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 resign 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. | | Workbench | Q Support | |
| | | | IENT APPLICATIONS | |
| | ▼ Filter Sort by New to old enrollment ∨ | | E Start application | |
| | | ny enrollment applications at the mom an application from the top 🏾 🎵 | ent. | |

Image 1 - Workbench View: Enrollment Applications Tab



| ENROLLMENTHUB | Workbench | Q Support |
|--|---|--------------------|
| | | LMENT APPLICATIONS |
| ▼ Filter Sort by New to old enrollment ` | ✓ | Start application |
| You have | en't any enrollment applications at the mo Start an application from the top 🛛 🕇 | ment. |



3. Click the **New member** radio button, then click the **Next** button to move forward.

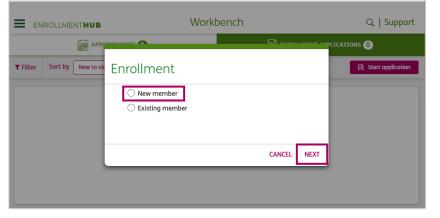


Image 3 - Workbench View: Enrollment Pop-up

 Enter the applicant's zip code in the ZIP code field. After that, the County and State fields will autocomplete.

| ENROLLM | ENTHUB | Learn & Shop | | digest 1ms 4ms 274ms Support |
|----------|--------|--------------|-----------|---------------------------------|
| ZIP code | County | State | Plan year | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Image 4 - Learn and Shop View: Zip Code, County and State Fields





Create an Enrollment: MAPD

digest 1ms 4ms 274ms •

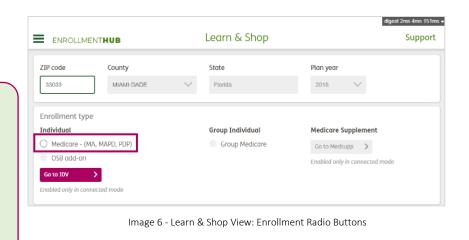
Support

5. The Plan year drop-down menu will autopopulate for you with the applicable plan year.
Image: Image:



 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.



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.

| 33033 | | | | |
|----------------------|-----------|---|-----------------|-----------------------|
| | MIAMI-DAI | | | \sim |
| nrollment type | | You must complete the presentation the enrollment process. | to proceed with | |
| ndividual | | Have you completed the presentation | ? | e Supplement |
| Medicare - (MA, MAPE |), PDP) | | | dsupp 🗲 |
| OSB add-on | . L | | NO YES | nly in connected mode |

Image 7 - Learn and Shop View: Presentation Pop-up





- 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

| OSB add-on | | | Enabled only in connected mode |
|------------------------------------|--------------------------|---------------|--------------------------------|
| Go to IDV 📏 | | | |
| Enabled only in connected mode | | | |
| Eligibility Determination | | | |
| | | D. C. C. | |
| Medicare Number | Re-enter Medicare Number | Date of birth | |
| | | MM/DD/YYYY | |
| | | | |
| Hospital Insurance | | | |
| Please enter one or more selection | 7. | | |
| | | | |
| Part A | Part B | | |
| MM/DD/YYYY | MM/DD/YYYY | | |

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.

| ENROLLMENTHUB | Learn | n & Sł | пор | | | 9 | Supp |
|--|--------------------|------------|--------------------------------------|------------|---------------------|--------------|-------|
| 018 - Individual Medicare Plan Listing | s hasad an a 5-Sta | r ratina s | ustom Star Datio | All (20 | | | MA (5 |
| Benefit Summary | Monthly Premium | Rx 👙 | Office PCP/ Specialist Co-pays | MMOOP \$ | Hospital you pay | OSB plans | |
| HMO Plans 1 | | | | | | | 2 |
| CareOne PLUS (HMO) H1019-006 | \$0.00 | Yes | \$0.00 / \$0.00 | \$3,400.00 | See plan details | No | ŧ |
| Humana Gold Plus HMO H1036-054 | \$0.00 | Yes | \$0.00 / \$0.00 | \$3,400.00 | See plan details | No | + |

Image 9 - Learn & Shop View: Individual Medicare Plan Listing Section



Description

1

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.

> 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.

