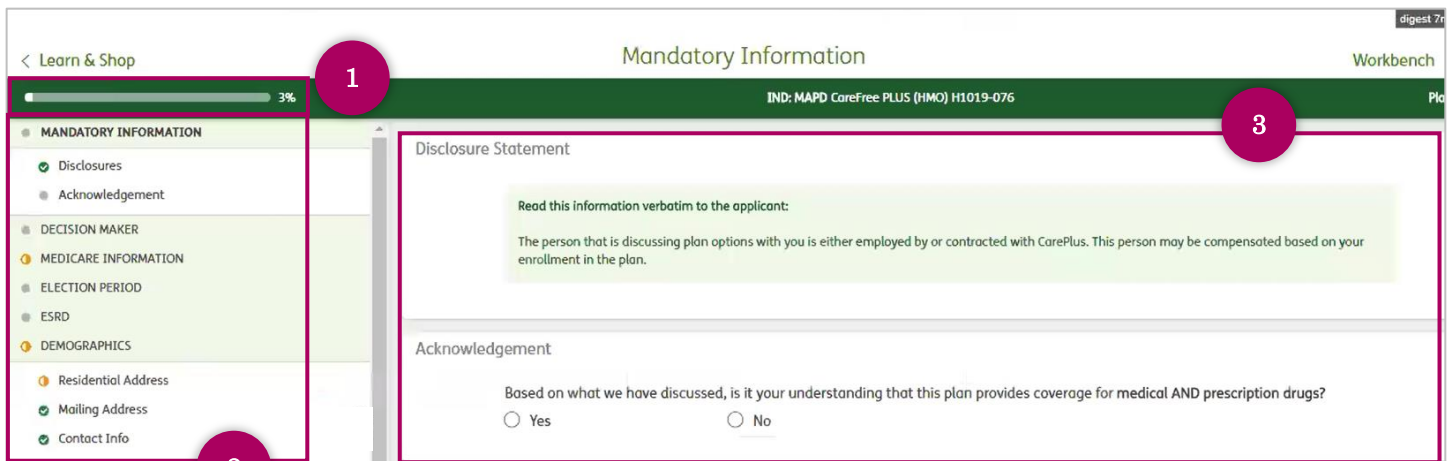
Image 12 - Create and Enrollment Form View

ⓘ **NOTE:** The Progress Bar and the Left Navigation Drawer will update as you complete all the required fields on the form. Remember that you can also navigate through the form by clicking on that section in the Left Navigation Drawer.

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The enrollment form has various sections that you will find represented in the Left Navigation Drawer. To help understand the form and how to complete it, you will find that it has been divided in six main parts, which include one or more sections of the form:
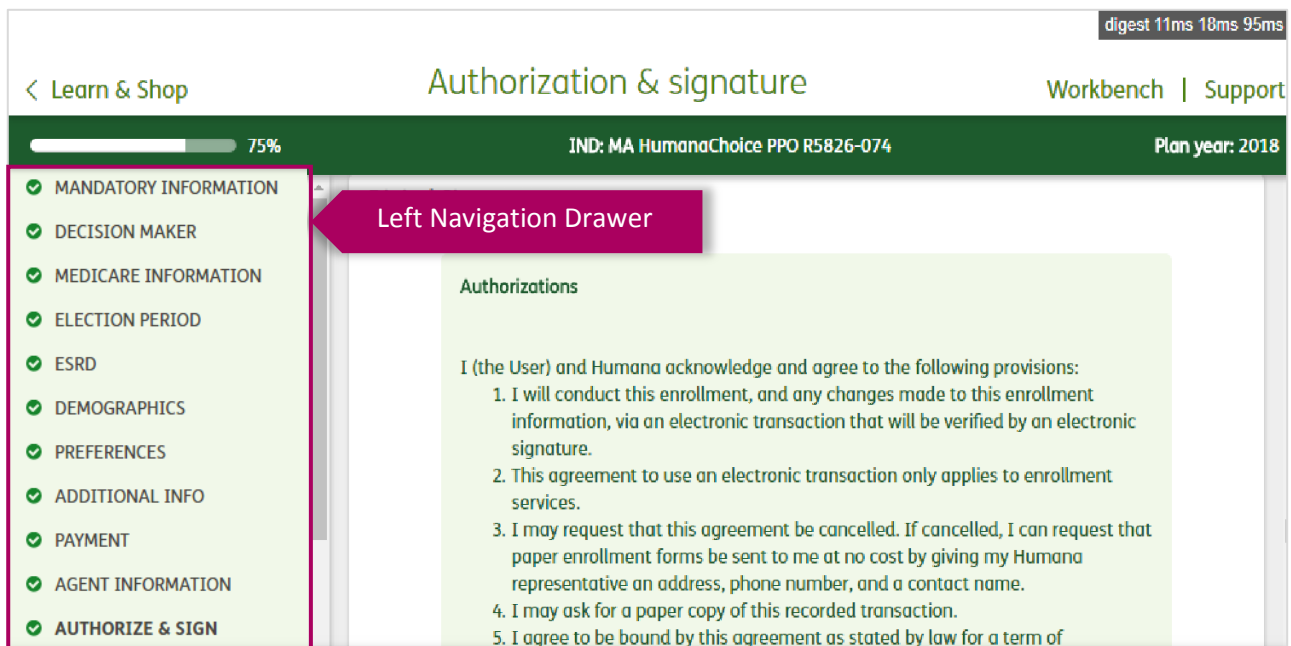
Image 13 - Left Navigation Drawer: Enrollment Form Sections

