Humana Medicare MarketPOINT Paperless Application 10

October 2012

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Introduction to MAPA

This module will introduce you to the **Medicare Advantage Paperless Application (MAPA)**. It will be your guide for downloading information, completing applications, and uploading information to the server.

MAPA is installed on your laptop. It can be used throughout the day as you work with your customers **without** being connected to the internet. The only times when you will need an **internet connection** are:

- At the beginning of your day when you download the updated plan data, current day appointments, contacts and contact sets from the server to the laptop.

- At the end of your day when you upload completed applications, disposition and update contact information from the laptop to the server.

Note: If you have any difficulty with the MAPA program during a sale, complete a paper application at that time and contact CSS **after** your sales call. Do not contact CSS during your sales call.

CSS –
888-224-2700 Louisville
800-435-7661 Green Bay

Enrollment Department –
800-992-2551

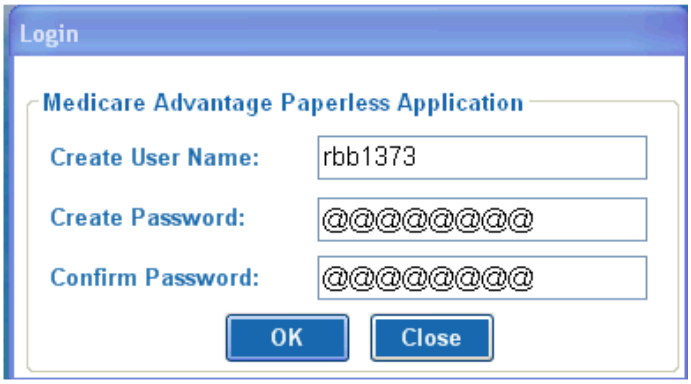
Agent Support
866-921-6245

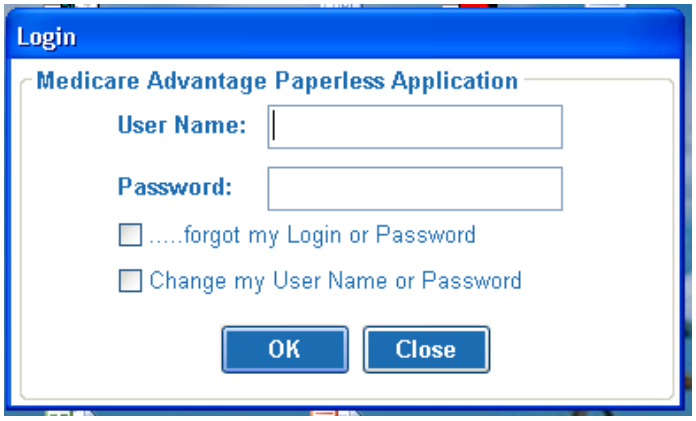
Log in

First time users will be instructed to create a MAPA user ID and password.

Create a user id and password that will be easy to remember.

Each time a new version of MAPA is installed you will need to change the password.





Everyday login:
Enter the **User ID** and the **Password** that you created and click **OK.**

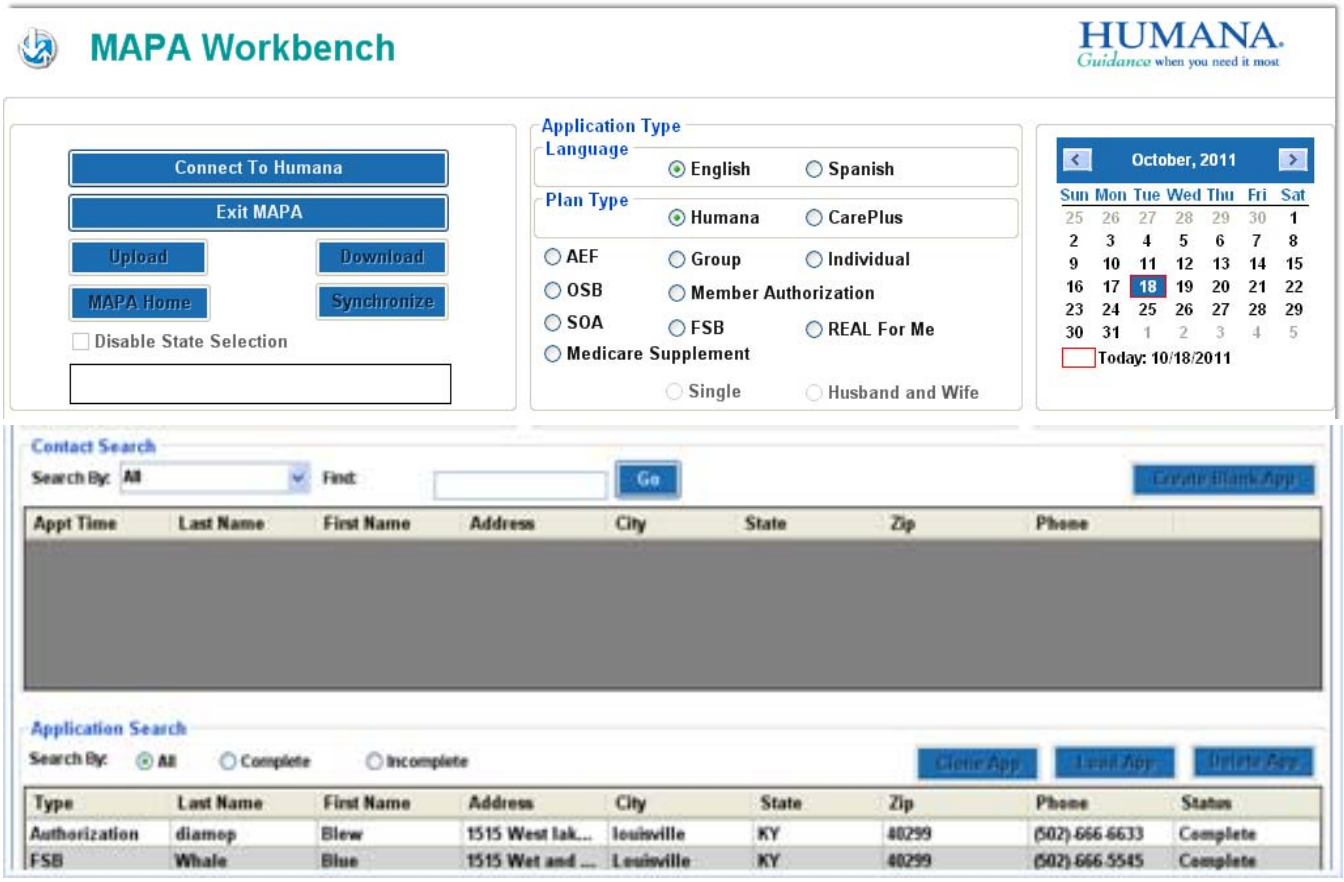
NOTE: To change your password:
Put a check mark in the **Change my.. Password** box.
Click **OK**
Enter your new password and then confirm the new password.

MAPA Workbench

When you enter the MAPA program, the **Medicare Advantage Paperless Application** main screen is displayed allowing you to:

- Connect to Humana to get behind the firewall so you can **synchronize, download**, and **upload**.
- Select the type of application
- Search for contacts that you have down loaded and applications
- Select the language for your application
- Delete an incomplete application
- Clone, or copy, an application
- Create an application for a contact by using enroll
- Create a blank application for a new contact
- Scroll over calendar date to see what appointments you have scheduled
- Close the program.

Once you download this calendar will show you any appointment you have on that day for the current month.

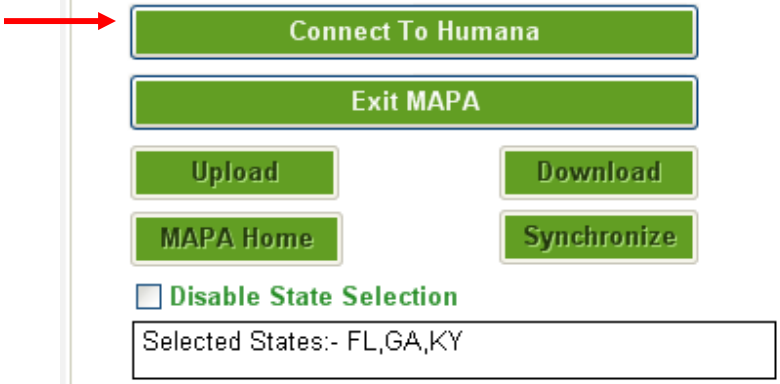


Connect to Humana

You will want to start and end your workday by **Connecting to Humana** so you can:

Synchronize - updates back end tables and plan data
Download **-** pulls in the and agent information.
Upload - takes completed applications and sends them to billing and enrollment,
MAPA Home – allows you to check the status of applications

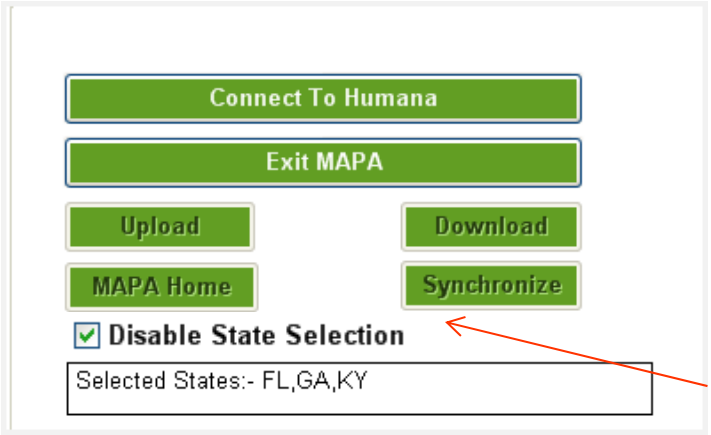
The first step for synchronizing, downloading and uploading information is to click **Connect to Humana**



Click on the **Connect to Humana** button,
Enter your **Agent Portal user ID and password**

Meca agents will their agent portal user ID and Password

Connect to Humana



State Selection:

If an agent is licensed in 6 or more states they must select the states they need during downloading.

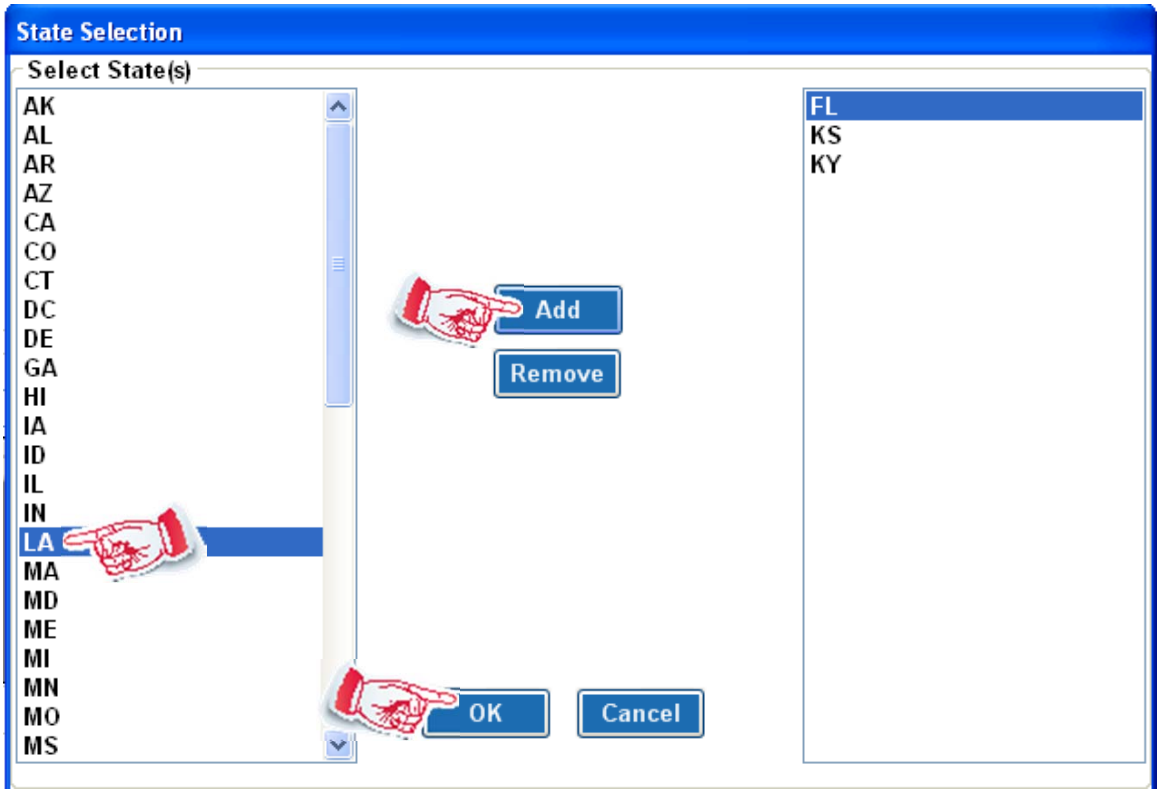
- Only 6 states can be downloaded at a time
- To save the state selections so they do not need to be selected at each down load - check the **Disable State Selection** box
- State selection must be completed with every download if the state selection is not disabled or the agent is licensed in less then 6 states
- The state must be download to receive plan data

Add selection:
Click on Connect to Humana

Click on state

Click Add

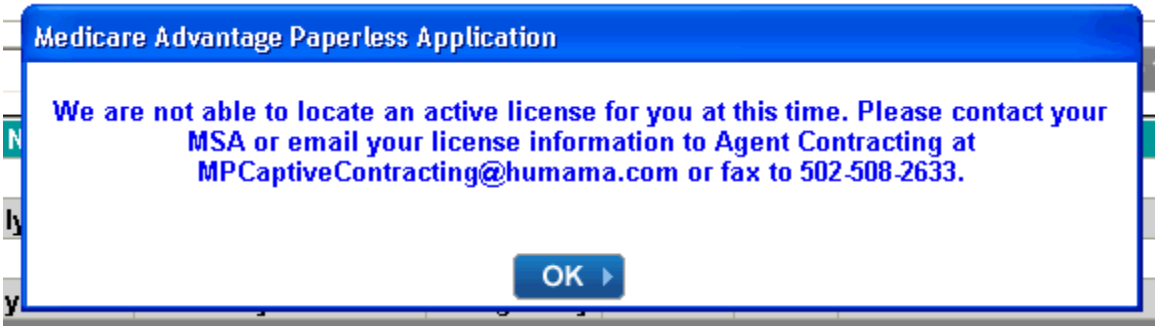
Once completed click OK



Connect to Humana cont.
Error Messages

In order to get plan data and the zip code tables you **MUST** have an active licenses listed in Solar. Without It you may get one of the error messages below

License information missing in Solar: you will receive the message below instructing you to call Agent contracting



Licensed for more than one territory but User Access is not updated

Error messages continued

There may be times when you try to **connect to Humana** an receive and error message.

What do the error messages mean?

If SOLAR is down or AXTA is down

"Unable to Connect to Humana at this time, Please try again later**."**

IF there is any timed out or SL is down

"SL or Login does not respond, Please try again later**"**

IF the password is incorrect

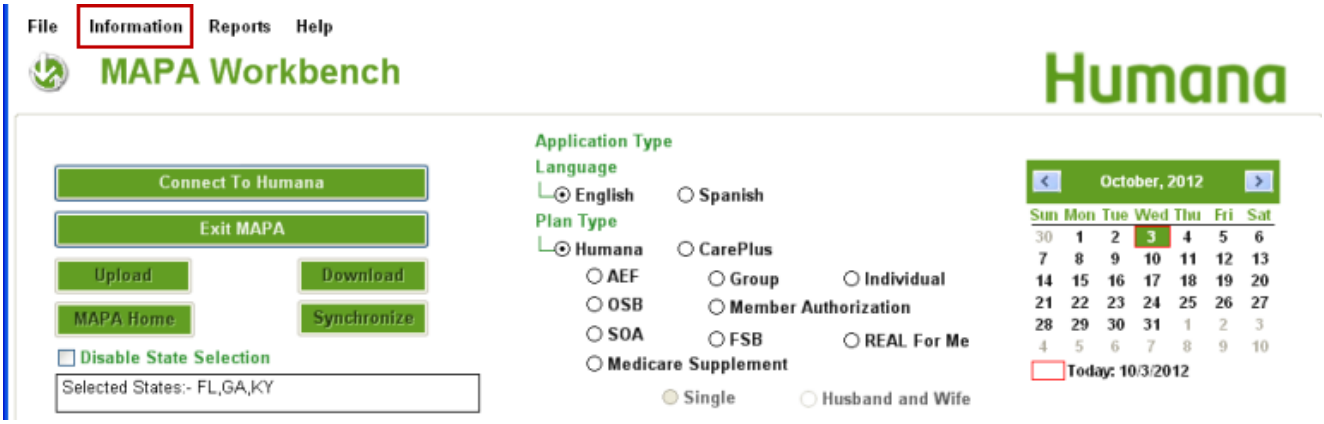
"Incorrect Password"

IF there is a license issue, but may be SOLAR is up and running

License message - "you are not licensed, appointed, certified, please contact ASU, MSA, etc, etc.