2. Next, click the **Enroll** button to move forward to the Enrollment Application Form.

| Screenshot in | n Enrollment | HUB |
|---------------|--------------|-----|
|---------------|--------------|-----|

| ENROLLMENTHUB | | Learr | 1 & SI | пор | | | S | uppo |
|--|--------------|--------------------|-----------|--------------------------------------|--------------------|---------------------|----------------|-----------|
| 018 - Individual Medicare Plan List | ing | | | | | 🗸 All | I (4) 🗸 N | 1A (4) |
| Indicates a 5 Star plan. Medicare eval | luates plans | based on a 5-St | ar rating | system. Star Rati | ings are calculate | ed each year and | l may change | 9. |
| Benefit Summary | 4 | Monthly Premium | Rx 🗘 | Office PCP/ Specialist Co-pays | MMOOP 💠 | Hospital you pay | OSB plans 🗘 | |
| PPO Plans | | | | | | | | \square |
| HumanaChoice PPO R5826-018 | | \$0.00 | No | \$10.00 / \$45.00 | \$6,700.00 | <u>Details</u> | No | Ŧ |
| O HumanaChoice PPO R5826-074 | | \$0.00 | No | \$20.00 / \$50.00 | \$6,700.00 | <u>Details</u> | No | Ŧ |

Image 10 - Individual Medicare Plan Listing View

| EN | ROLLMENT HUB HumanaChoice PPO R5826-018 | \$0.00 | n&Sł № | \$10.00/ | \$6,700.00 | Details | No | Suppo |
|------------|---|----------|-----------|----------------------|------------|----------------|----|-------|
| 0 | | | | \$45.00 | , | | | Ŧ |
| $^{\circ}$ | HumanaChoice PPO R5826-074 | \$0.00 | No | \$20.00 / \$50.00 | \$6,700.00 | <u>Details</u> | No | Ŧ |
| 0 | HumanaChoice PPO R5826-005 | \$98.00 | No | \$5.00 / \$40.00 | \$6,700.00 | <u>Details</u> | No | Ŧ |
| PFFS | Plans | | | | | | | Ξ |
| ۲ | Humana Gold Choice PFFS H8145- | \$117.00 | No | \$10.00 / \$40.00 | \$6,700.00 | <u>Details</u> | No | Ŧ |

Image 11 - Individual Medicare Plan Listing View: Enroll Button

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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.





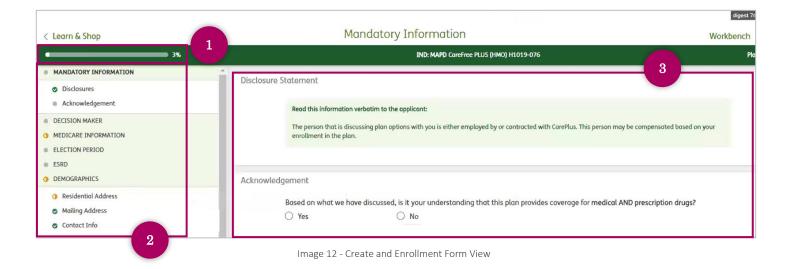
i

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.



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.





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:

digest 11ms 18ms 95ms Authorization & signature Workbench | Support < Learn & Shop IND: MA HumanaChoice PPO R5826-074 Plan year: 2018 75% MANDATORY INFORMATION Left Navigation Drawer DECISION MAKER MEDICARE INFORMATION Authorizations ELECTION PERIOD ESRD I (the User) and Humana acknowledge and agree to the following provisions: 1. I will conduct this enrollment, and any changes made to this enrollment DEMOGRAPHICS information, via an electronic transaction that will be verified by an electronic PREFERENCES signature. 2. This agreement to use an electronic transaction only applies to enrollment ADDITIONAL INFO services. 3. I may request that this agreement be cancelled. If cancelled, I can request that PAYMENT paper enrollment forms be sent to me at no cost by giving my Humana AGENT INFORMATION representative an address, phone number, and a contact name. 4. I may ask for a paper copy of this recorded transaction. AUTHORIZE & SIGN 5. I agree to be bound by this agreement as stated by law for a term of

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:
 Additional Info
- Part 7:
 - o OSB
 - o Payment
- Part 8:
 Agent Info
- Part 9: o Authorize & Sign
- Part 10: • Post Enrollment Forms





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.

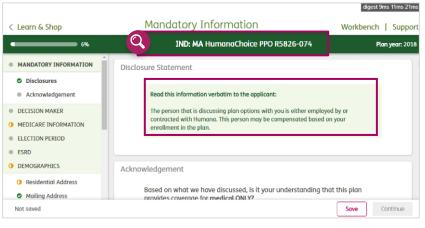


Image 14 - Mandatory Information

- 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.

| 🕻 Learn & Shop | Mandatory Information | Workbench | Suppor |
|-----------------------|--|---------------|--------------|
| 6% | IND: MA HumanaChoice PPO R5826-074 | PL | an year: 201 |
| MANDATORY INFORMATION | Read this information verbatim to the applicant: | | |
| Disclosures | The person that is discussing plan options with you is either emplo | yed by or | |
| Acknowledgement | contracted with Humana. This person may be compensated based enrollment in the plan. | on your | |
| DECISION MAKER | | | |
| MEDICARE INFORMATION | | | |
| ELECTION PERIOD | Acknowledgement | | |
| ESRD | 2 | | |
| DEMOGRAPHICS | Based on what we have discussed, is it your understanding t provides coverage for medical ONLY? | hat this plan | |
| Residential Address | O Yes O No | | |
| Mailing Address | | | |