- Part 1:
  o Mandatory Information
  o Decision Maker
  o Medicare Information

- Part 2:
  o Election Period
  o ESRD

- Part 3:
  o Demographics

- Part 4:
  o Preferences

- Part 5:
  o PCP

- Part 6:
  o Additional Info

- Part 7:
  o OSB
  o Payment

- Part 8:
  o Agent Info

- Part 9:
  o Authorize & Sign

- Part 10:
  o Post Enrollment Forms

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Create an Enrollment Part 1: Mandatory Information, Decision Maker, and Medicare Information

Enrollment Application Form – Part 1: Mandatory Information

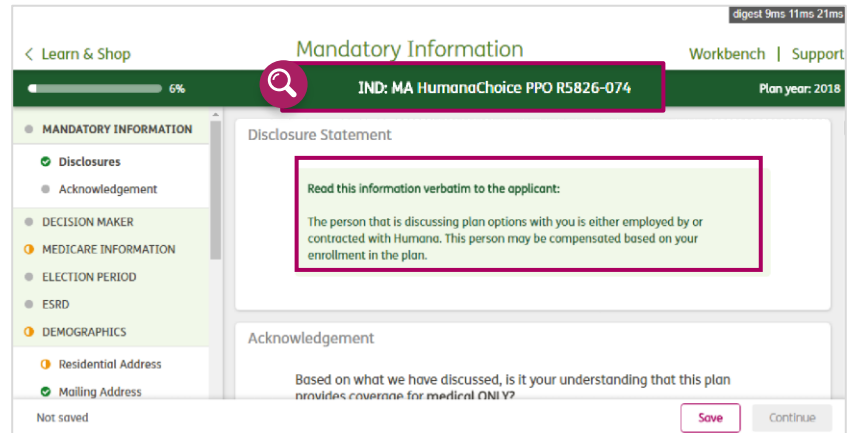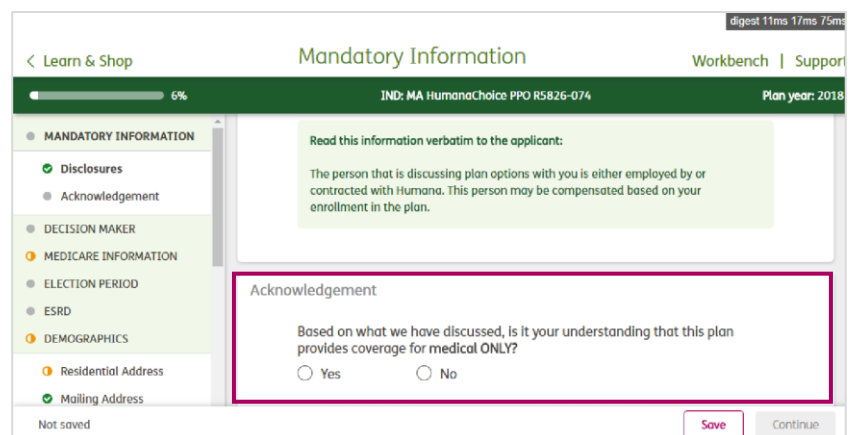| Description	Screenshot in Enrollment HUB
1. Read the **Disclosure Statement** to the applicant before moving forward. At the top of the form, you see the name of the plan the applicant is enrolling in. In this case the applicant is enrolling in **the MA HumanaChoice PPO R5826-074** plan.	Image 14 - Mandatory Information
2. In the **Acknowledgement** section select either: a. **Yes**, to move forward. b. **No**, if the applicant does not understand or agree with the statement.	Image 15 - Mandatory Information
3. If you select **No**, you cannot continue with the process, and a pop-up message displays with the following message: **"You have indicated that the plan selected does not match the applicant´s intended plan. Select YES to agree to this plan or return home and select a different plan."** If the applicant does not agree with the statement, you must return to the Plan Listing section on the **Learn & Shop** screen, and select a different plan.	Image 16 - Acknowledgement Section