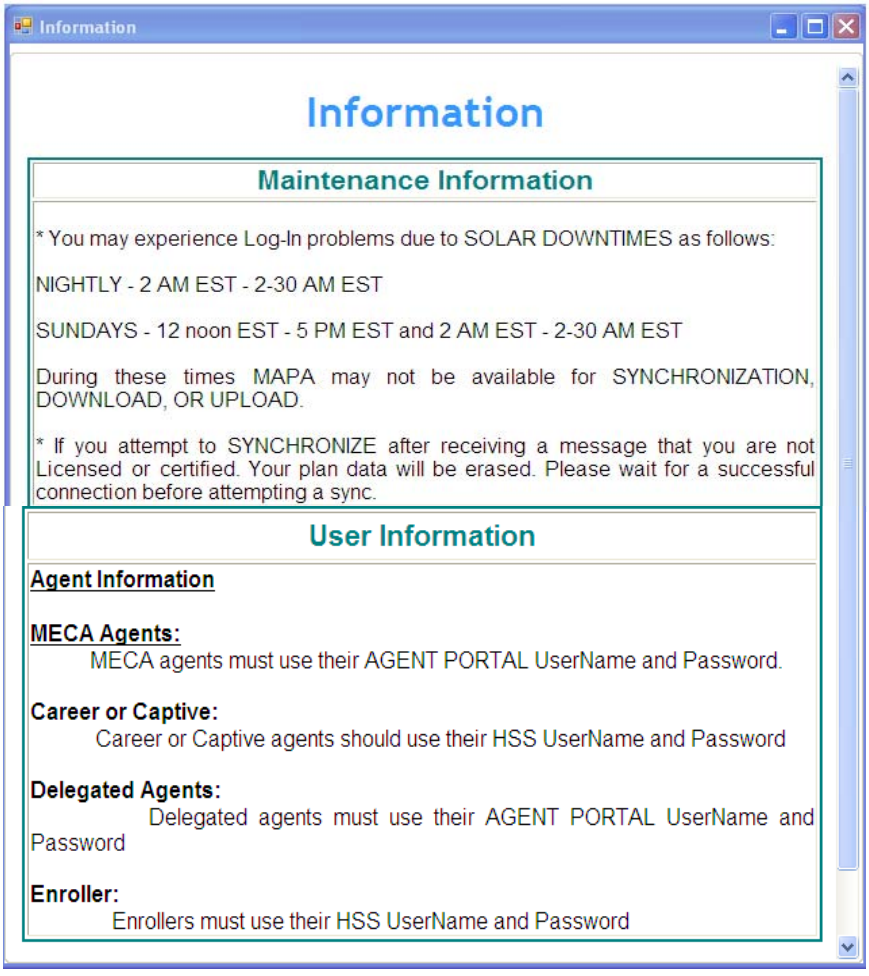
Error messages continued

To check system status when an error message is received
Click on **Information** from the MAPA landing page



Maintenance information will be listed

User information reviews which password should be used to connect to Humana

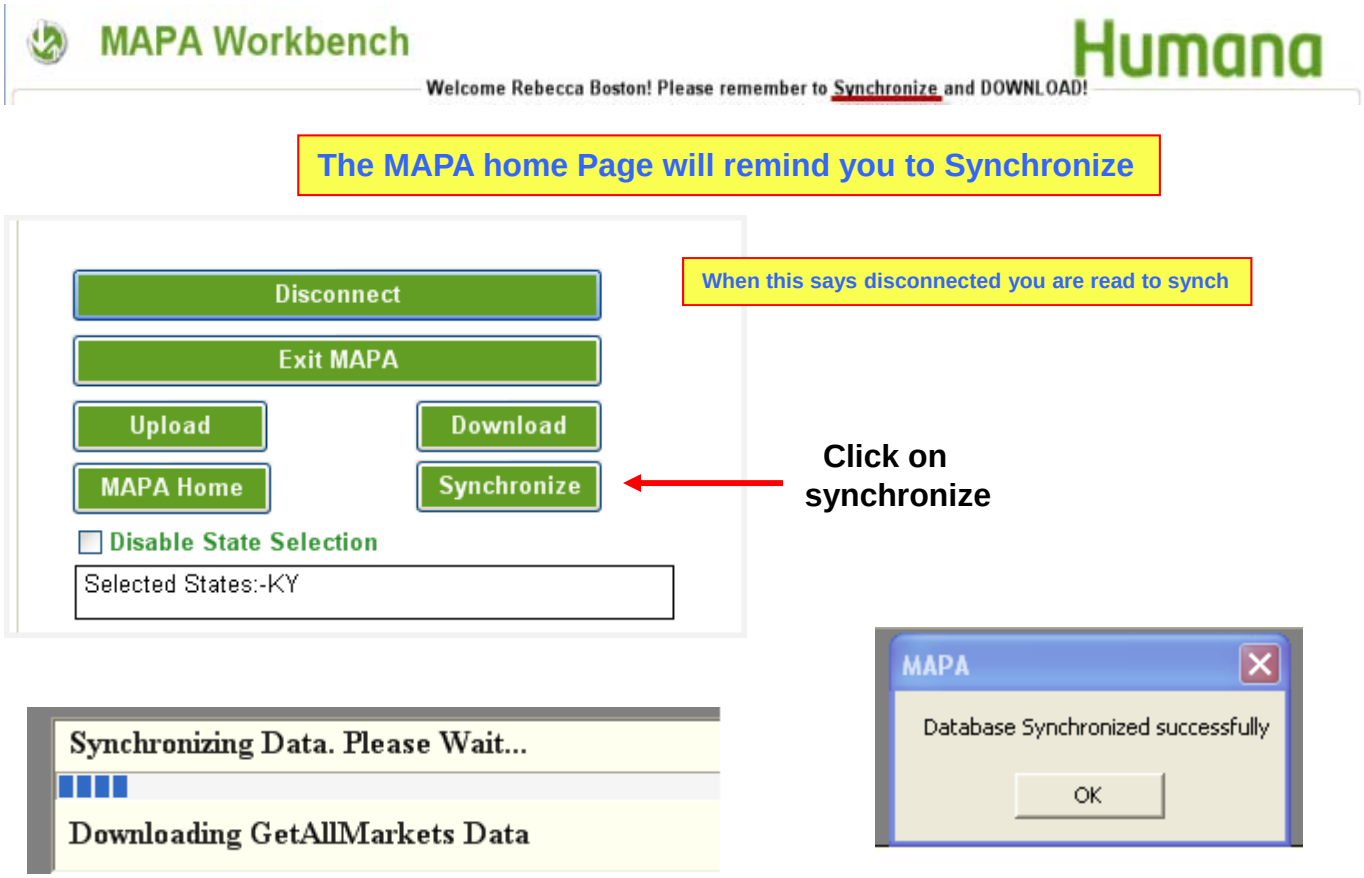


Synchronize

When to Synchronize:

- First time users need to update plan data and zip code tables before creating their first application.
- Any time operations sends an email advising of plan changes.
- Every Monday morning.
- To activate synchronize you need to first **Connect to Humana.**

It is very important to Synchronize before Downloading



You need to Synchronize plan data once a week.

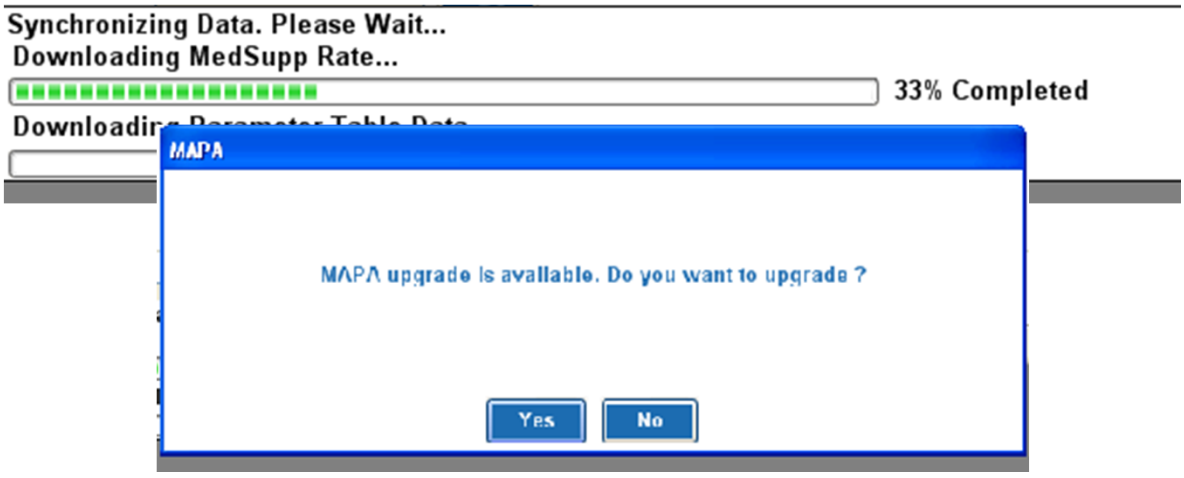
Synchronize

SyncOnce : Automatic MAPA version update

New MAPA versions will be pushed during the Synchronization step

- Connect to Humana
- Click synchronize
- Click YES do you want to upgrade

Meca agents - Agent portal User Id and password
Delegated agents - Agent portal User Id and password



SyncOnce will allow deferment of the download 3 times

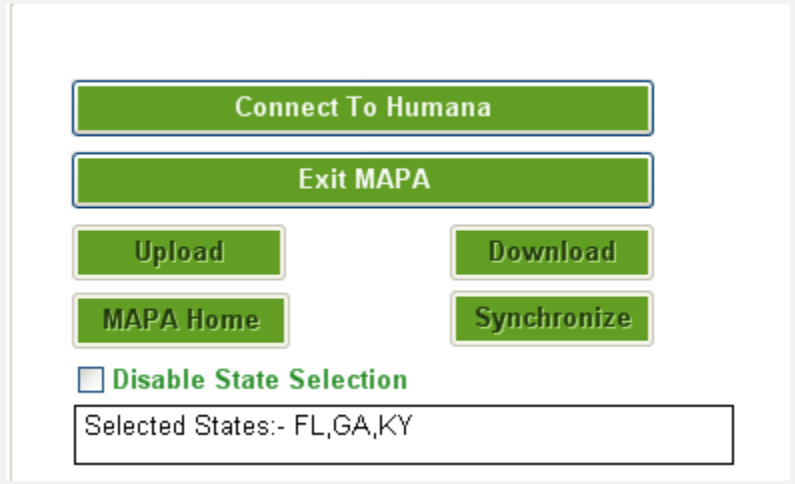
During the 4th synchronization the system will automatically Install the new version

Download

To activate **Download** you need to first **Connect to Humana**

Downloading will insure that all the plan data listed is correct.

You must download everyday



Click on Connect to Humana

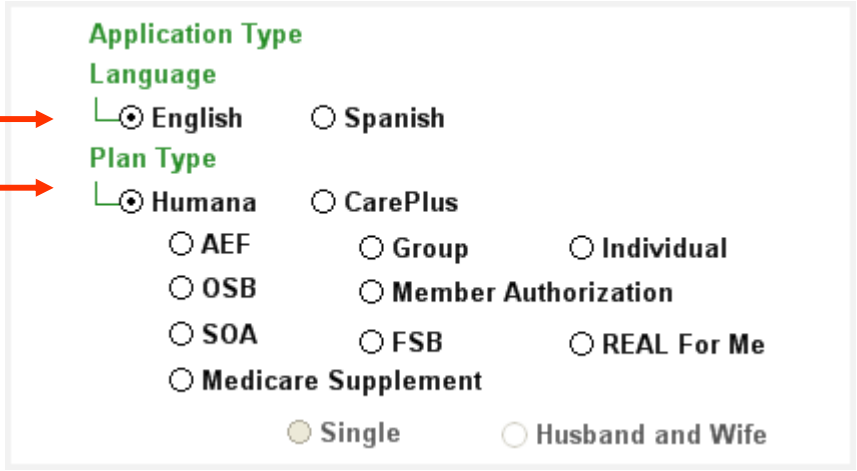
Meca agents - Agent portal User ID and password
Delegated agents - Agent portal User ID and password

Once you enter your User ID and password and connect to Humana the download option will activate

Creating an Application

To create an application:

Select – Language
Plan Type
Application Type



Types of Applications:

AEF – Abbreviated Enrollment Form - use this application only when your member is making a plan to plan change (the contract numbers will be the same)

OSB – Optional Supplemental Benefits – use this application when you are enrolling a member in an OSB after you have uploaded the original application and before the 30 day window

SOA – Scope of Appointment – use application when you have an extra person at your appointment, your member wants a different presentation or you are creating a future appt.

FSB – Free Standing Benefits – use this application to enroll someone in the dental or vision plan that is not tied to the Medicare plans.

Individual - use this application for your basic MA enrollments

Group – use this application only for members that are associated with the groups you are eligible to write.

Medicare Supplement – use this app for all med supp products – not all states are allowed to submit electronically at this time

Member Authorization – this form is used to give Humana the permission to contact a Medicare member about other products

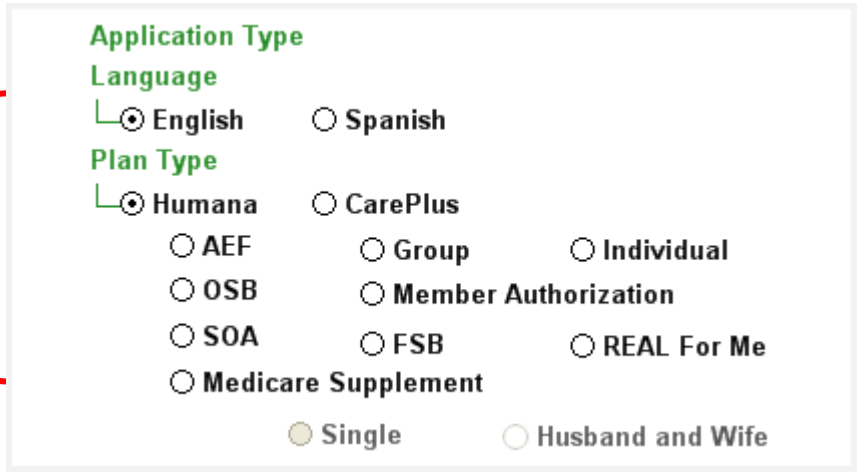
Real for Me – This application is used to request Real powered by Humana news and updates also to request a free copy of Retirement for Dummies and Well Being for Dummies

Creating an Application

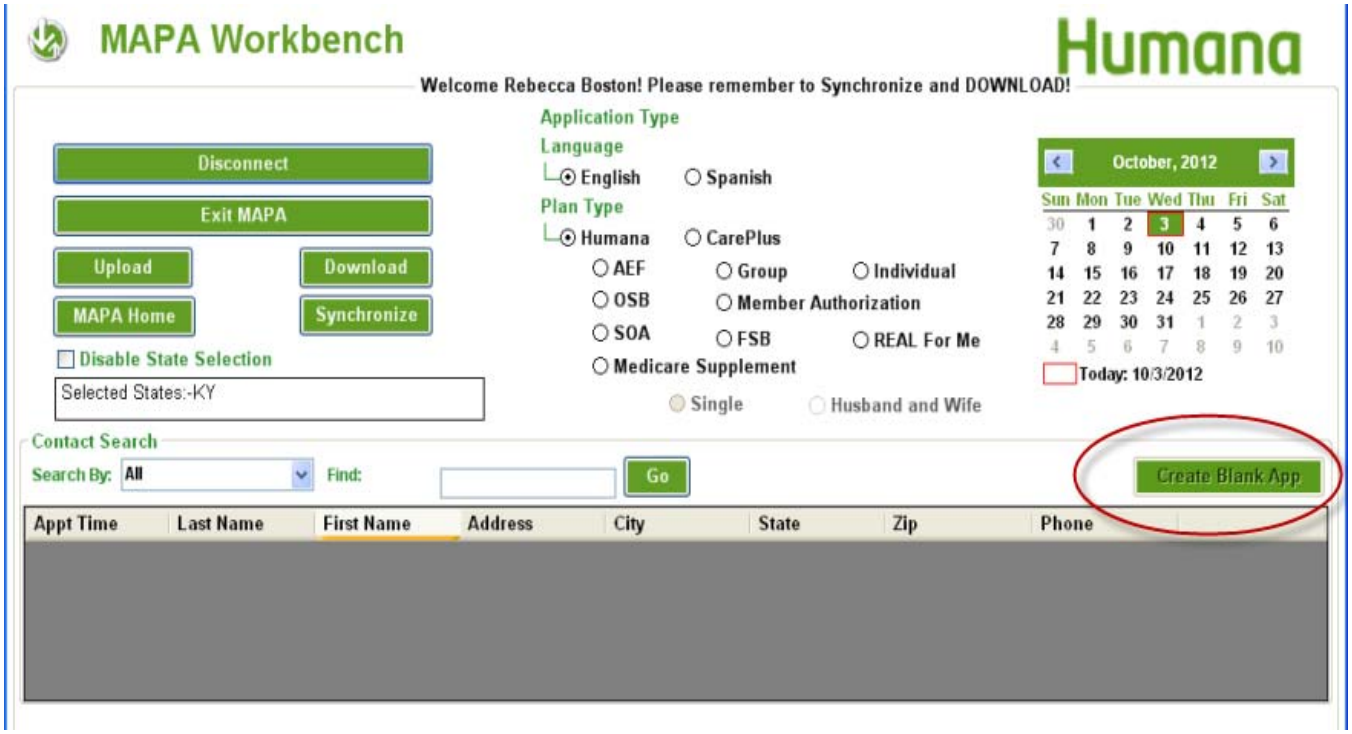
To create an application:

Select – Language
Plan Type
Application Type

then



Click on **Create Blank Application.**



Scope of Appointment

In conducting marketing activities and MA or part D plan sponsor may not market any health care product during a marketing appointment beyond the **Scope of Appointment** agreed upon by the beneficiary and documented by the plan, **prior to the appointment.** Distinct lines of plan business include Medigap, MA and PDP products.

If another type of Medicare product needs to be discussed at the request of the beneficiary, during your appointment a **second scope of appointment** form must be completed. At this time you can **use the SOA form located on the MAPA workbench page.**

Remember:

1) A beneficiary can not agree to the scope over the phone (unless it is recorded) and then sign the form at the beginning of the sales appointment.

2) When using the paper scope of appointment form, it must be completed and returned prior to the appointment.

EFFECTIVE IMMEDIATELY - if an agent can not execute a SOA in advance of the appointment and must have the beneficiary sign the SOA at the start of the appointment, the agent must also note on the front of the SOA form the reason why. The note must be initialed and dated by the agent.

3) A beneficiary may sign a scope of appointment form at a marketing presentation for a follow up appointment. Use the SOA on the MAPA workbench

The 48 hr rule will not apply at this time

4) In the instance where a beneficiary visits a plan sponsor or agent office on his/her own accord the plan sponsor or agent should complete a scope of appointment form and secure the beneficiary's signature prior to discussing any plans. Use the SOA on the MAPA workbench.