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.

| < Learn & Shop | Mandatory Information | Workbench Support |
|---|---|---------------------|
| 9% | IND: MA HumanaChoice PPO R5826-074 | Plan year: 201 |
| MANDATORY INFORMATION | | |
| Disclosures Acknowledgement | Acknowledgement | |
| DECISION MAKER MEDICARE INFORMATION ELECTION PERIOD ESRD DEMOGRAPHICS | Based on what we have discussed, is it your understand provides coverage for medical ONLY? Yes No You have indicated that the plan selected does not match the applicant's agree to this plan or return home and select a different plan | |
| Residential Address Mailing Address | Decision maker | |
| Not saved | | Save Continue |

Image 16 - Acknowledgement Section



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

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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.

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

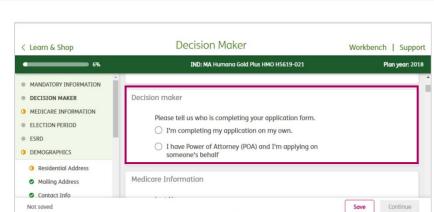


Image 17 - Decision Maker View

a. Decision Maker: Applicant

 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.

| < Learn & Shop | Decision Maker | Workbench Suppo |
|--|--|-------------------|
| 9% | IND: MA Humana Gold Plus HMO H5619-021 | Plan year: 201 |
| MANDATORY INFORMATION DECISION MAKER MEDICARE INFORMATION ELECTION PERIOD ESRD | Decision maker Please tell us who is completing your application form. I'm completing my application on my own. | |
| DEMOGRAPHICS Residential Address Mailing Address Contact Info | O I have Power of Attorney (POA) and I'm applying on someone's behalf Medicare Information | |
| Not saved | | Save Continue |

Image 18 - Decision Maker View: Applicant Option

b. Decision Maker: Power of Attorney (POA)

 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.

| < Learn & Shop | Decision Maker | Workbench Suppor |
|--|--|--------------------|
| 7% | IND: MA Humana Gold Plus HMO H5619-021 | Plan year: 2018 |
| MANDATORY INFORMATION | | |
| DECISION MAKER MEDICARE INFORMATION ELECTION PERIOD | Decision maker Please tell us who is completing your application form. | |
| ESRD DEMOGRAPHICS | I'm completing my application on my own. I have Power of Attorney (POA) and I'm applying on | |
| Residential Address Mailing Address Contact Info | someone's behalf (Please note: Power of Attorney must cover the ability to make healthc: usually referred to as a Durable Power of Attorney for Healthcare or Her Attorney) | |
| Not saved | | Save Continue |

Image 19 - Decision Maker View: POA Option





- 2. Then, complete the following fields:
 - POA First name
 - Last name
 - POA Address 1
 - Address 2(optional)
 - City
 - State
 - Zip Code





| < Learn & Shop | Decision Maker | Workbench Support |
|-----------------------|------------------------------------|---------------------|
| 9% | IND: MA HumanaChoice PPO R5826-074 | Plan year: 2018 |
| MANDATORY INFORMATION | City | |
| O DECISION MAKER | | |
| MEDICARE INFORMATION | | |
| ELECTION PERIOD | State | |
| ESRD | \sim | |
| O DEMOGRAPHICS | | |
| Residential Address | Zip Code | |
| Mailing Address | | |
| Contact Info | | |

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

1

• Home (land line)

| < Learn & Shop | Decision Maker | Workbench Suppor |
|---|--|--------------------|
| 7% | IND: MA Humana Gold Plus HMO H5619-021 | Plan year: 2011 |
| MANDATORY INFORMATION DECISION MAKER MEDICARE INFORMATION ELECTION PERIOD ESRD DEMOGRAPHICS | POA Phone Number | |
| Residential Address Mailing Address Contact Info | Relationship to applicant | |
| Not saved | | Save Continue |

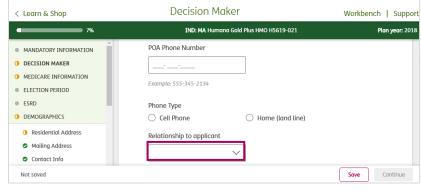
Image 22 - POA Option: Power of Attorney's Information

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.





- Click the Relationship to applicant drop-down menu, and select the corresponding option:
 - None
 - Spouse
 - Sibling
 - Parent
 - Child
 - Agent/Broker
 - Friend
 - Organization





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.