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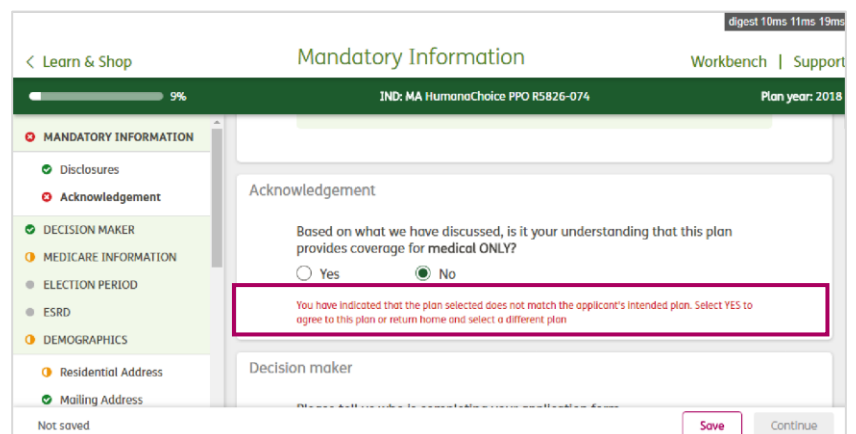
Enrollment Application Form – Part 1: Decision Maker

The Decision Maker section allows you to clarify who is signing the enrollment form: the applicant or their Power of Attorney (POA).To complete this section:

Description	Screenshot in Enrollment HUB

1. Select from the **Decision maker** section the corresponding option:
   - **I am completing my application on my own.**
   - **I have Power of Attorney (POA) and I'm applying on someone's behalf.**

> (i) **NOTE:** If you need to save your work, just click the **Save** button at the bottom of the screen to continue later.
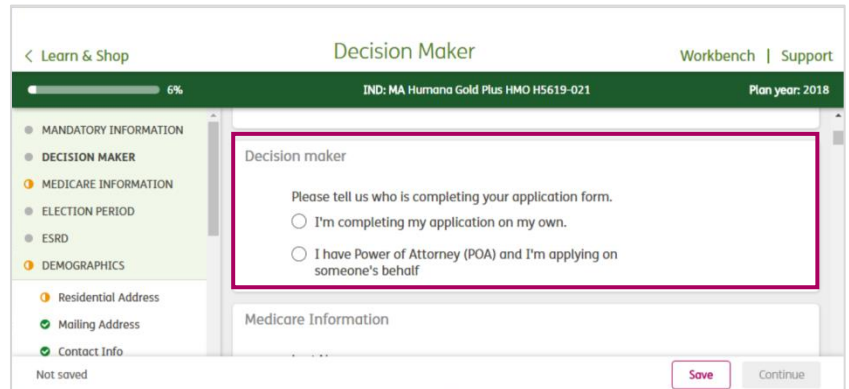

Image 17 - Decision Maker View

a. Decision Maker: Applicant

1. Click the, **I'm completing my application on my own** radio button if the applicant is the one that will be signing the Enrollment Application.
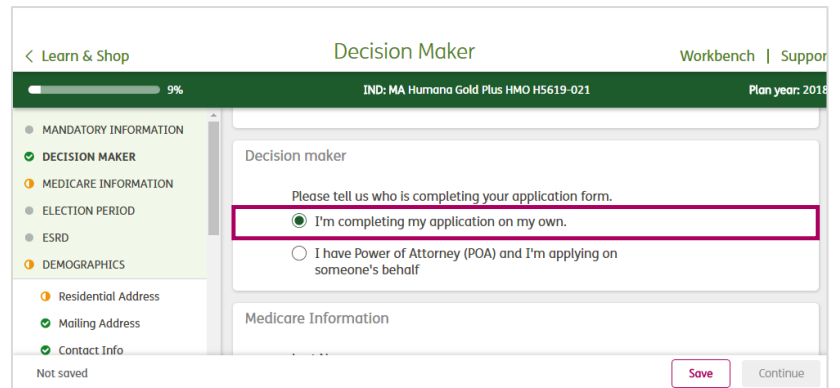
Image 18 - Decision Maker View: Applicant Option

b. Decision Maker: Power of Attorney (POA)