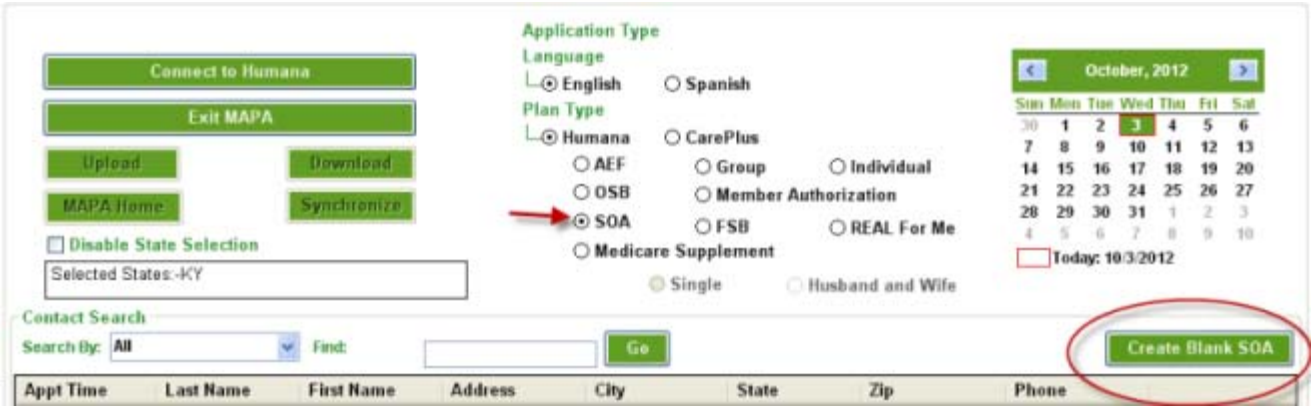
The 48 hr rule will not apply at this time.

5) During an in home appointment a Scope of Appointment is needed for everyone interested in the plan.

If a paper scope of appointment is completed while in the field it must be returned to the market immediately so it can be scanned. SOAs are kept on filed for 10 yrs

Scope of Appointment

To create an **SOA** for a **new** beneficiary click the **Create Blank SOA.**



- The scope of appointment can not be fully completed until the appointment is completed.

- The scope of appointment will remain on the MAPA Main page until the agent logs back in and updates the form with the status of the appointment. If the application iscompleted from the SOA, the information will update automatically

- Once the information is added the application will send with the next upload

Scope of Appointment

The SOA is in "*pending application*" status and does not upload until the following is true

If the application **is not completed** from the Scope of Appointment:

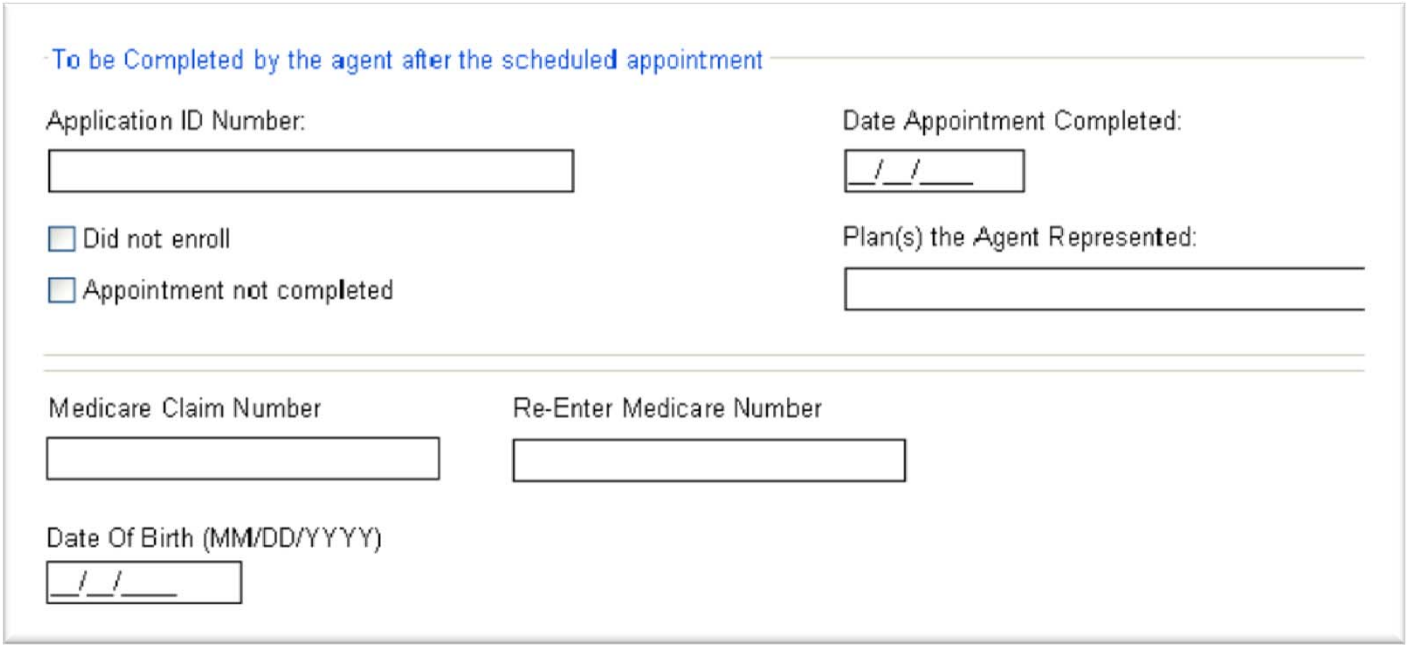
The agent will log back into the system and add:

Application ID
Date Appointment completed
Plans agent represented

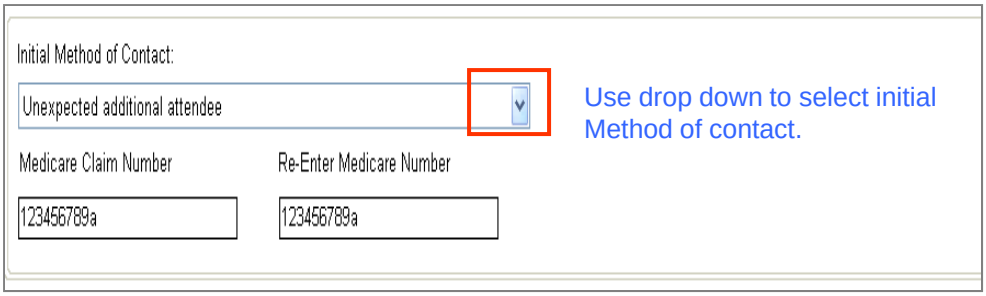
If the application **is created** from the Scope of Appointment the appointment information will pre fill into the completed scope

Application ID
Date Appointment completed
Plans agent represented
Date of Birth
Medicare ID number

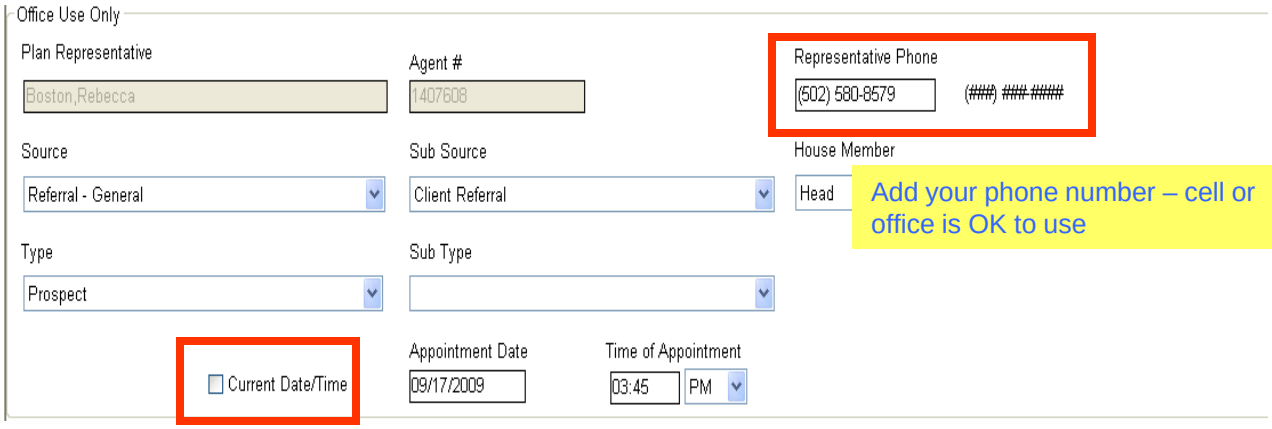
When these fields are completed the Medicare ID and Date of Birth become required



Scope of Appointment



In MAPA you have the **OTHER** option for why an SOA was not completed **prior** to the appointment. Please use this option and enter the reason in the text field provided for why you could not execute the SOA in advance of the appointment. Your signature on the review and sign page will be sufficient for meeting the initial and date requirement stated above.



Check **Current Date /Time** if you are creating an SOA at the same time you are going to present.

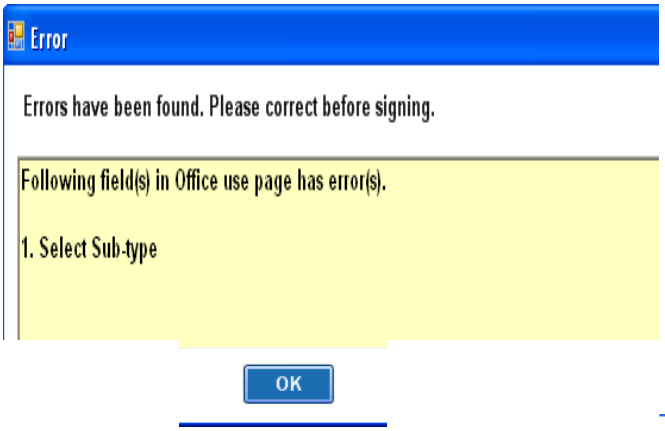
When creating a SOA for **future appointment** enter the date and time of the appointment.

If Scope is for follow-up appointment, MAPA will not allow user to schedule prior to 48hrs out from current date/time.

Click **Save** when all the information is completed – then **Review and Sign**

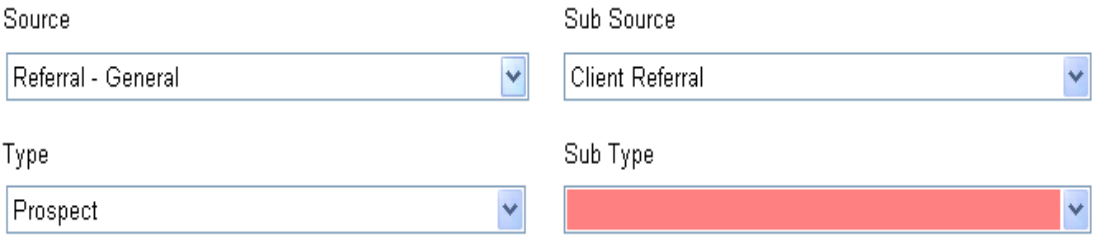
Scope of Appointment

Review and Sign

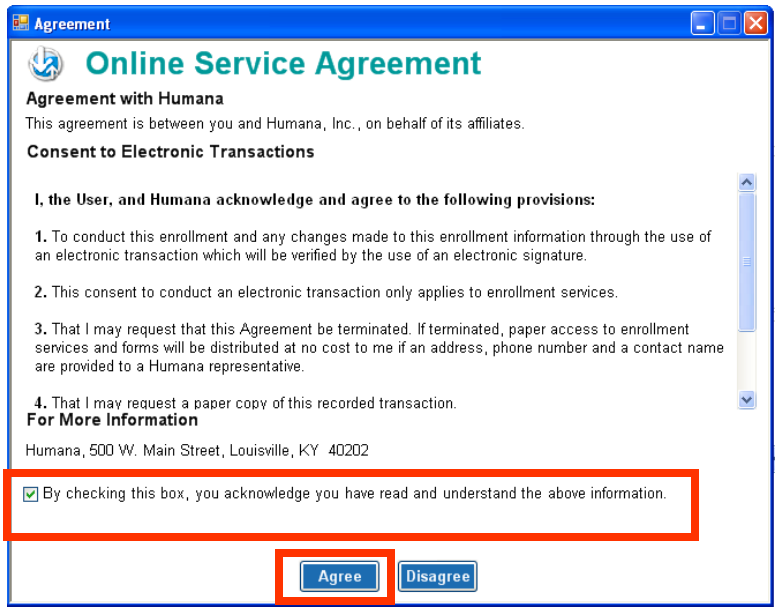


Error page will appear if any required fields have been left blank – click OK

The fields that need to be corrected will show up in Red – correct it and save again



Once errors are corrected click **Review and Sign**

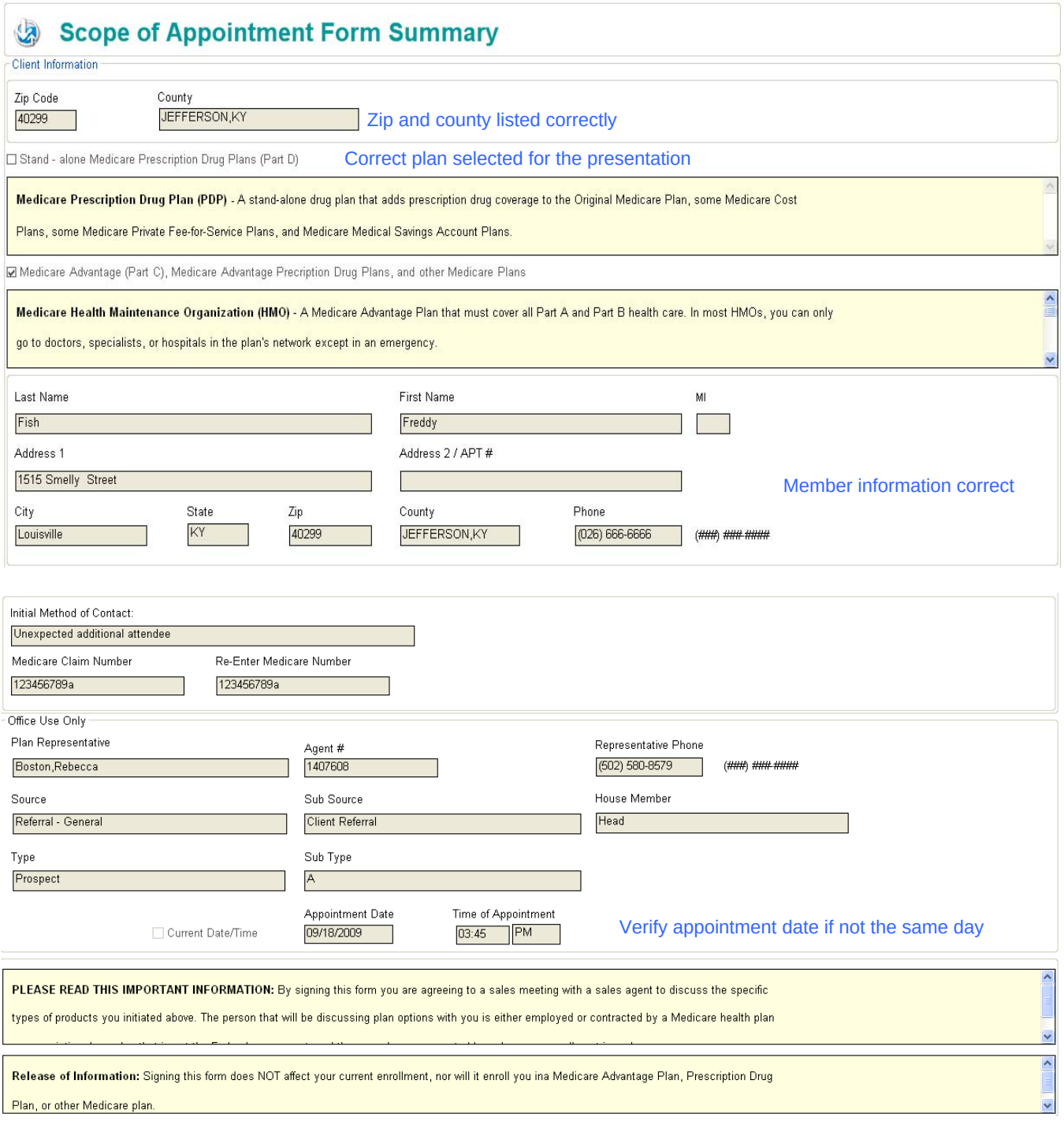


Read the Service Agreement to the client and put a check mark in the **Acknowledgment Box.**

Click **Agree**

Scope of Appointment Form Summary

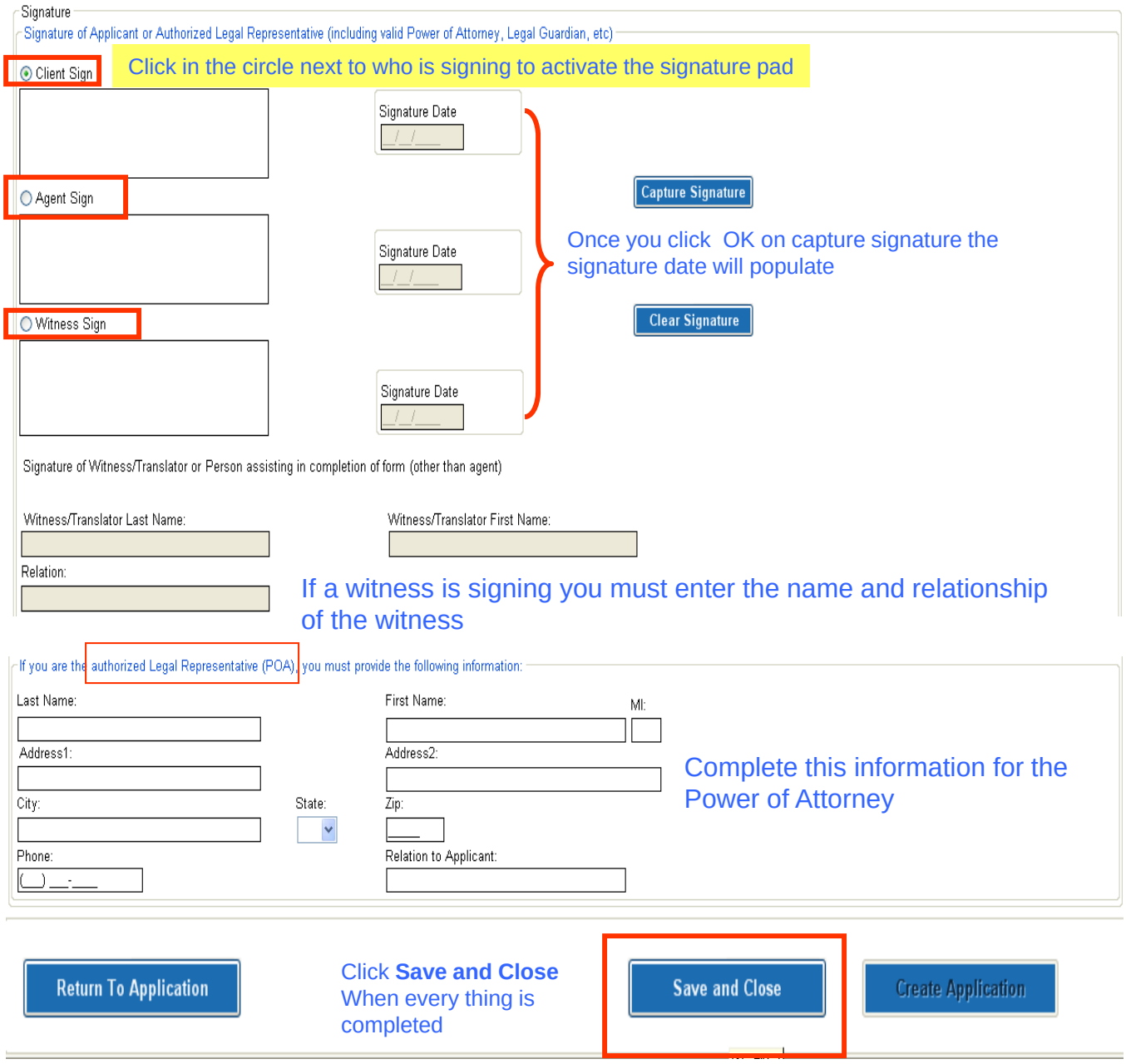
Once you click Review and Sign, go over the completed SOA to make sure all the Information is listed correctly