> 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.

**

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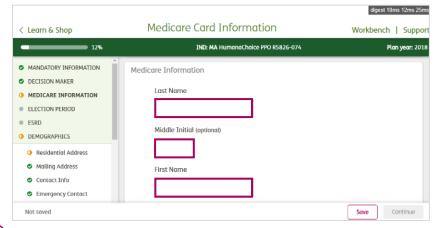


Image 24 - Medicare Information View

| < Learn & Shop | Medicare Card Information | digest 10ms 13ms 90ms Workbench Suppor |
|--|------------------------------------|---|
| 12% | IND: MA HumanaChoice PPO R5826-074 | Plan year: 2018 |
| MANDATORY INFORMATION DECISION MAKER | Medicare Number 21212121212 🖋 | |
| MEDICARE INFORMATION ELECTION PERIOD | Gender O Male O Female | |
| ESRD DEMOGRAPHICS | Hospital Insurance (Part A) | |
| Residential Address Mailing Address | 03/01/2018 🛷 | |
| Contact InfoEmergency Contact | 03/01/2018 | |
| Not saved | | Save Continue |

Image 25 - Medicare Information View





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

1

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.

2. Click the **Show Description** link to see a description of the election period.



- digest 10ms 13ms 18ms **Election Period** < Learn & Shop Workbench | Suppor IND: MA HumanaChoice PPO R5826-074 Plan year: 2018 21% MANDATORY INFORMATION Election Period DECISION MAKER Selection of an option below certifies that to the best of your knowledge, the consumer is eligible for the Enrollment Period selected. If we later determine that this information is incorrect, the consumer may be dis-enrolled. MEDICARE INFORMATION ELECTION PERIOD Today's date: 03/08/2018 12:15 PM undefined ESRD DEMOGRAPHICS Election Period types O Residential Address AEP Show description Mailing Address Contact Info TEP Show description Emergency Contact Not saved Save Continue
 - Image 27 Election Period View: Show Description Link

3. Click the **Proposed effective date** dropdown menu and select the applicable date. This is the date that you would like the plan to become effective.

| < Learn & Shop | Election Period | Workbench Suppor |
|---|--|--------------------|
| 21% | IND: MA HumanaChoice PPO R5826-074 | Plan year: 2018 |
| MANDATORY INFORMATION DECISION MAKER MEDICARE INFORMATION ELECTION PERIOD ESRD DEMOGRAPHICS | ICEP Show description OEPI Show description SEP Show description | |
| Residential Address Mailing Address Contact Info Emergency Contact | Proposed effective date | |
| Not saved | | Save Continue |

Image 28 - Election Period View: Propose Effective Date Field



digest 10ms 12ms 18ms



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.

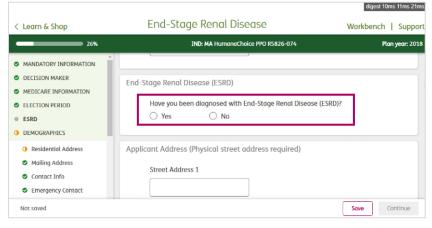


Image 29 - ESRD View: Question Diagnosed with ESRD

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.

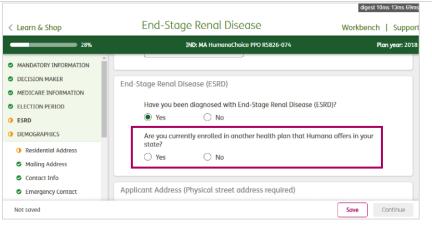


Image 30 - ESRD View: Question Already a Member

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.

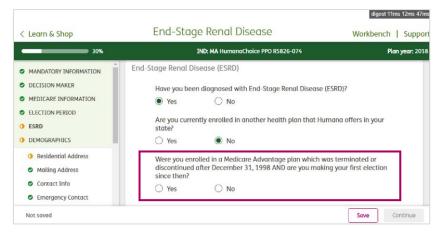


Image 31 - ESRD View: Question Medicare Advantage Plan Discontinued



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.

| (Learn & Shop | End-Stage Renal Disease | Workbench Suppor |
|-----------------------|---|-------------------------|
| 32% | IND: MA HumanaChoice PPO R5826-074 | Plan year: 201 |
| | Have you been diagnosed with End-Stage Renal Disease | e (ESRD)? |
| MANDATORY INFORMATION | Yes O No | |
| DECISION MAKER | | |
| MEDICARE INFORMATION | Are you currently enrolled in another health plan that H state? | lumana offers in your |
| ELECTION PERIOD | O Yes No | |
| 0 ESRD | | |
| DEMOGRAPHICS | Were you enrolled in a Medicare Advantage plan which discontinued after December 31, 1998 AND are you ma | |
| | since then? | king your hisc election |
| Residential Address | Yes No | |
| Mailing Address | | |
| Contact Info | Have you had a successful kidney transplant? | |
| Emergency Contact | ◯ Yes ◯ No | |
| | | |