1. Click the **I have a Power of Attorney (POA) and I'm applying on someone's behalf** radio button if someone else with legal authority is applying on behalf of someone else.

Image 19 - Decision Maker View: POA Option

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2. Then, complete the following fields:

- POA First name
- Last name
- POA Address 1
- Address 2(optional)
- City
- State
- Zip Code

Image 20 - POA Option: Power of Attorney´s Information

Image 21 - POA Option: Power of Attorney´s Information

3. Complete **POA Phone Number** field.

4. Select the corresponding **Phone type** option, either:

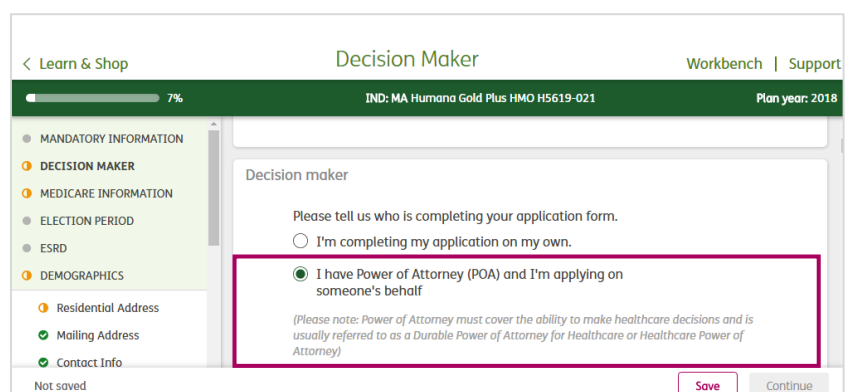- Cell Phone
- Home (land line)

Image 22 - POA Option: Power of Attorney´s Information

> **NOTE:** If you are connected and enter data at any section of the Enrollment form, and then switch the toggle to Disconnected, the system will perform a check to see if the state used is synced for offline use. If not synced, the pop-up message **"State entered is not synced for disconnected. Please sync state before going offline to continue or information entered will be lost"** displays.

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5. Click the **Relationship to applicant** drop-down menu, and select the corresponding option:

- None
- Spouse
- Sibling
- Parent
- Child
- Agent/Broker
- Friend
- Organization

Image 23 - POA Option: Power of Attorney´s Information

Enrollment Application Form – Part 1: Medicare Information

Description	Screenshot in Enrollment HUB

1. In this section complete each field with the information provided by the applicant.

   - Last Name
   - Middle Initial (optional)
   - First Name
   - Gender

   The field **Medicare Number**, **Hospital Insurance Part A and Part B**, and **Date of Birth** are already populated in the screen.

Image 24 - Medicare Information View

ⓘ **NOTE:** You can always edit those fields by selecting the **Edit** pencil and updating them on the Learn & Shop screen. Keep in mind that some changes will require you to select a new plan.

**

Image 25 - Medicare Information View

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Create an Enrollment Part 2: Election Period and ESRD

Enrollment Application Form – Part 2: Election Period

In the Election Period section, you will need to select the appropriate Enrollment Period. To complete this section:

Description	Screenshot in Enrollment HUB
1. Select the appropriate **Election Period type**: • AEP • IEP • ICEP • OEPI • SEP ⓘ **NOTE:** All election periods will display in the application. However, based on the current date or plan type, not all election types will be available to choose.	 Image 26 - Election Period View
2. Click the **Show Description** link to see a description of the election period.	 Image 27 - Election Period View: Show Description Link
3. Click the **Proposed effective date** drop-down menu and select the applicable date. This is the date that you would like the plan to become effective.	 Image 28 - Election Period View: Propose Effective Date Field

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Enrollment Application Form – Part 2: ESRD