Scope of Appointment Form Summary

Sign the application

Note – you the agent must sign the SOA



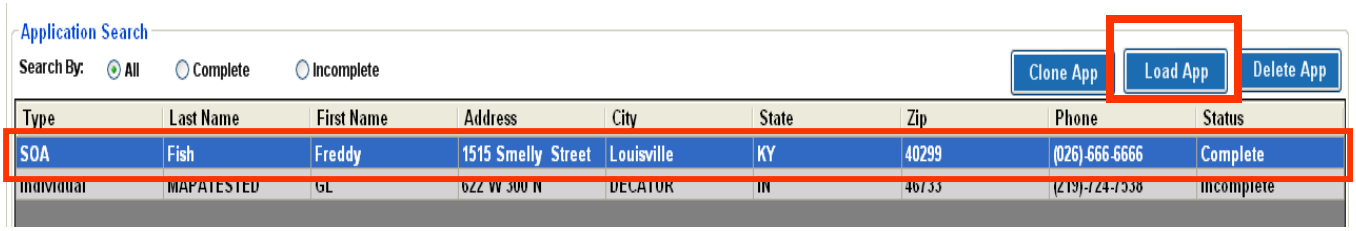
Sales agents are not permitted to sign the enrollee's name for them!! This is the equivalent to forging their signature.

Scope of Appointment - reload to create application

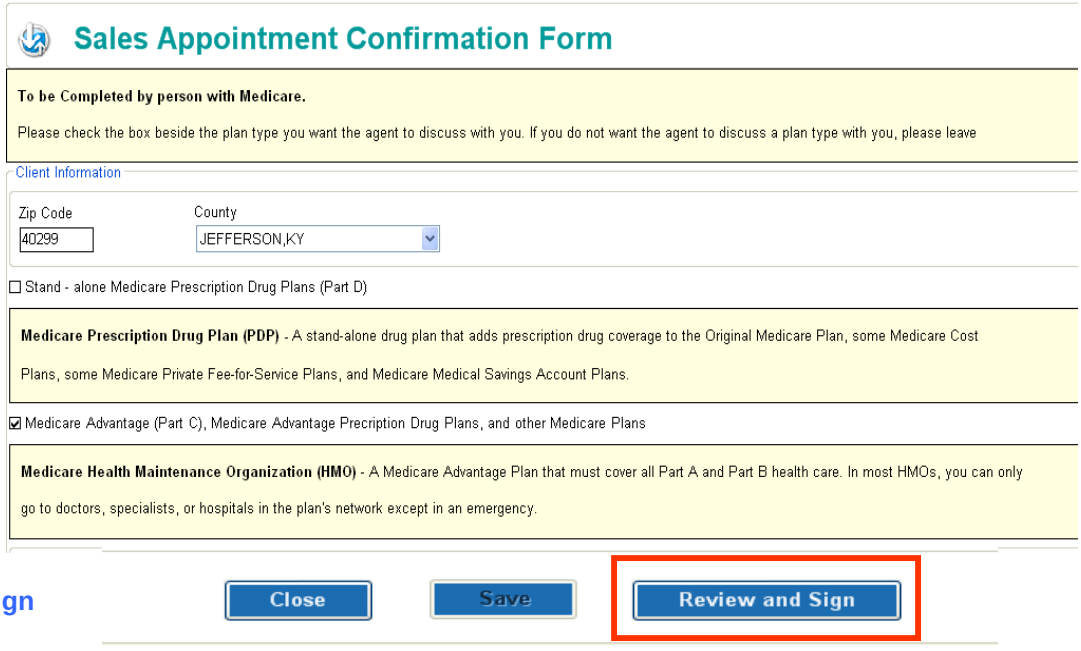
Once you have **completed** the **presentation** and the beneficiary has decided to **purchase** the **plan** the agent needs to **reload the SOA** and create that application from there. This will make sure the SOA is tied to the application.

Reload the SOA

From the **MAPA workbench** page click on the application you need to reload. Once highlighted click **Load APP**



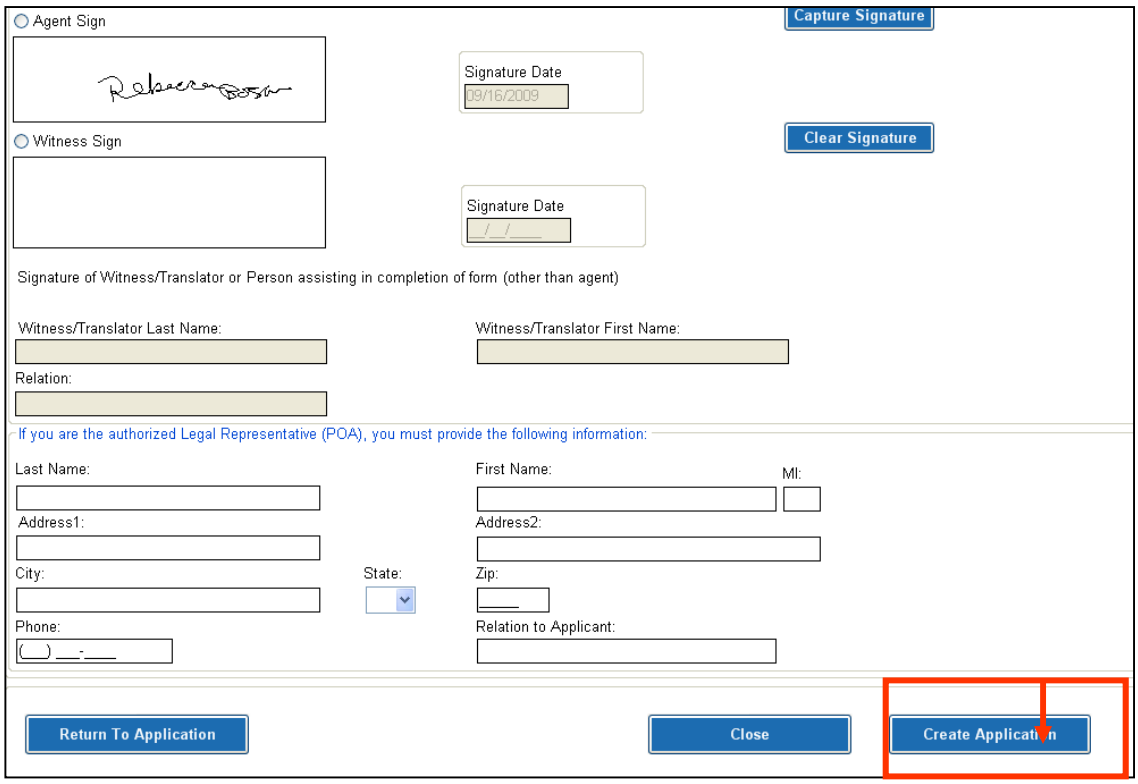
The SOA will open on the main page



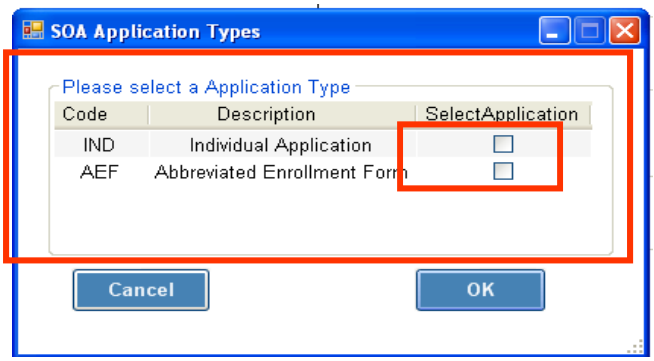
Scroll to the bottom and Click on **Review and Sign**

Scope of Appointment reload to create application

Once you click Review and Sign the application will **open to the signed page** scroll to the bottom and click on the **Create Application** button



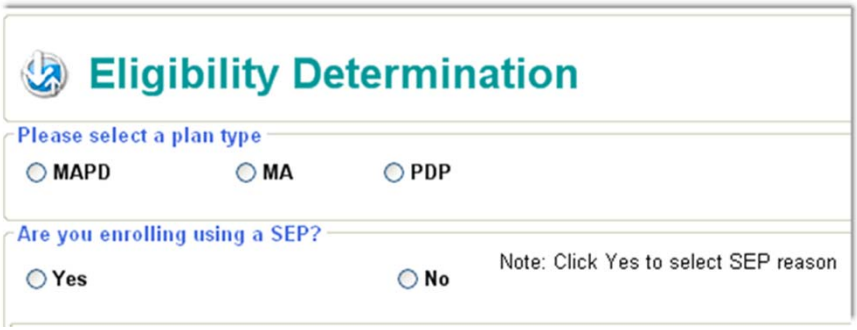
The Application Types box will appear – select the correct application then click OK



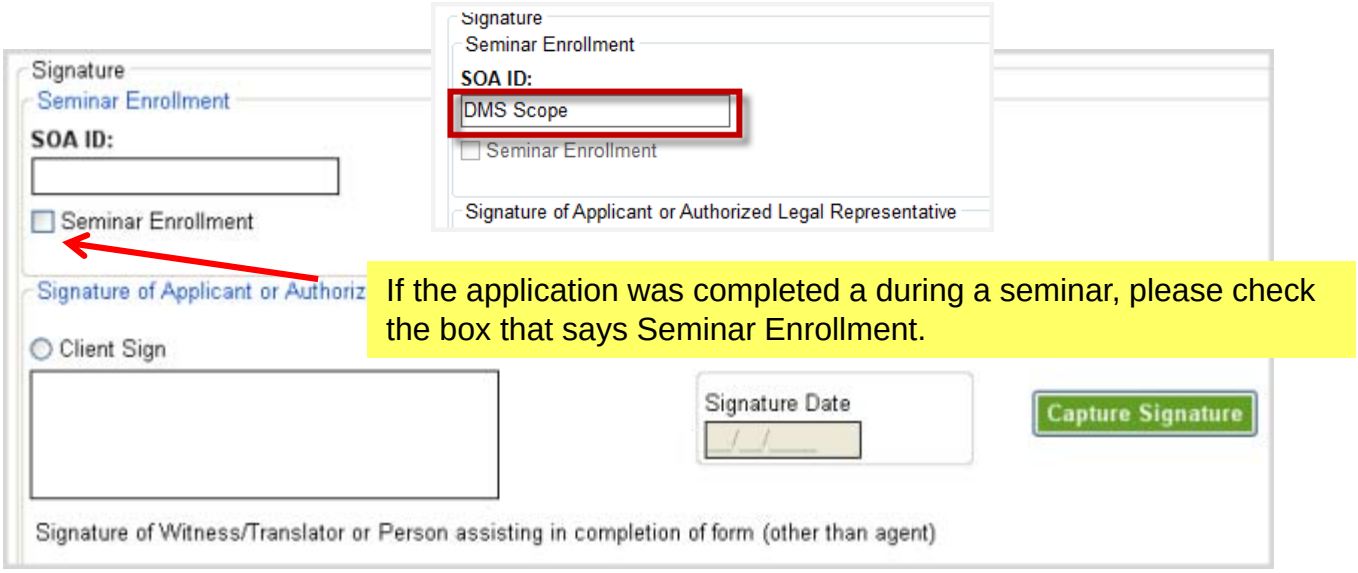
The application will open to the Eligibility Determination Page

Scope of Appointment reload to create application

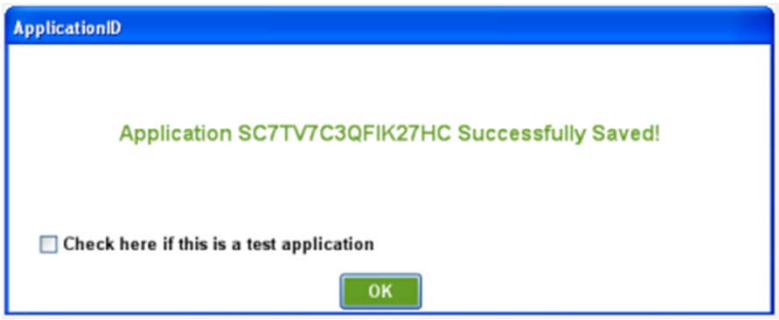
Complete the Application



If you received a **DMS lead** that HAS an **SOA** with it, please enter "**DMS Scope**" in that box



If the application was completed a during a seminar, please check the box that says Seminar Enrollment.



A **Test application box** has been added to all applications.

Check marking this box will keep the application from fully uploading

The Test application will appear in your application list until you complete an upload process at which time it will be removed

Scope of Appointment

Below are situations that will help you with the SOA process so that they know WHEN to make manual corrections/changes/updates for current those appointments left active in CDS

Scenario 1:

Creating SOA from existing CDS contact - Not Scheduled/Not on Calendar
Creating SOA from Existing Contact with Application - NOT on calendar:
Upon UPLOAD - MAPA will create a DONE appointment on the date and time as specified in the Scope of appointment form. An activity will be created that links to the SOA. Policy will link to SOA
Creating SOA without Application from exisiting contact:
Upon Upload, MAPA will create an ACTIVE appointment as specfied on the SOA form with link to SOA data.

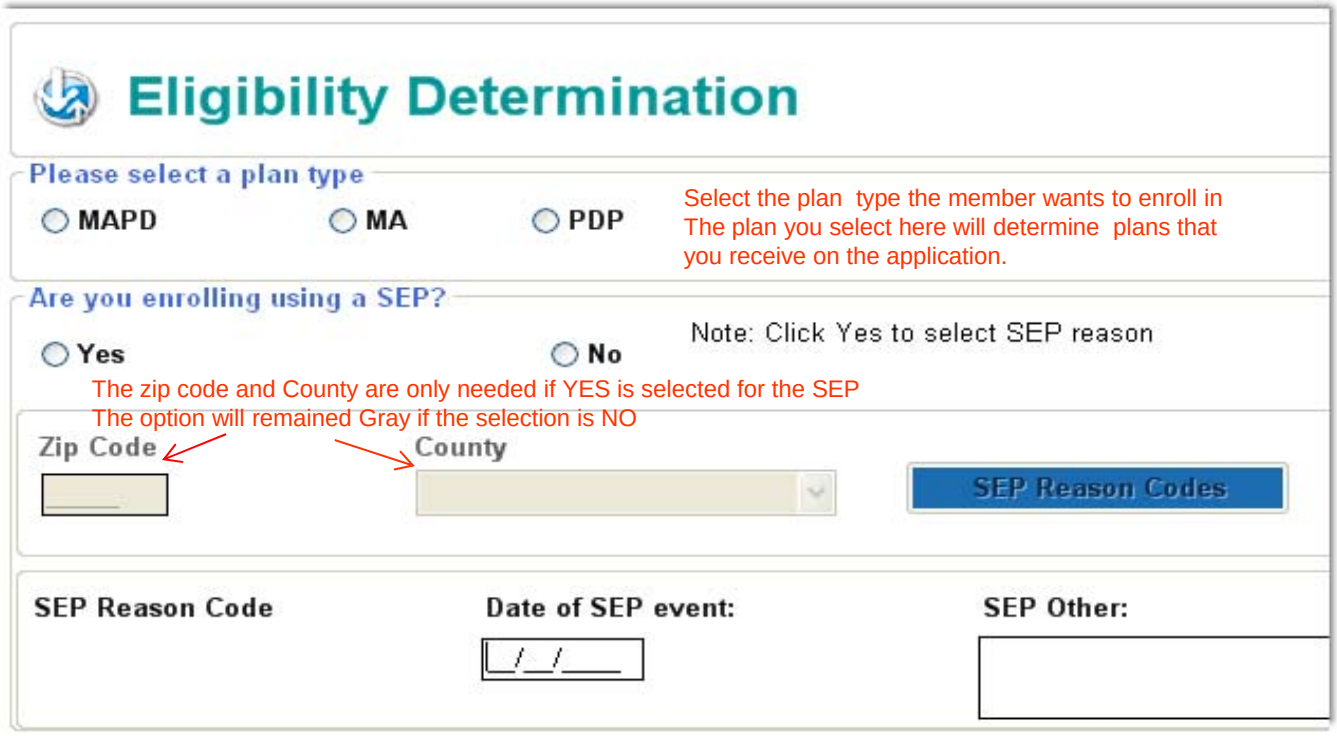
Scenario 2:

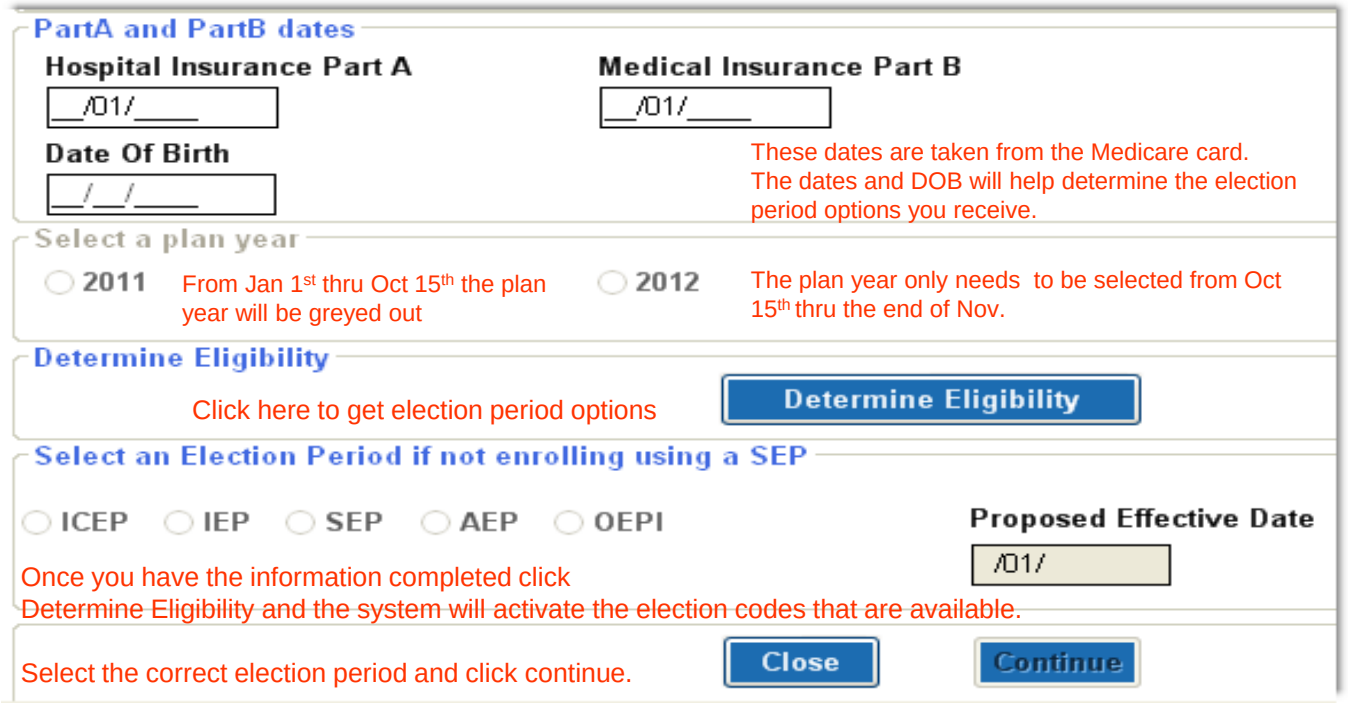
Downloading contact from CDS - ON calendar
Creating SOA with Application from existing contact ON calendar:
Upon UPLOAD, MAPA will create DONE appointment on the Date/Time as specified in the SOA form. MAPA will create an activity link and policy link to the SOA form. The ORIGINAL APPOINTMENT WILL BE LEFT ACTIVE WITH NO UPDATES. ONLY NEW INFORMATION WILL BE INSERTED.
Creating SOA without Application from existing contact ON calendar:
Upon UPLOAD, MAPA will create an ACTIVE appointment as specified in the SOA form. MAPA will create link to SOA data in CDS. THE ORIGINAL APPOINTMENT WILL BE LEFT ACTIVE WITH NO UPDATES. ONLY NEW INFORMATION WILL BE INSERTED.

Scenario 3:

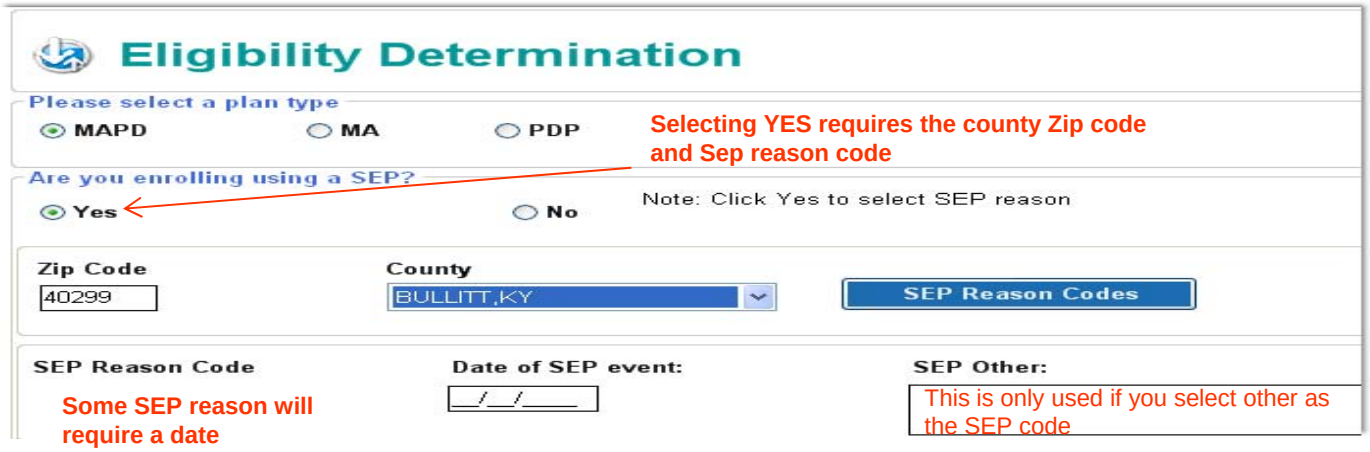
Creating a BLANK SOA form - not created from any exisiting contact.
Creating BLANK SOA with Application:
Upon UPLOAD, MAPA will create a DONE Appointment on the date and time as specified in the SOA form. MAPA will create an activity link to SOA, policy link to SOA
Creating BLANK SOA without an Application:
Upon UPLOAD, MAPA will create an ACTIVE appointment as specified in the SOA form with link to SOA data in CDS.

Eligibility Determination – Individual Application



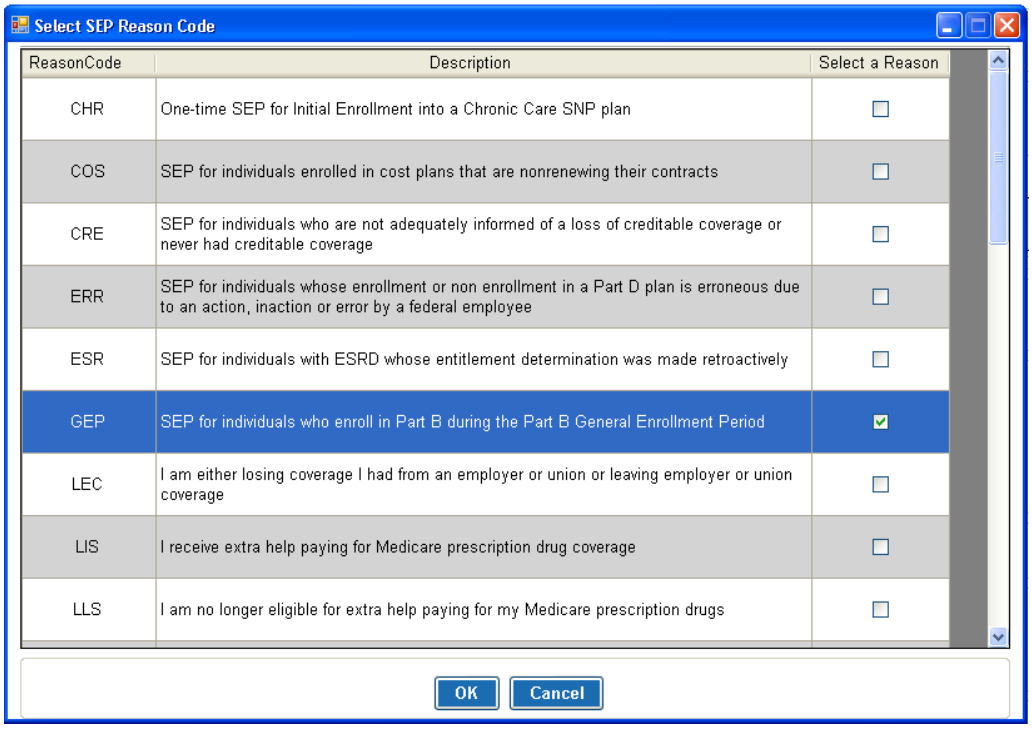


Eligibility Determination – Individual Application

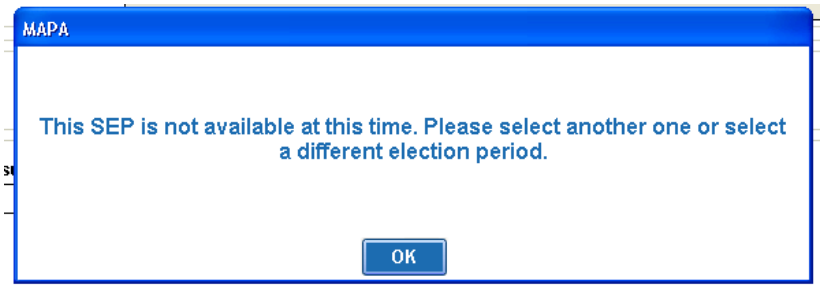


If **SEP** is the election period you must select The reason for the SEP

Note: Only use other as a last resort option for the SEP selection



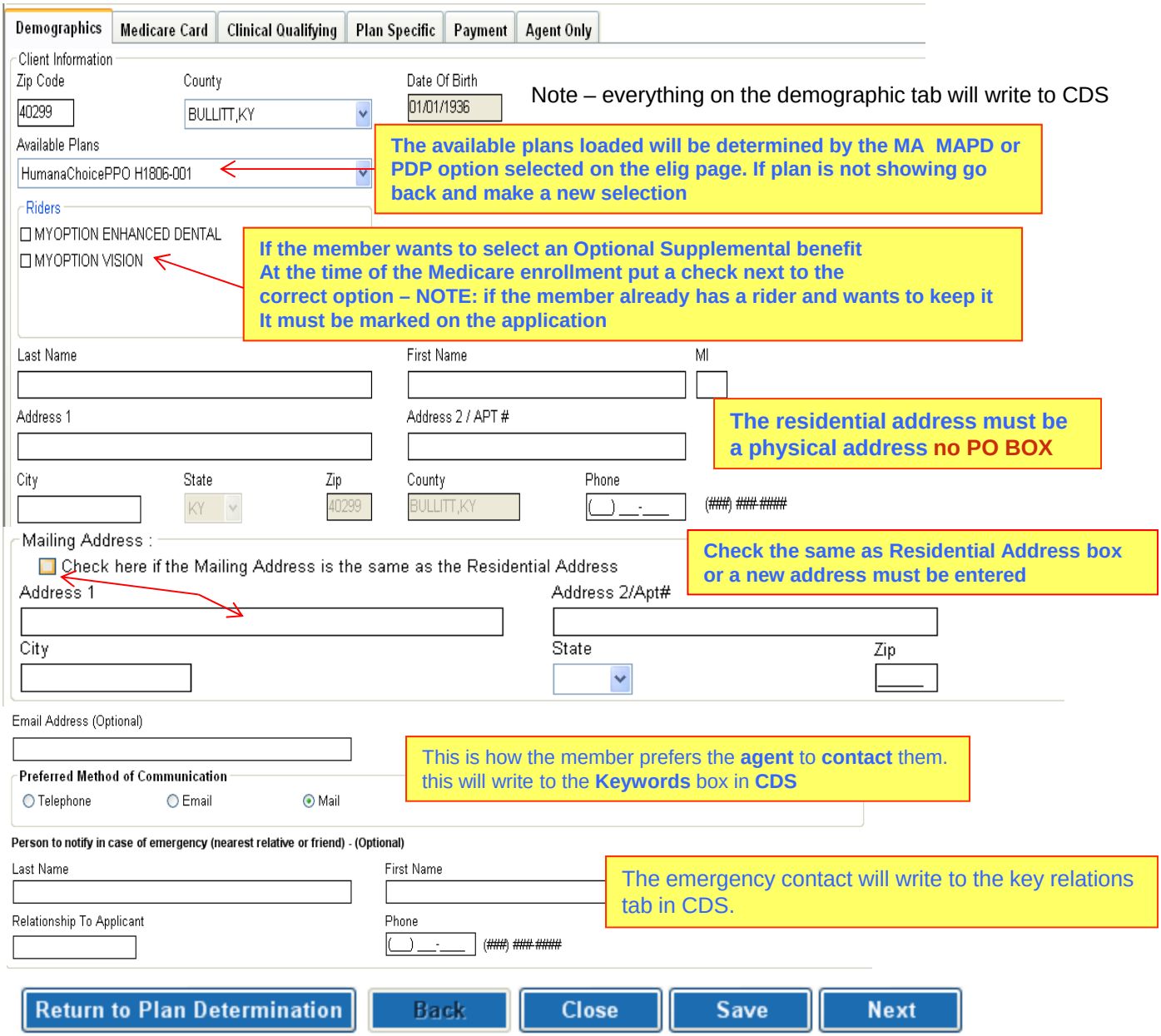
If you select a reason code that is not available for this time period the system will tell you the SEP is not available and to select about election period



Demographic Tab – Individual Application

Complete the client's **Demographic** information for this section of the application. Some fields will not allow data entry; the data is tied to choices made during the process and can not be changed.

- Enter the **Zip Code** – this will activate the County field.
- Using the drop down, select the **County** – this will activate the Available Plans.
- Using the drop down in **Available Plans** select the plan option.
- if a **Rider** is available it will show up – to select click in the box next to the one you want

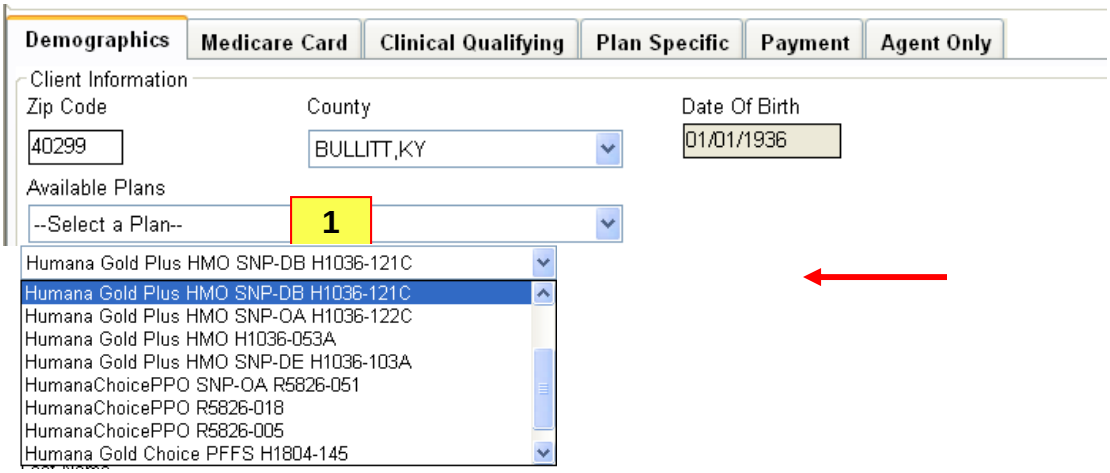


Once each section is completed, you can change pages by clicking the **Next** button or use the **tabs** located at the top of the page.

Demographic Tab – Individual Application

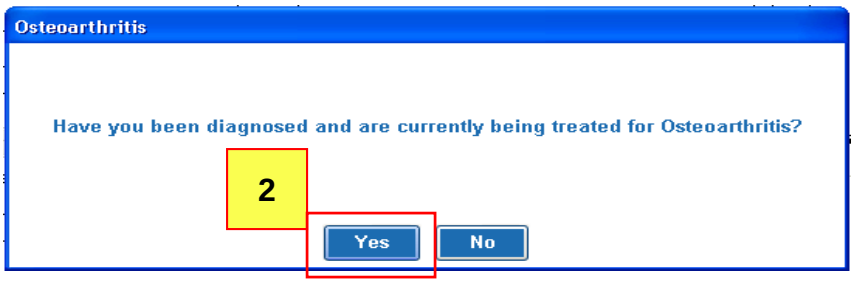
Chronic Care Special Needs Plan

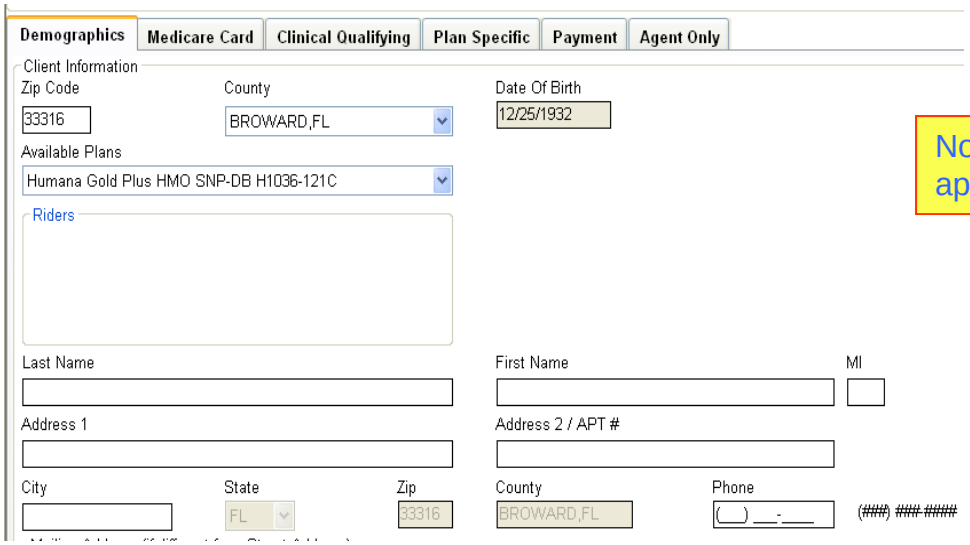
1 - Use the drop down arrow under Available plans and select the plan



HMO SNP-OA : is for Osteoarthritis
HMO SNP-DB : is for Diabetes

2 - You must answer **yes** to this question or you are **not eligible** to enroll in the SNP plan