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.

| Learn & Shop | End-Stage Renal Disease | Workbench Suppo |
|---|--|---------------------|
| 32% | IND: MA HumanaChoice PPO R5826-074 | Plan year: 20 |
| MANDATORY INFORMATION | Are you currently enrolled in another health plan that Hun state? | nana offers in your |
| MEDICARE INFORMATION ELECTION PERIOD ESRD DEMOGRAPHICS | Yes No Were you enrolled in a Medicare Advantage plan which wa discontinued after December 31, 1998 AND are you makin since then? | |
| Residential Address Mailing Address Contact Info Emergency Contact | Yes No Have you had a successful kidney transplant? Yes No Bosed in the responses provided, you are ineligible to enroll. | |

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.

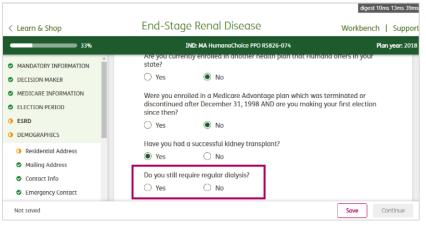


Image 34 - ESRD View: Dialysis Question





Create an Enrollment: MAPD

digest 10ms 13ms 39m

 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.

| < Learn & Shop | End-Stage Renal Disease | Workbench Suppor |
|---|--|------------------------|
| 33% | IND: MA HumanaChoice PPO R582 | 26-074 Plan year: 2018 |
| MANDATORY INFORMATION | 🔿 Yes 💿 No | |
| DECISION MAKER MEDICARE INFORMATION | Were you enrolled in a Medicare Advantage discontinued after December 31, 1998 AND since then? | |
| ELECTION PERIOD ESRD DEMOGRAPHICS | Yes No Have you had a successful kidney transplan Yes No | nt? |
| Residential Address Mailing Address Contact Info Emergency Contact | Ves Ves No Based in the responses provided, you are ineligible to enro | я |
| Not saved | | Save Continue |

Image 35 - ESRD View: Dialysis Question

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

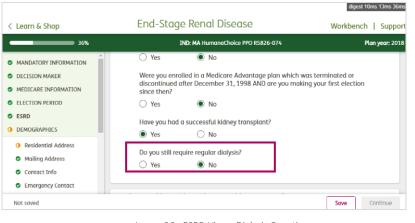


Image 36 - ESRD View: Dialysis Question

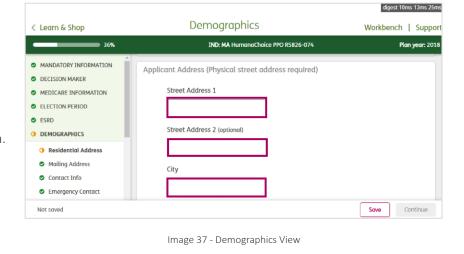
Create an Enrollment Part 3: Demographics

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.







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

| < Learn & Shop | Demographics | Workbench Suppo |
|-----------------------|--|-------------------|
| 80% | IND: MAPD Humana Gold Plus SNP-DE H5619-075 | Plan year: 201 |
| MANDATORY INFORMATION | County | |
| DECISION MAKER | JEFFERSON A | |
| MEDICARE INFORMATION | a a a a a a a a a a a a a a a a a a a | |
| ELECTION PERIOD | State | |
| ESRD | KY 🏉 | |
| DEMOGRAPHICS | | |
| PREFERENCES | Zip code | |
| ADDITIONAL INFO | 40205 | |
| PAYMENT | | |
| AGENT INFORMATION | | |
| AUTHORIZE & SIGN | Applicant Mailing Address (If different from physical address) | |
| Not saved | | Save |

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
- In the Contact Information section, complete the Applicant Phone Number field.
- 4. Select the corresponding **Phone Type** option:
 - Cell Phone
 - Home (land line)