In the End-Stage Renal Disease (ESRD) section, there are several questions to ask in order to determine if the applicant is eligible for this type of plan. You need to select either Yes or No answer to each question. To complete this section read the question to the applicant and answer accordingly:

Description	Screenshot in Enrollment HUB
Question1: Diagnosed with ESRD Read the question "Have you been diagnosed with End-Stage Renal Disease (ESRD)?" to the applicant, and select the corresponding answer: a. If the answer is **Yes**, continue to the second question. b. If the answer is **No**, continue to the next section of the application.	 Image 29 - ESRD View: Question Diagnosed with ESRD
Question 2: Already a Member Read the question "Are you currently enrolled in another health plan that Humana offers in your state?" to the applicant. Select the corresponding answer: a. If the answer is **Yes**, continue to the next section of the application. b. If the answer is **No**, continue to the third question.	 Image 30 - ESRD View: Question Already a Member
Question 3: Medicare Advantage Plan Discontinued Read the question "Were you enrolled in a Medicare Advantage plan which was terminated or discontinued after December 31, 1998 AND are you making your first election since then?" to the applicant. Select the corresponding answer: a. If the answer is **Yes**, you continue to the next section of the application. b. If the answer is **No**, you continue to the fourth question.	 Image 31 - ESRD View: Question Medicare Advantage Plan Discontinued
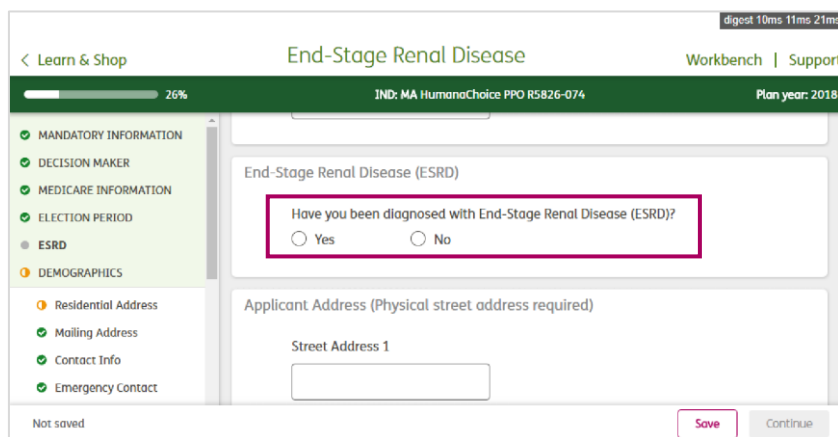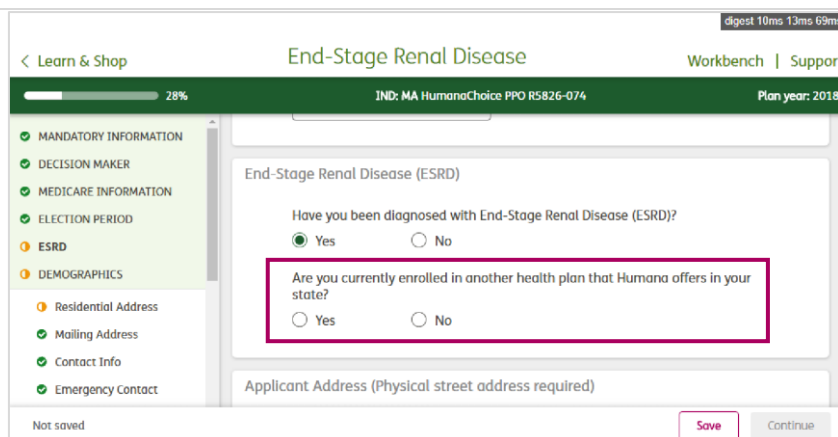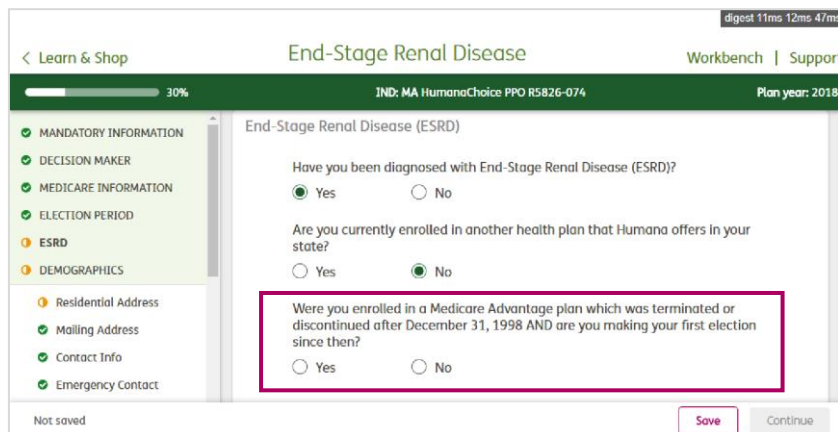
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Question 4: Kidney Transplant