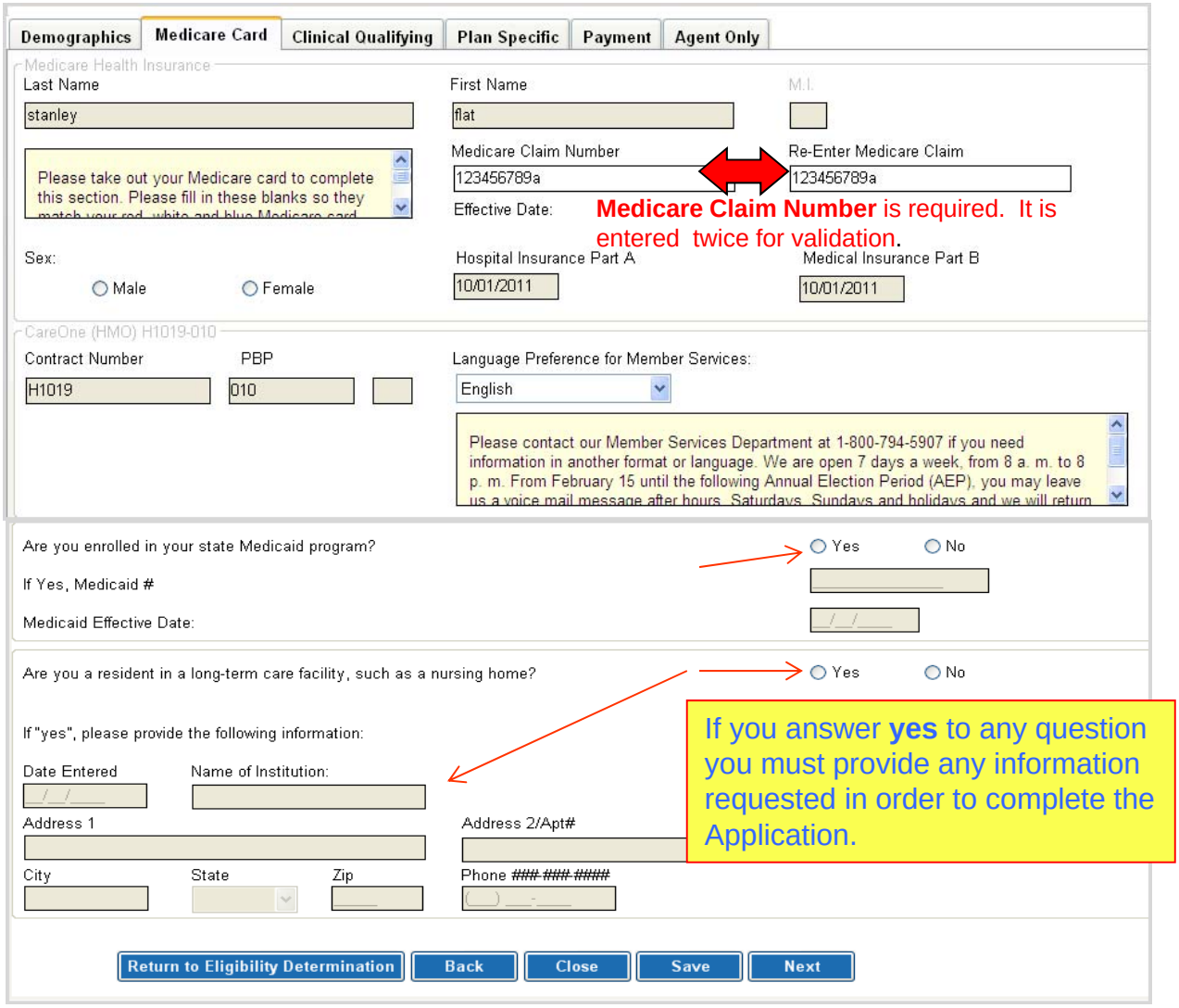
Now complete the application

Medicare Card Tab: Individual Application

This section is requires the client's **Medicare** information. Complete the individual's Medicare information as it appears on the Medicare card. Some fields will not allow data entry unless their section requires information.

If the client does not have Medicaid, you would leave the choice as 'No'. You would not be able to enter information into the Medicaid # box unless you selected 'Yes' as the answer to the Medicaid question.

***Note:** For nursing home, if yes, **Date** refers to the date the client entered the facility.*



Note – the language preference will write to the Smart Pad in CDS.
- the part A and B dates, Medicare effective date will write to the Benefits tab under policies.

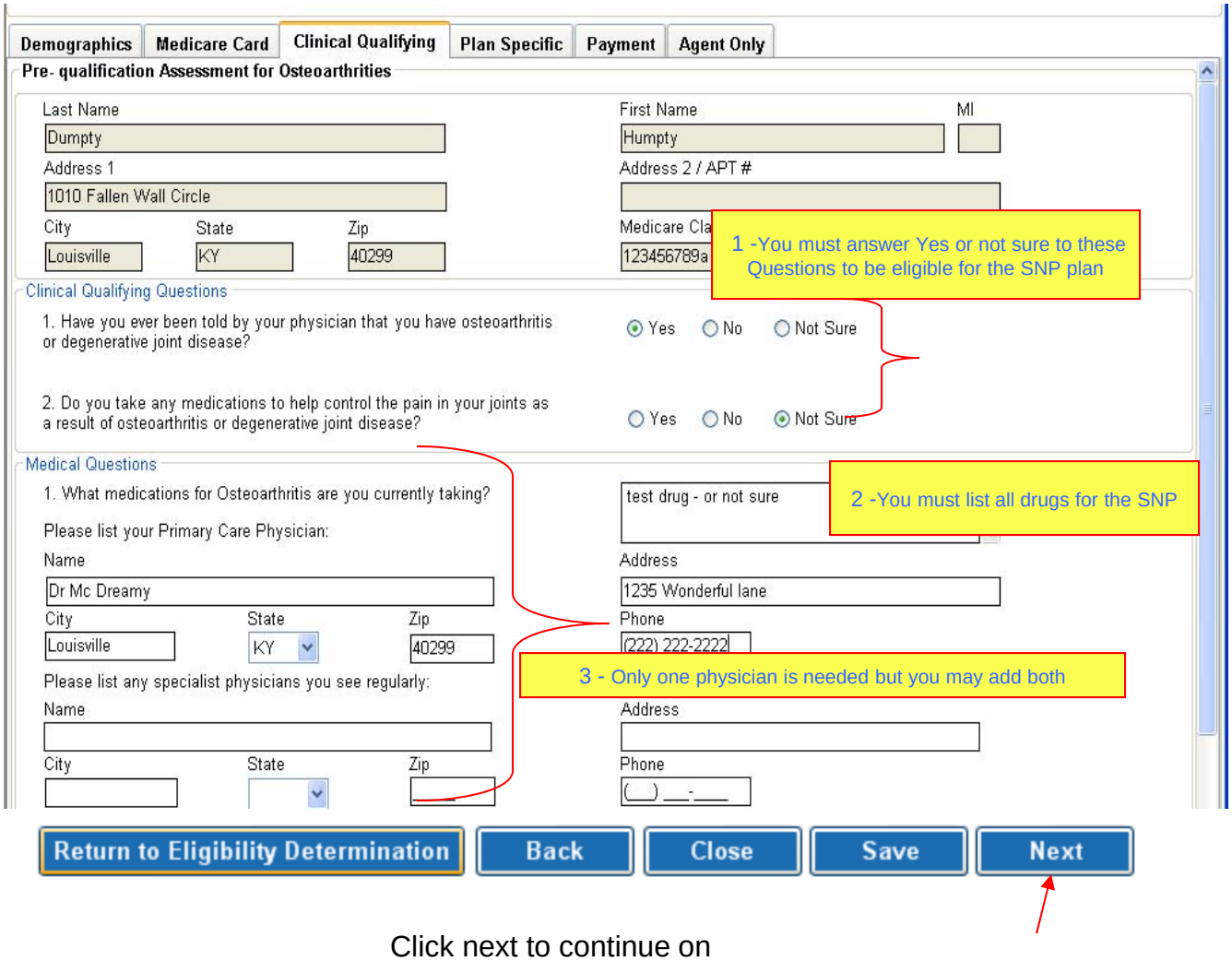
Clinical Qualifying tab – Individual Application

This tab will only open if you selected a Special Needs Plan on the Demographic Tab.

1 - Qualifying questions – you must answer **yes** or **not sure** to qualify for the plan.

2 - Medical questions - You must enter any drugs that the member is taking for the special needs illness.

3 - Physicians – you must enter either the primary care physician or the specialist – it is ok to have both but not necessary.



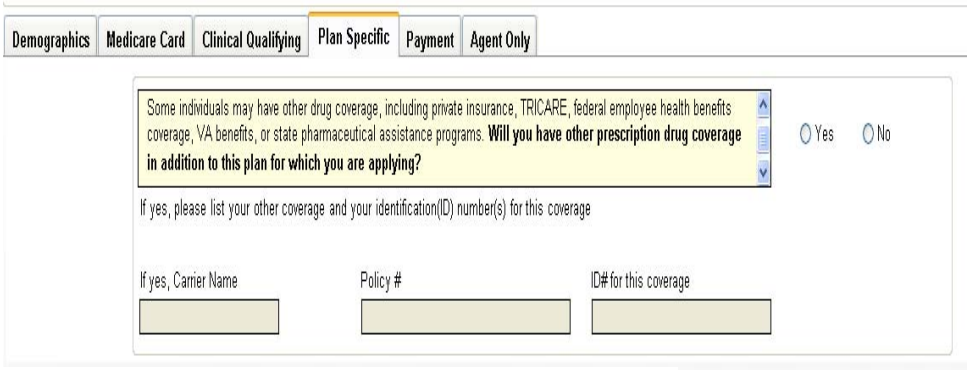
Click next to continue on

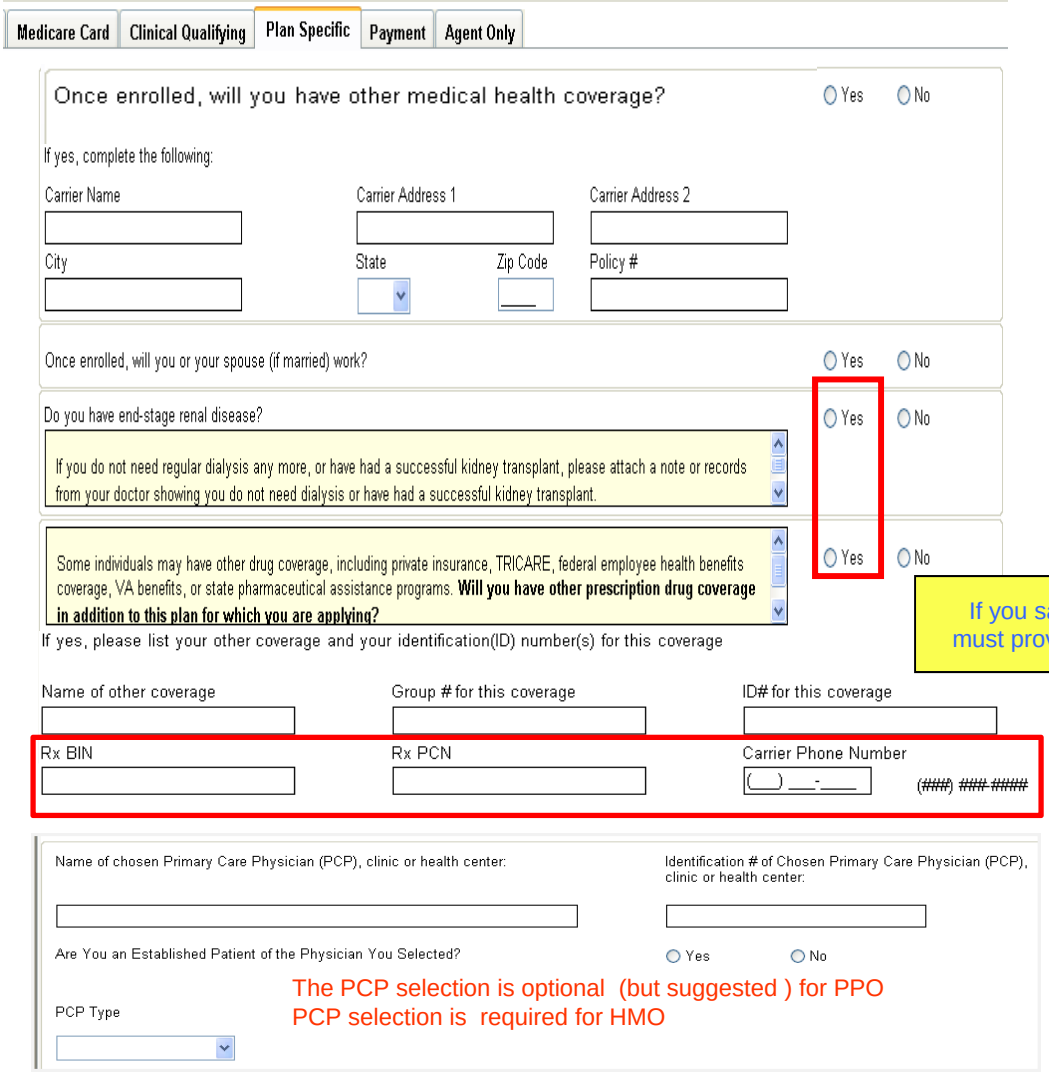
Plan Specific Tab: Individual Application

This section is requesting information for the particular **plan** the client has selected.

With the numerous plans, the specific options for each will look different on the screen.

For example, the **PDP** form to the right asks if the client has prescription drug coverage. You would not be able to enter Carrier information unless you selected 'Yes' as the answer to the question.





The **PPO** plan to the left will ask about group health coverage, end-stage renal disease and additional prescription drug coverage.

Again, changes to future plans will cause this section to change as needed.

If you say **YES** to any question you must provide the additional information

RX BIN,RXPCN, Carrier Phone – optional fields.

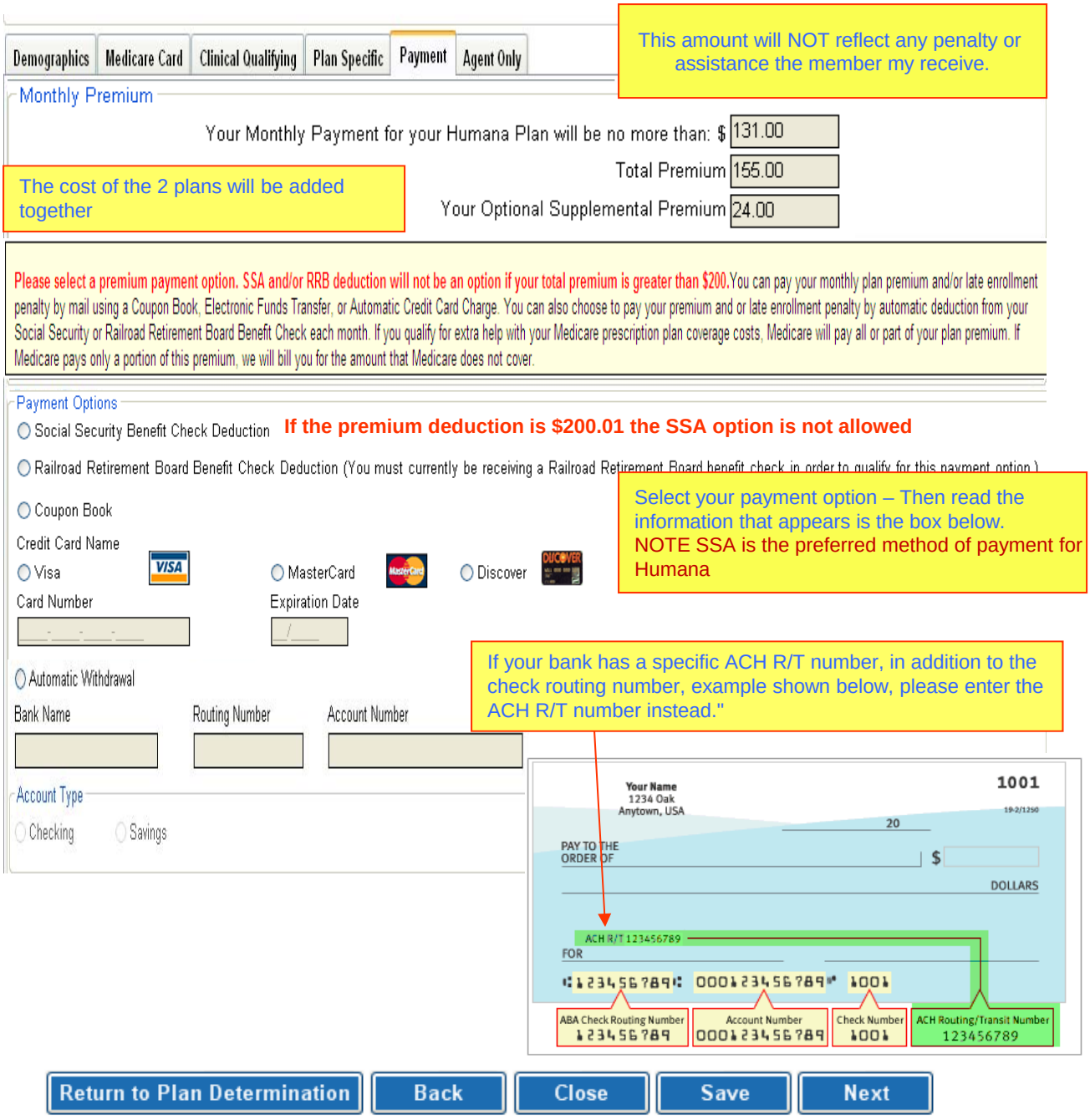
The PCP selection is optional (but suggested) for PPO
PCP selection is required for HMO

Payment Tab –Individual Application

*If the plan selected does not have a premium amount a payment option still **must** be selected in case there is a penalty added to the plan*

This section is requesting information on how plan **payments** will be handled. Select the appropriate **Payment Option** and continue to the next section.