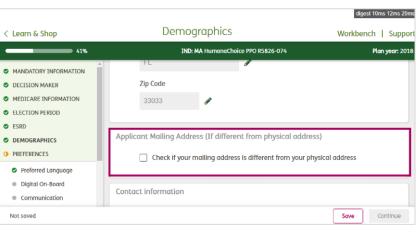


Image 39 - Contact Information: Mailing Address Check-Box

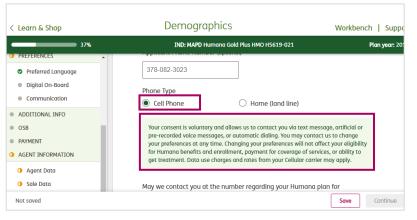
| Demographics Workber | nch Suppo |
|--|--|
| IND: MAPD Humana Gold Plus HMO H5619-021 | Plan year: 20 |
| Contact Information | |
| Applicant Phone Number (optional) | |
| 327-409-1765 | |
| Phone Type | |
| Cell Phone O Home (land line) | |
| Your consent is voluntary and allows us to contact you via text message, artificial or | r |
| pre-recorded voice messages, or automatic dialing. You may contact us to change your preferences at any time. Changing your preferences will not affect your eligibil for Humana benefits and enrollment, payment for coverage of services, or ability to net treatment. Data use charges and rates from your Cellular carrier may apply. | |
| | IND: MAPD Humana Gold Plus HMO H5619-021 Contact Information Applicant Phone Number (optional) 327-409-1765 Phone Type Cell Phone O Home (land line) Your consent is voluntary and allows us to contact you via text message, artificial o pre-recorded voice messages, or automatic dialing. You may contact us to change your preferences at any time. Changing your preferences will not affect your eliblity to for Humana benefits and enrolment, sayment for coverage of services, or ability to |

Image 40 - Contact Information: Applicant Phone Number Field





- a. Cell Phone Option:
 - 1. Read the consent message to the applicant.





- 2. Read the two consent questions to the applicant and select the corresponding answer, either:
 - Yes
 - No

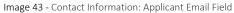
| Learn & Shop | Demographics Workbench Sur |
|--------------------|---|
| 37% | IND: MAPD Humana Gold Plus HMO H5619-021 Plan year: |
| PREFERENCES | get treatment. Data ase charges and rates nonr your ceitaiar carner may apply. |
| Preferred Language | |
| Digital On-Board | May we contact you at the number regarding your Humana plan for informational or service purposes, such as information about your plan, health |
| Communication | tips, reminders, preventive screenings, general health education, awareness and care coordination? |
| ADDITIONAL INFO | ○ Yes ○ No |
| OSB | |
| PAYMENT | May we have your permission to call your cell phone for Humana marketing purposes, such as letting you know about new or different plan offerings that |
| AGENT INFORMATION | could help you save money or healthcare costs or other out of pocket expenses or other Humana offerings such as mail order pharmacy? |
| Agent Data | 🔿 Yes 🔷 No |
| Sale Data | Applicant Emgil (optional) |
| Not saved | Save |

Image 42 - Contact Information: Cell Phone Option

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

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

| | | digest 10ms 12ms 20ms |
|--|---|-----------------------|
| < Learn & Shop | Demographics | Workbench Suppor |
| 41% | IND: MA HurmanaChoice PPO R5826-074 | Plan year: 2018 |
| MANDATORY INFORMATION DECISION MAKER MEDICARE INFORMATION ELECTION PERIOD ESRD | Contact information Applicant Phone Number (optional) | |
| DEMOGRAPHICS PREFERENCES Preferred Language | Applicant Email (optional) | |
| Digital On-Board Communication Not saved | Emergency Contact Information | Save Continue |







digest 10ms 14ms 93ms

 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

Demographics < Learn & Shop Workbench | Suppor IND: MA HumanaChoice PPO R5826-074 Plan year: 2018 41% MANDATORY INFORMATION DECISION MAKER MEDICARE INFORMATION Emergency Contact Information ELECTION PERIOD SESRD I wish to provide an Emergency Contact DEMOGRAPHICS O PREFERENCES Preferred Language Preferred Language Primary Language Digital On-Board Communication English \sim Continue Not saved Save

Image 44 - Contact Information: Emergency Contact

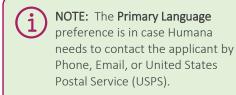
NOTE: If the applicant selected a **POA** for the enrollment, a checkbox will display here. You can select it to auto-populate the POA information in the Emergency Contact fields.

Create an Enrollment Part 4: Preferences

Description

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.



Screenshot in Enrollment HUB

| < Learn & Shop | Preferences Workber | ich Suppo |
|---|---|---------------|
| 41% | IND: MA HumanaChoice PPO R5826-074 | Plan year: 20 |
| MANDATORY INFORMATION Decision Maker Medicare Information election Period sesrb Demographics Preferences | Preferred Language Primary Language English English Spanish Chinese Other Other | n |
| Preferred Language Digital On-Board Communication | Alternative Format (optional) Select Format Save | Continue |