Read the question "**Have you had a successful kidney transplant?** "to the applicant. Select the corresponding answer:

a. If the answer is **Yes**, continue to the fifth question.

Image 32 - ESRD View: Question Kidney Transplant

b. If the answer is **No**, a disclaimer message will appear on screen: "**Based in the responses provided, you are ineligible to enroll**".

In that case, you can't continue with the Enrollment process and need to return to the **Learn & Shop** screen.

Image 33 - ESRD View: Question Kidney Transplant

Question 5: Dialysis

Read the last question "**Do you still require regular dialysis?**" to the applicant. Select the answer.

Image 34 - ESRD View: Dialysis Question

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a. If the answer is **Yes**, a disclaimer pop-up message appears: **"Based in the responses provided, you are ineligible to enroll"**.

   In that case, you can't continue with the Enrollment process and must return to the Learn & Shop screen.

Image 35 - ESRD View: Dialysis Question

b. If the answer is **No**, continue to the **Demographics** section.

Image 36 - ESRD View: Dialysis Question

Create an Enrollment Part 3: Demographics

Description	Screenshot in Enrollment HUB
1. In the **Demographics** section, complete with information provided by the applicant: • Street Address 1 • Street Address 2 (optional) • City The **County**, **State** and **Zip Code** fields will auto-populate from the **Learn & Shop** screen.	

Image 37 - Demographics View

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(i) **NOTE:** You can edit the **County**, **State** and **Zip Code** fields by clicking the **Edit** pencil icon.

Image 38 - Demographics View

2. In the **Applicant Mailing Address** section, click the check-box if the mailing address is different from the physical address already provided. If you select this option, you need to complete the following fields:

   - Street Address 1
   - Street Address 2 (optional)
   - City
   - County
   - State
   - Zip code

Image 39 - Contact Information: Mailing Address Check-Box

3. In the **Contact Information** section, complete the **Applicant Phone Number** field.

4. Select the corresponding **Phone Type** option:

   - Cell Phone
   - Home (land line)

Image 40 - Contact Information: Applicant Phone Number Field

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a. Cell Phone Option:

1. Read the consent message to the applicant.

Image 41 - Contact Information: Cell Phone Option

2. Read the two consent questions to the applicant and select the corresponding answer, either:

- Yes
- No

Image 42 - Contact Information: Cell Phone Option

5. Then complete the **Applicant Email** field.

> ℹ️ **NOTE:** This field is optional, but can be useful later in the process.

Image 43 - Contact Information: Applicant Email Field

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6. Click the **I wish to provide an Emergency Contact** check-box if the applicant wishes to add an emergency contact.

If you click this check-box, you will need to complete the following fields:

- Last Name
- Middle Initial (optional)
- First Name
- Relationship to applicant
- Phone Number

> **NOTE:** If the applicant selected a **POA** for the enrollment, a checkbox will display here. You can select it to auto-populate the POA information in the Emergency Contact fields.

Image 44 - Contact Information: Emergency Contact

Create an Enrollment Part 4: Preferences

Description	Screenshot in Enrollment HUB

1. In the **Preferred Language** section, click the **Primary Language** drop-down menu and select the applicable language. If you select the **Other** option, the **Secondary Language Preference** drop down menu will appear, and you can select the applicable language.

> **NOTE:** The **Primary Language** preference is in case Humana needs to contact the applicant by Phone, Email, or United States Postal Service (USPS).

Image 45 - Preferred Language: Primary Language

2. If the applicant has a visual or auditory impairment and would prefer to receive information in alternate format, click the **Alternative Format** drop-down menu and select one of the options. The options include:

- Audio
- Large Print
- Accessible Screen Reader PDF
- Oral Over the Phone
- Braile

Image 46 - Preferred Language: Alternative Format

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3. In the **Digital On-Boarding** section, ask the applicant "**Would you like to learn more about receiving materials electronically?**" and select the corresponding answer:

- Yes
- No

Image 47 - Digital On-Boarding

a. Receiving Materials Electronically option

1. Read the message with all the available online materials to the applicant.

(i) **NOTE:** If the applicant wants to receive materials electronically, the **Email** field must be complete. If not, the message "**Email cannot be blank. Please enter an email in the demographics section**" will be displayed and you won't be able to continue with the process.