You must have the same payment option for both the Humana plan and the rider

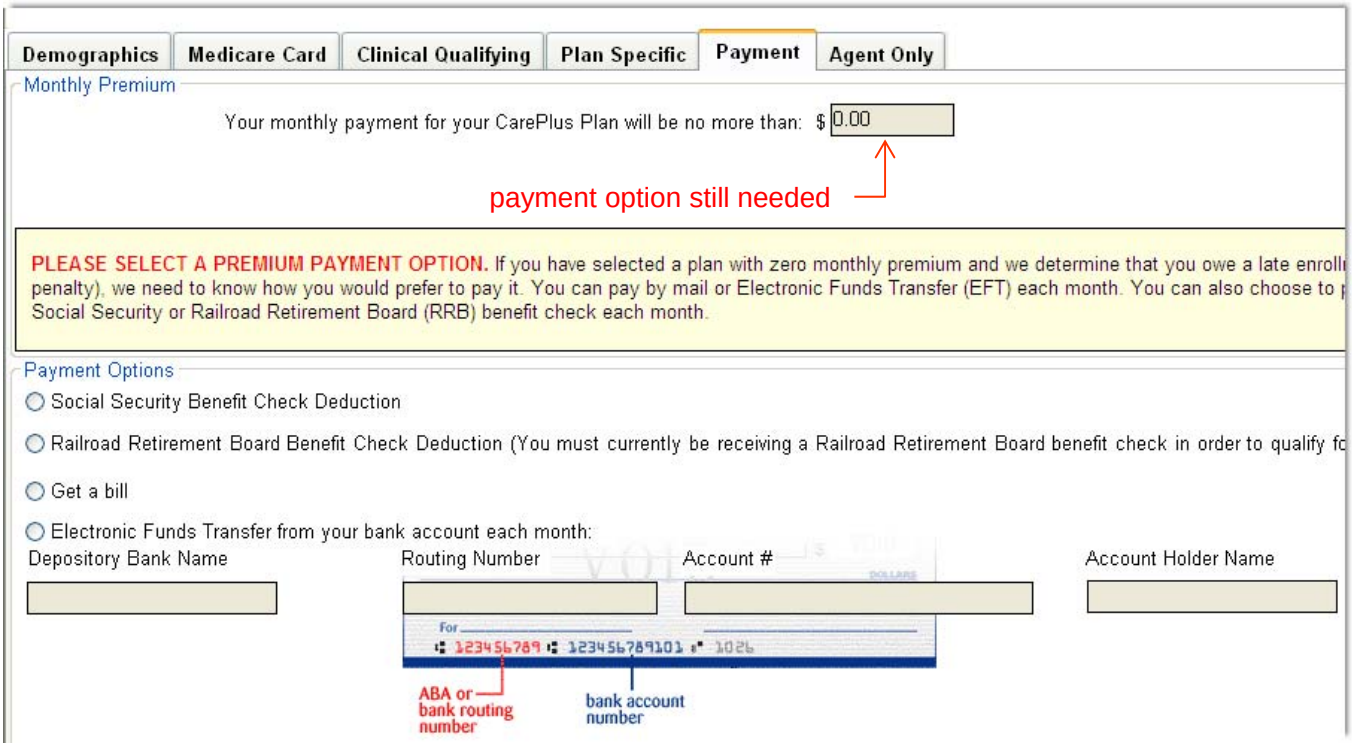


Payment Tab –Individual Application

Zero premium plans

Even with a Zero premium plan a payment option must be selected

This will be stored on file and only used if it is determined there is a late enrollment penalty



Agent Only Tab: Individual Application

This section supplies information about the agent associated with this application

Field Definitions

Affinity Partner – use the drop down arrow to select.

Affinity Partner Location – only used if partner is Wal-Mart or Guidance center – would be store number.

Affinity TID – This will pre fill when an affinity partner is selected

Referring Agent – only used if this was a broker referral, must be added before app is signed.

Source and Sub Source – for CDS refers to where the lead came from.

House Member – use to determine head of house or spouse - for CDS use.

Type and Sub Type – use client and A.

Disposition - use the drop down arrow and select the sold reason.

Enrollment reason – mark the enrollment period which allows the member to enroll – if **SEP** is selected you will need to also select the SEP reason.

Campaign – refers to the Affinity partner key code – this is located on your calendar activity if you down load this will pre fill – if using blank app you will need to take out the default and add the correct code.

Products discussed – Mark all products you talked about during your visit. This should match your Scope of Appointment.

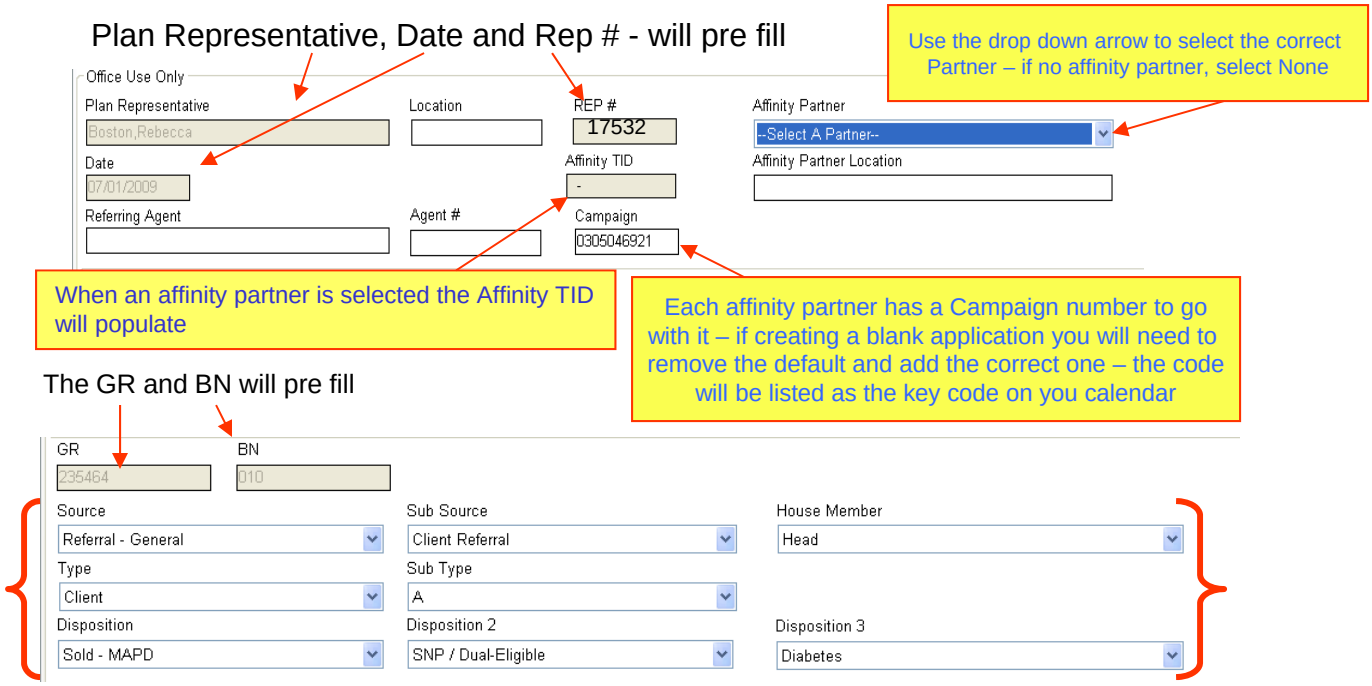
Proposed effective date – defaults to the first of the following month you are in. You can change the date to reflect no more then 3 moths out.

Tier 1 – tells what the original source of the lead was

Tier 2- Tells where the beneficiary heard about the plans

Location – where the application was signed

Agent Only Tab: Individual Application

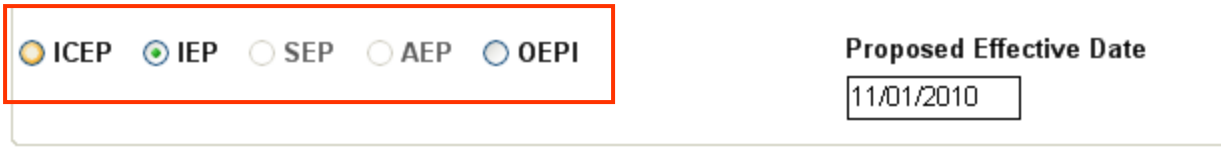


Source, Type and Disposition

- The source field is a high level look at where the lead came from. This will pre populate is added in CDS.

- Use the drop down arrow to make the correct selections.

- Disposition 2 and 3 build off of disposition one
  - Not all of the second dispositions have a third option to go with it. If there is not one available, it will say no disposition available.
  - You must select disposition 1 and 2 in order to continue on



The system pre –fills the enrollment option with the selection made on the Plan Eligibility screen

The **proposed effective date** will default to the first of the month following month.

Agent Only Tab: Individual Application

Source Information

Tier 1:

What was the original source of the lead (how did the client learn about Humana)

- Medicare campaign/seminar/ad
- TIPS campaign/seminar/ad
- Veterans campaign/seminar/ad, etc.

Tier 2:

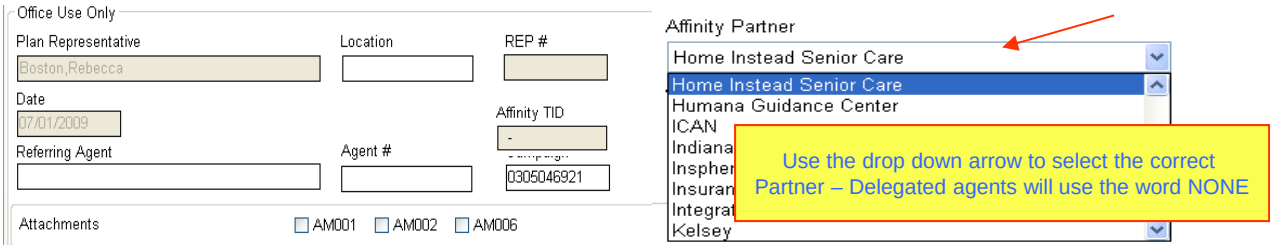
Where they heard about the plan DMS call, HGC, WLMT, Veteran Referral, Self-Referral, etc.

Location:

- where the application was completed.
- may not be where the lead was sent which would be Tier 2
- In home appt was scheduled but directed to WLMT for convenience, etc.

Agent Only Tab: Affinity Partners

Delegated agents only need to select NONE



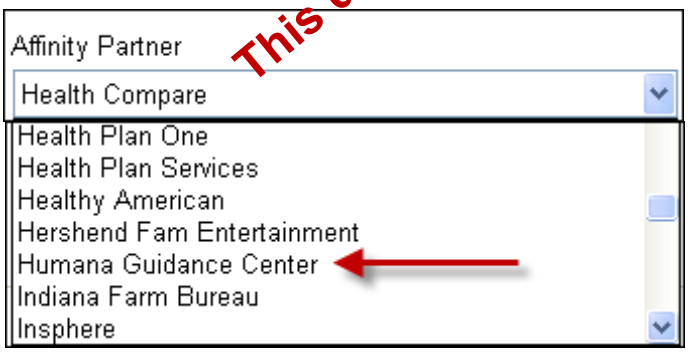
If the affinity partner is Wal mart or Humana Guidance Center the store number must be listed

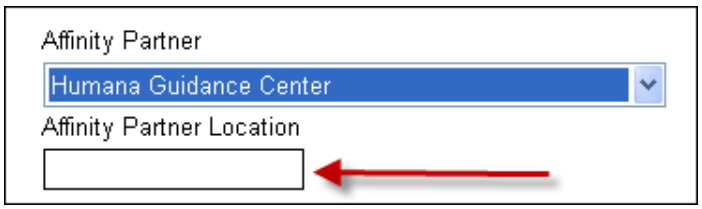
If you don't know the Store ID:

- Click on the Search Store ID button
- Leave ID blank and click Search
- Enter State and City of the store

This does not apply to delegated agents

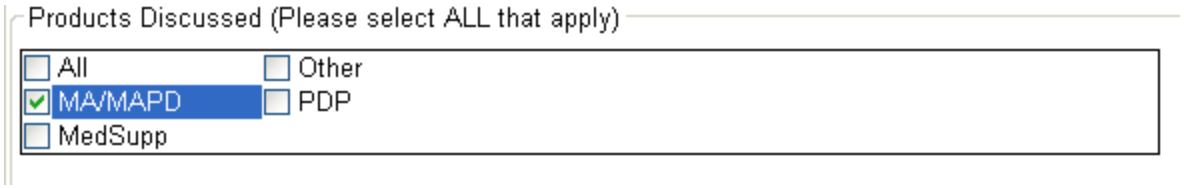
If the affinity partner is a Humana Guidance Center the location must be entered



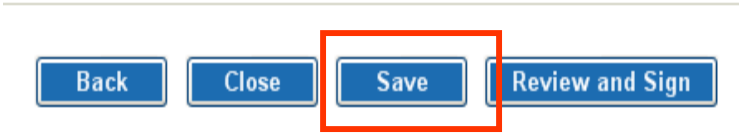


STOREID	ADDR1	CITY	STATE
10613	8648 Skillman Street	Dallas	TX
10615	2257 S 108th Street	West Allis	WI
10616	227 Willow Bend	Crystal	MN
10617	11316 Montgomery Road	Cincinnati	OH
10618	7666 Nob Hill Road	Tamarac	FL
10619	12100 E Colonial Dr	Orlando	FL
10620	215 Englewood Road, Suite A	Kansas City	MO
10621	3189 W Vine Street	Kissimmee	FL
10622	7945 S Harlem	Burbank	IL
10623	5943 E McKellips Rd Ste 106	Mesa	AZ
10624	8975 W Charleston Blvd	Las Vegas	NV
10626	7915 N Hale Ave	Peoria	IL
10627	7400 Gall Blvd	Zephyrhills	FL
17673	1000 N Green Valley Parkway, Suite 720	Las Vegas	NV
17674	2025 W. Henderson	Columbus	OH
17693	1915 SNOW ROAD	PARMA	OH
17694	4438 Western Avenue	Knoxville	TN
10614	711 W. Wheatland Road	Duncanville	TX
10625	1000 N Green Valley Parkway, Suite 720	Henderson	NV

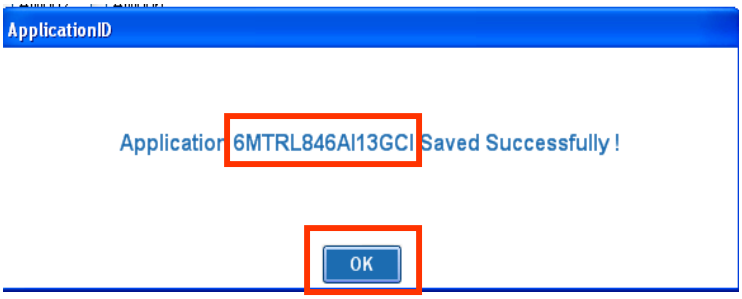
Agent Only Tab - Individual Application



This selection is used as a reminder for you. It will **write to the keywords section.** The products discussed should match your SCOPE.

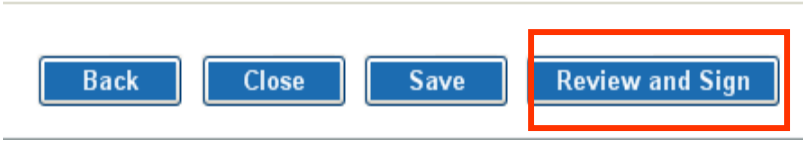


Once you have completed all the fields, **click Save.**



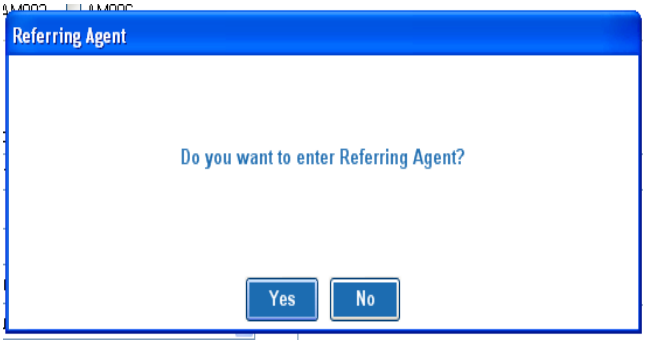
When saved, the **Application number** will appear

Click OK



Once you have saved the information, you are ready to Review and Sign.

Every time you click **Review and Sign** you will be asked about entering a **Referring Agent** – This is only used for Broker referrals.



Every time you click **Review and Sign** you will be asked if this sale originated from **WalMart** – If Yes enter the store ID If No leave ID blank and click no

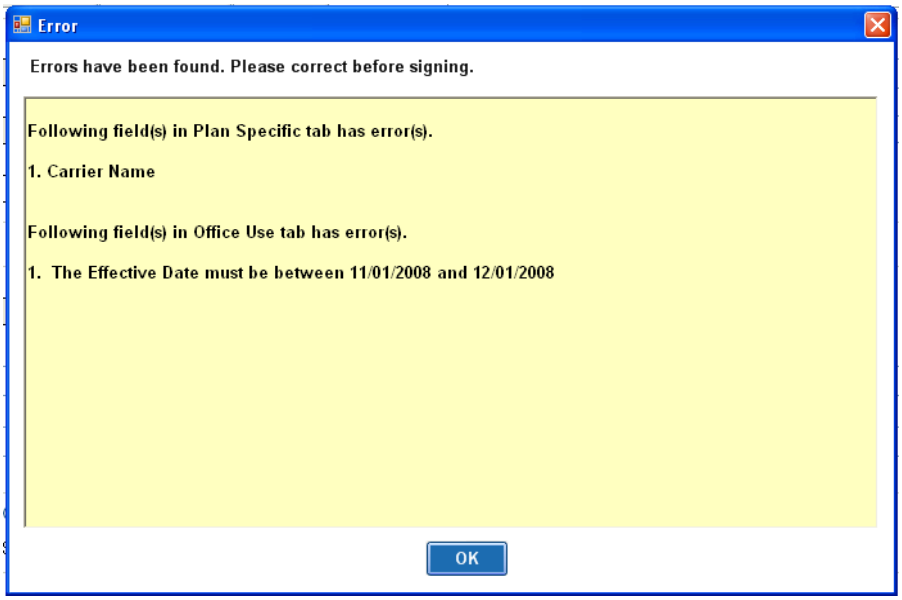
Review and Sign - Errors

If you have **not connected your signature tablet** to your laptop, the program will prompt you to do so at this time. When it is time to sign on the tablet screen, use the attached stylus.