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

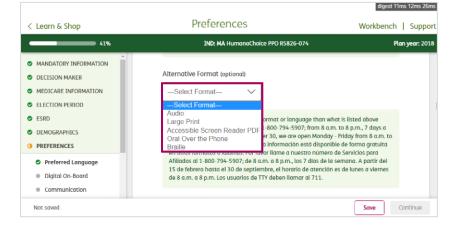


Image 46 - Preferred Language: Alternative Format



- 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

| < Learn & Shop | Preferences | Workbench | Suppo |
|---|---|-----------|--------------------|
| 41% | IND: MA HumanaChoice PPO R5826-074 | Pla | n year: 201 |
| MANDATORY INFORMATION MANDATORY INFORMATION CELISION MAKER MEDICARE INFORMATION ELECTION PERIOD SERD DEMOGRAPHICS PREFERENCES | Digital on-Boarding Would you like to learn more about receiving materials electroni Yes No Note to agent: if asked, the member can elect to receive certain docum changing their preferences online at WyHumana or by calling Customer | ients by | |
| Preferred Language Digital On-Board Communication | Communications method | | |
| Not saved | | Save C | ontinue |

Image 47 - Digital On-Boarding

a. Receiving Materials Electronically option

- 1. Read the message with all the available online materials to the applicant.
- 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.
 - Answer the question "Would you like to receive these communications online?"

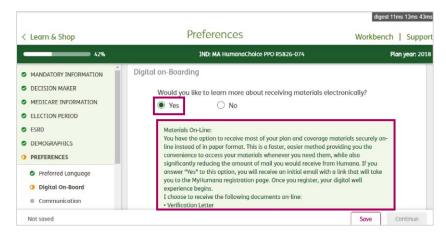
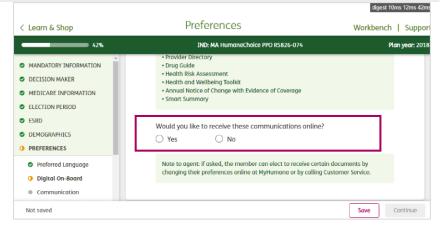


Image 48 - Digital On-Boarding: Online Communications









- b. Not Receiving Materials Electronically option
 - 1. Continue to the next section of the application.
- digest 10ms 14ms 62ms Preferences Workbench | Support < Learn & Shop IND: MA HumanaChoice PPO R5826-074 43% Plan year: 2018 Digital on-Boarding MANDATORY INFORMATION DECISION MAKER Would you like to learn more about receiving materials electronically? MEDICARE INFORMATION No O Yes ELECTION PERIOD SESRD Note to agent: if asked, the member can elect to receive certain documents by DEMOGRAPHICS changing their prefer es online at MyHuma na or by calling Custor O PREFERENCES Preferred Language Communications method Oigital On-Board Communication Preferred Method of Communication Not saved Save Continue



- In the Communications Method section, select the Preferred Method of Communication radio button:
 - Phone
 - Email
 - USPS

i

| 1 | NOTE: If the applicant chooses a |
|---|---------------------------------------|
| Ϳ | Preferred Method of Communication |
| | that has not been provided in the |
| | Demographics section, you must |
| | return to this section and update the |
| | information. |

| < Learn & Shop | Preferences Workben | ch Sup |
|-----------------------|---|------------|
| 42% | IND: MA HumanaChoice PPO R5826-074 | Plan year: |
| MANDATORY INFORMATION | changing their preferences online at MyHumana or by calling customer service. | |
| DECISION MAKER | | |
| MEDICARE INFORMATION | Communications method | |
| ELECTION PERIOD | communications metriod | |
| ESRD | Preferred Method of Communication | |
| DEMOGRAPHICS | O Phone O Email O USPS | |
| PREFERENCES | | |
| Preferred Language | РСР | |
| Digital On-Board | | |
| Communication | Note to agent: The plan selected requires identification of a Primary Care Physician (PCP) in order to process the enrollment. Enter the information requested for the | |
| Not saved | (PCP) in order to process the enroliment. Enter the information requested for the | Continue |

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:

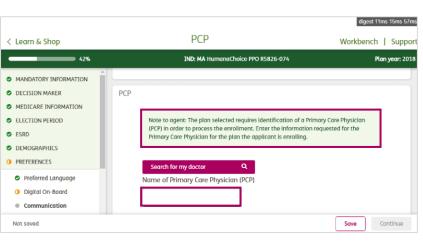
Screenshot in Enrollment HUB

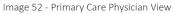
Description

1

- 1. In the **Primary Care Physician** section, read the disclosure message to the applicant.
- 2. Complete the Name of Primary Care Physician (PCP) field.

| 7 | NOTE: When working in connected |
|---|------------------------------------|
| ノ | mode, you can use the Search for |
| | my Doctor button and use Physician |
| | Finder to locate the physician |
| | information. |







- 3. Complete the **PCP ID Number** field.
- Read the "Are you an established patient of the physician you select?", and answer either:
 - Yes
 - No

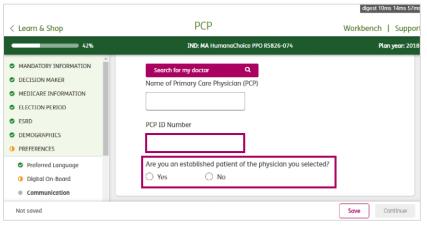


Image 53 - Primary Care Physician View

Create an Enrollment Part 6: Additional Info

Description

Screenshot in Enrollment HUB

- 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.