Image 48 - Digital On-Boarding: Online Communications

2. Answer the question "**Would you like to receive these communications online?**"

Image 49 - Digital On-Boarding: Online Communications

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b. **Not Receiving Materials Electronically option**

1. Continue to the next section of the application.

Image 50 - Digital On-Boarding: Online Communications

4. In the **Communications Method** section, select the **Preferred Method of Communication** radio button:

- Phone
- Email
- USPS

> ℹ️ **NOTE:** If the applicant chooses a **Preferred Method of Communication** that has not been provided in the **Demographics** section, you must return to this section and update the information.

Image 51 - Communications Method

Create an Enrollment Part 5: PCP

This section is to complete the information regarding the Primary-Care Physician, and is to be completed only for specific plans. To complete this section:

Description	Screenshot in Enrollment HUB

1. In the **Primary Care Physician** section, read the disclosure message to the applicant.

2. Complete the **Name of Primary Care Physician (PCP)** field.

> ℹ️ **NOTE:** When working in connected mode, you can use the **Search for my Doctor** button and use **Physician Finder** to locate the physician information.

Image 52 - Primary Care Physician View

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3. Complete the **PCP ID Number** field.

4. Read the **"Are you an established patient of the physician you select?"**, and answer either:

   - Yes
   - No

Image 53 - Primary Care Physician View

Create an Enrollment Part 6: Additional Info

Description	Screenshot in Enrollment HUB

1. In **Other Coverage** section, read the questions to the applicant and select the appropriate answer. Applicants can answer **Yes** or **No** to each of the following questions:

   - "Once enrolled, will you or your spouse work?"
   - "Once enrolled, will you or your spouse have other group health coverage?" If the answer for this question is **Yes,** the applicant needs to complete the **Other Coverage information** section.
   - "Will you have other prescription drug coverage in addition to the plan for which you are applying?"
   - "If you have employer medical and/or prescription drug coverage, do you understand your employer coverage will end and be replaced by the coverage applied for today, once accepted by the Centers for Medicaid Services?" This fourth question displays when you answer **Yes** to the first and second questions.

Image 54 - Additional Information View

Image 55 - Additional Information View

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2. In the **Medicaid** section, read the question **"Are you enrolled in your state's Medicaid coverage?"** to the applicant, and select either:
- Yes
- No

Image 56 - Medicaid View

a. If the answer is **Yes,** complete the **Applicant Medicaid Number** and **Effective Date** fields.

b. If the answer is **No**, continue to the **Long-Term Care** section.

Image 57 - Medicaid View: Yes Option

3. In the **Long-Term Care** section, read the question **"Are you currently a resident in a nursing home or long-term care facility?"** to the applicant, and select either:

- Yes
- No

Image 58 - Long-Term Care View

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a. If the answer is **Yes**, complete the following fields with the applicant information:

- Admission Date
- Facility Name
- Facility Address 1
- Facility Address 2 (optional)
- City
- State
- Zip Code
- Facility Phone Number

Image 59 - Long-Term Care View: Option Yes

Image 60 - Long-Term Care View: Option Yes

b. If the answer is **No**, continue to the following section in the application.

Image 61 - Long Term Care View: Option No

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This document is part of the Enrollment HUB Training Curriculum

- How to start using Enrollment HUB: What do you need?
- Enrollment HUB Quick Start
- How to Login and Logout
- Understanding the Main Menu
- Use the Off-line Mode
- Workbench: Searching, Filtering and Sorting Cards
- Create a Scope of Appointment (SOA)
- How to Manage a SOA
- **Create an Enrollment: MAPD Part 1 (New Member)** ←

- Create an Enrollment: MAPD Part 2 (New Member)
- Create an Enrollment: PDP (New Member)
- Create an Enrollment: Chronic Disease (New Member)
- How to Manage an Enrollment
- Identifying Messages in the Application
- Identifying the No Sales Reasons
- Add an OSB (Existing Member)
- What You Cannot Forget When Using the Enrollment HUB

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