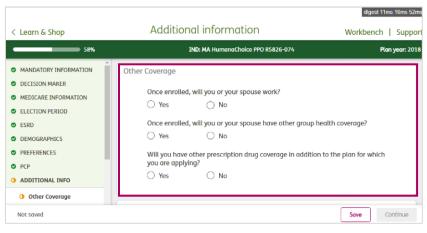


Image 54 - Additional Information View

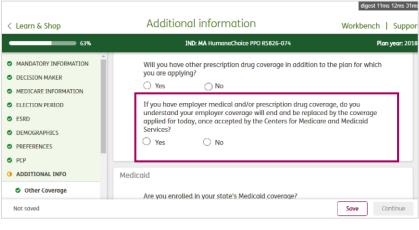
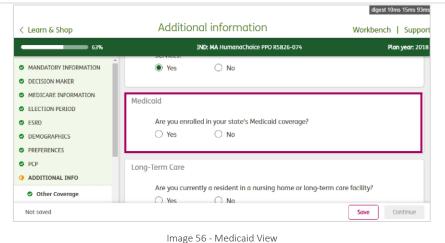


Image 55 - Additional Information View



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



-

- 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.

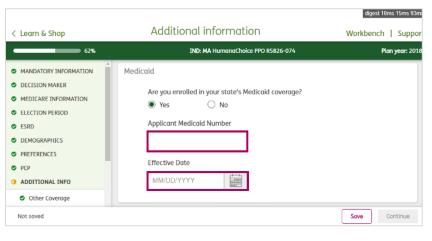


Image 57 - Medicaid View: Yes Option

- 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

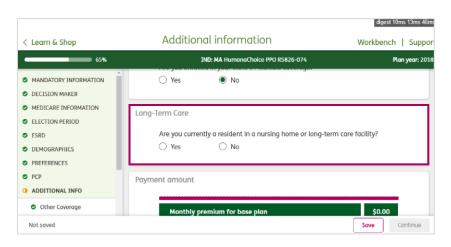


Image 58 - Long-Term Care View





- 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

| < Learn & Shop | Additional information Wor | rkbench | Suppor |
|-----------------------|---|---------|--------------|
| 56% | IND: MA HumanaChoice PPO R5826-074 | Pla | n year: 2018 |
| MANDATORY INFORMATION | Long-Term Care | | |
| DECISION MAKER | Are you currently a resident in a nursing home or long-term care facili | 112 | |
| MEDICARE INFORMATION | Yes No | .y: | |
| ELECTION PERIOD | | | |
| SESRD | Admission Date | | |
| DEMOGRAPHICS | | | |
| PREFERENCES | | | |
| ♥ PCP | Facility Name | | |
| ADDITIONAL INFO | | | |
| Other Coverage | Facility Address 1 | | |
| Not saved | Say | | ontinue |



| | | digest 10ms 13ms 17ms |
|--|--|---------------------------|
| < Learn & Shop | Additional information | Workbench Suppor |
| 56% | IND: MA HumanaChoice PPO F | 15826-074 Plan year: 2018 |
| MANDATORY INFORMATION DECISION MAKER MEDICARE INFORMATION ELECTION PERIOD ESRD DEMOGRAPHICS PREFERENCES PCP ADDITIONAL INFO Other Coverage | Facility Address 1 Facility Address 2 (optional) City State | |
| Not saved | | Save Continue |

Image 60 - Long-Term Care View: Option Yes

- b. If the answer is No, continue to the following section in the application. Additional information < Learn & Shop Workbench | Suppo IND: MAPD Humana Gold Plus HMO H5619-021 Plan year: 201 37% Preferred Language Long-Term Care Digital On-Board Communication Are you currently a resident in a nursing home or long-term care facility? 🔿 Yes 🔘 No ADDITIONAL INFO Other Coverage Medicaid Optional Supplemental Benefits (OSB) questions O LTC Are you interested in a supplemental benefit plan? • OSB 🔿 Yes O No PAYMENT Optional Supplemental Benefits for this plan: AGENT INFORMATION Continue Save Not saved
 - Image 61 Long Term Care View: Option No





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