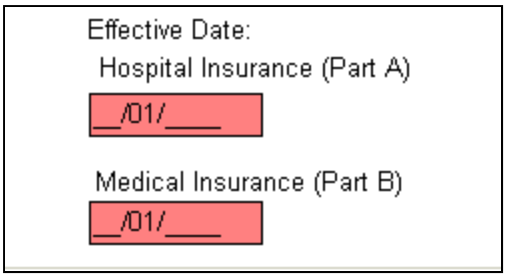
DO NOT USE AN INK PEN ON THE PAD!

When you click on the **Review and Sign** button, the program reviews the information on the application and creates a **list of items that need to be corrected** for the application to be accepted.

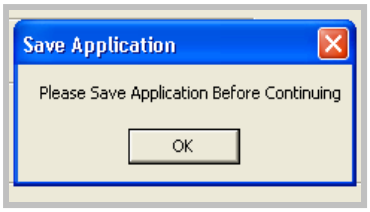
If there are **errors**, a window will appear listing the errors that need to be corrected before continuing to the next section. Clicking on **OK** will take you to the first section with errors so you can begin correcting the application.



Errors on all the sections will be **highlighted** with a red background. As you correct the error, the red highlight will disappear.



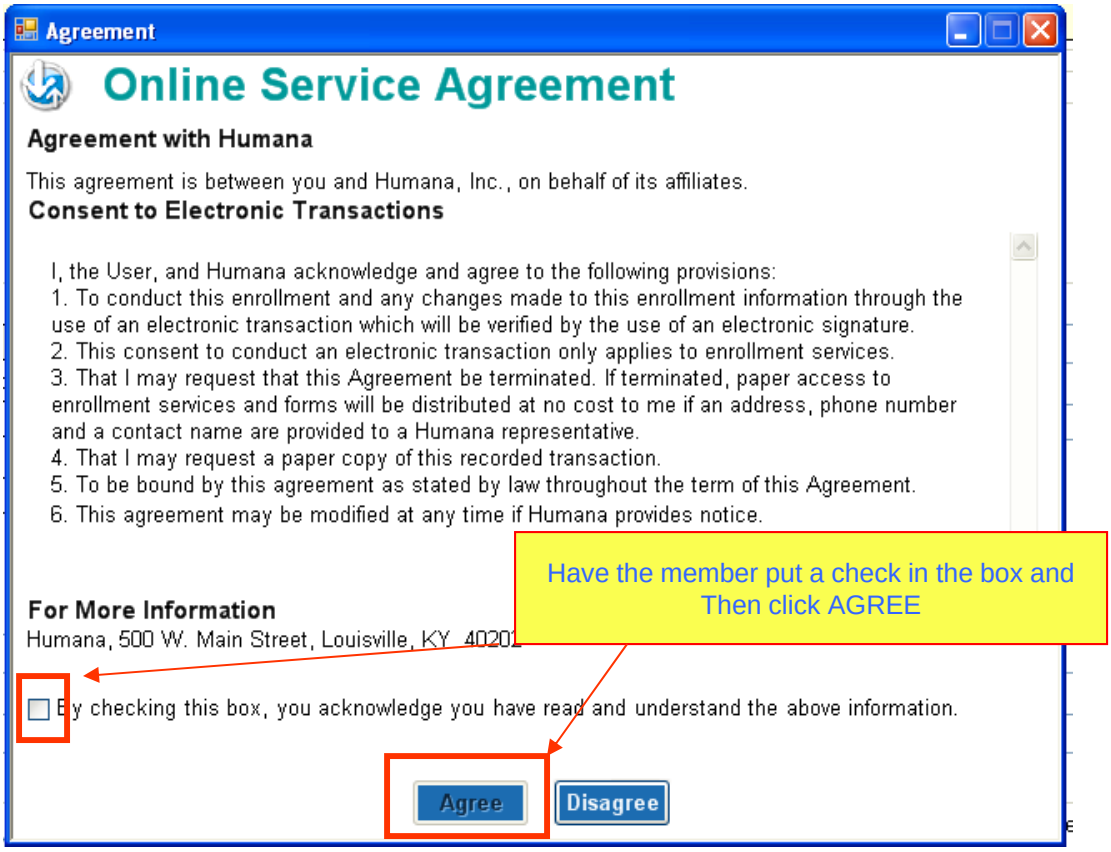
Once the errors have been corrected, the program will prompt you to **Save the Application Before Continuing**. Click the **Save** button to save the application, then click the **OK** button to continue to the signature section.



Service Agreement – Individual Application

- The online service agreement must be read by or read to the member.
- This states they understand everything is being completed electronically. They agree to the terms and conditions.

If the member does not agree to the Service Agreement you must complete a paper application.



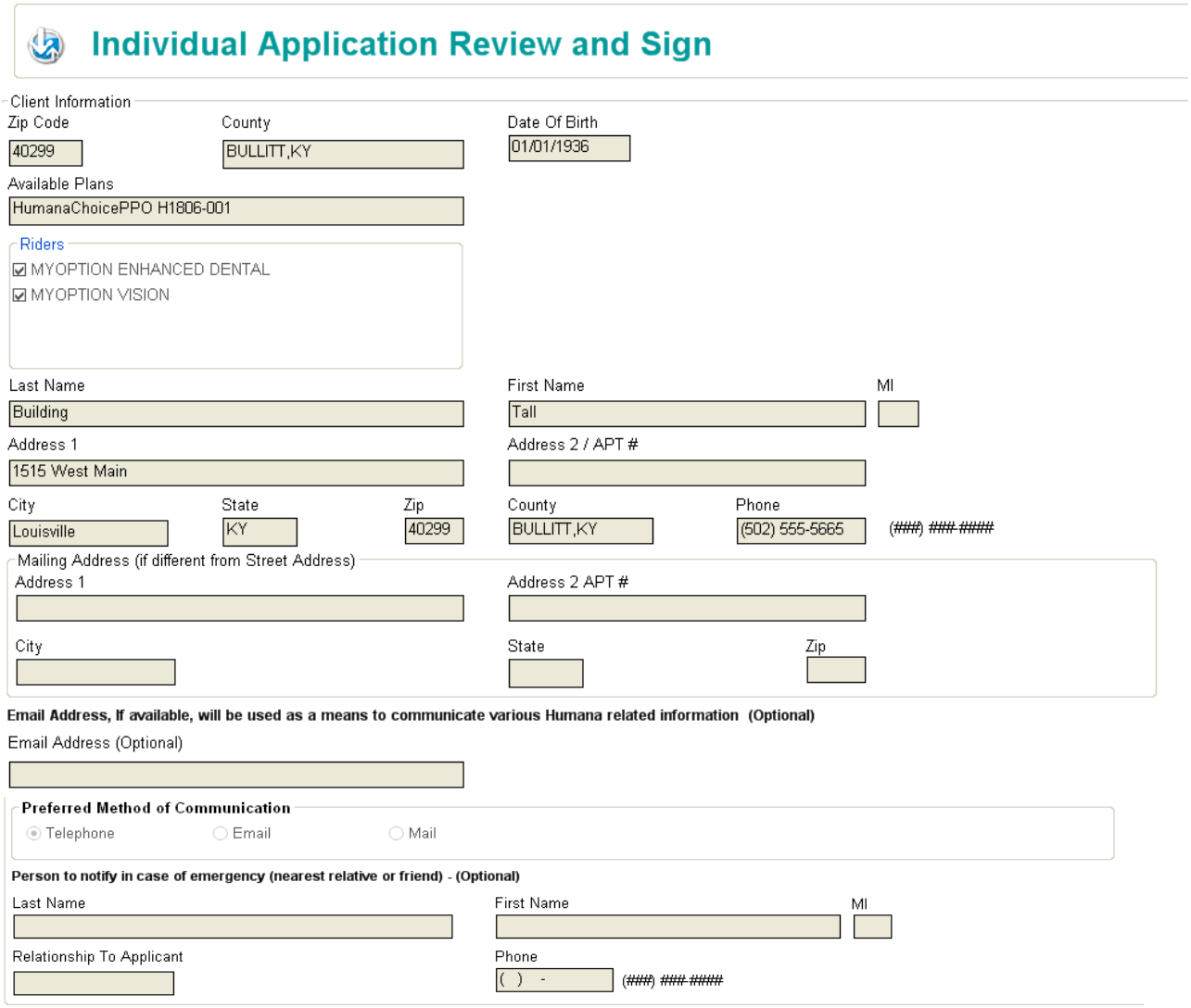
Once the agreement is completed, you will be taken to the **Review and Sign** page.

Application Review: Individual Application

When the program recognizes that the pad is connected to the laptop, the program will then display a **Summary** page listing all the information that has been entered on the application. Scroll through the application and review the accuracy of the information with the client.

You are reviewing the application for spelling errors and incorrect information

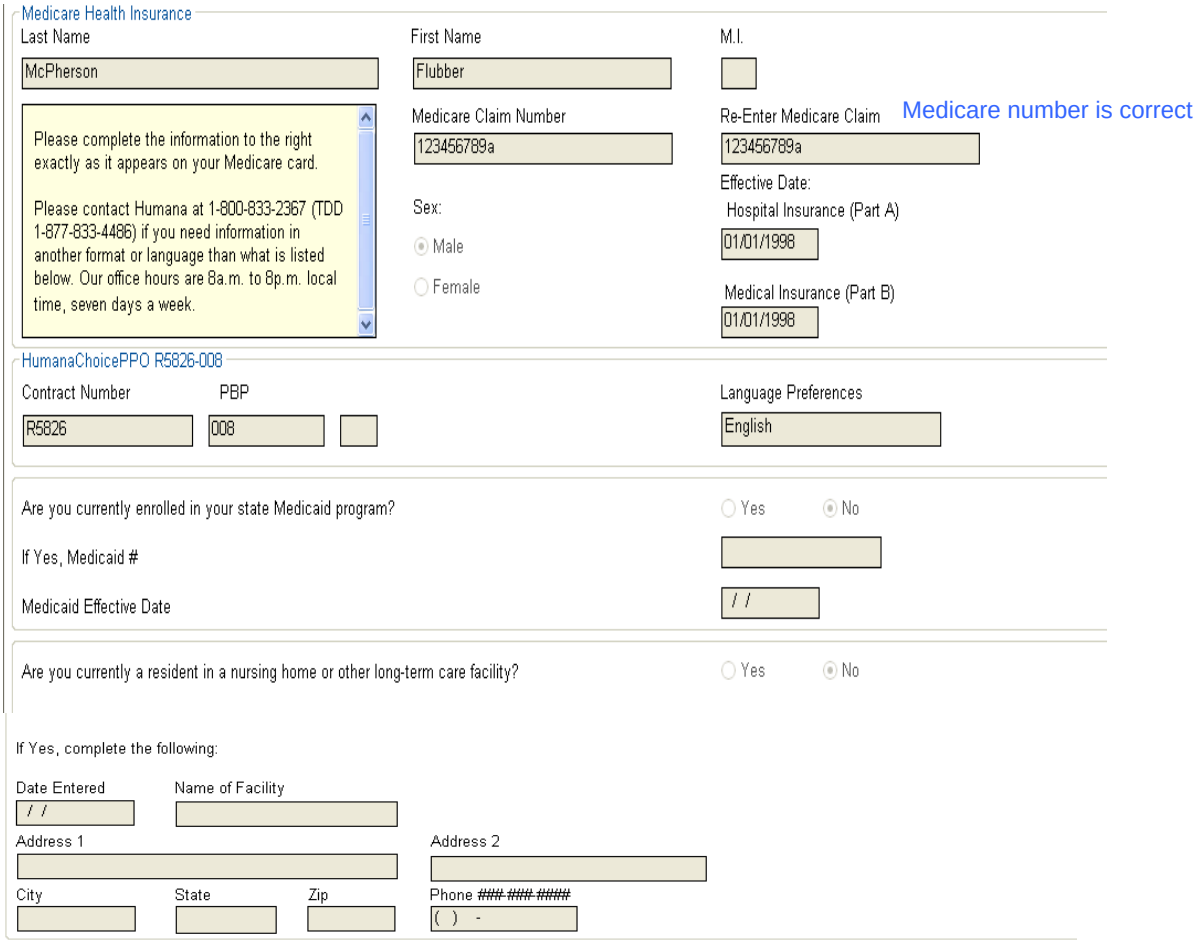
If an error is found, click return to application to correct

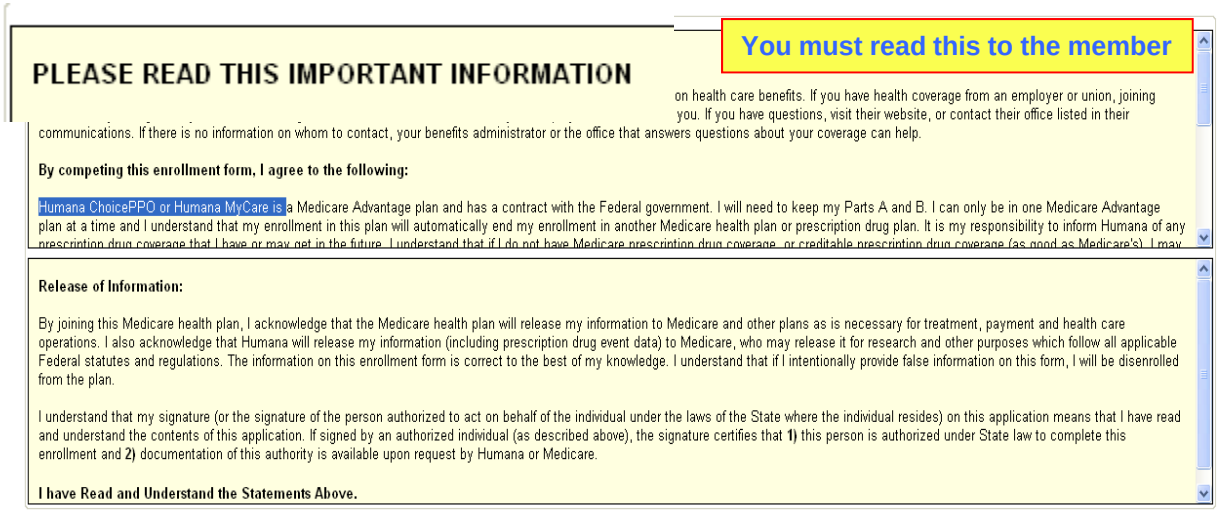


Application Review continued on next page…

Application Review – Individual Application

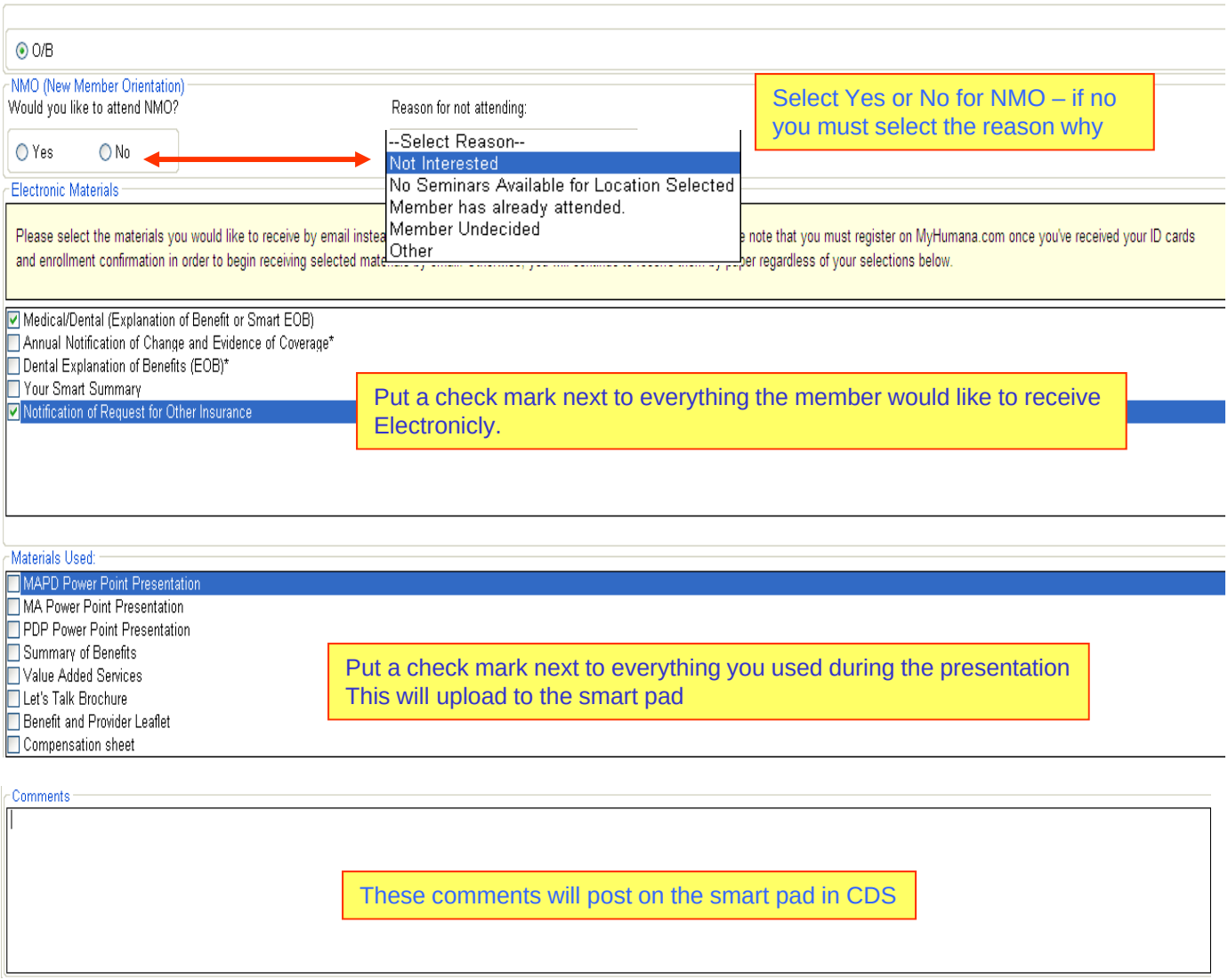
The system has already scanned the application to ensure it was complete.





Application Review – Individual Application

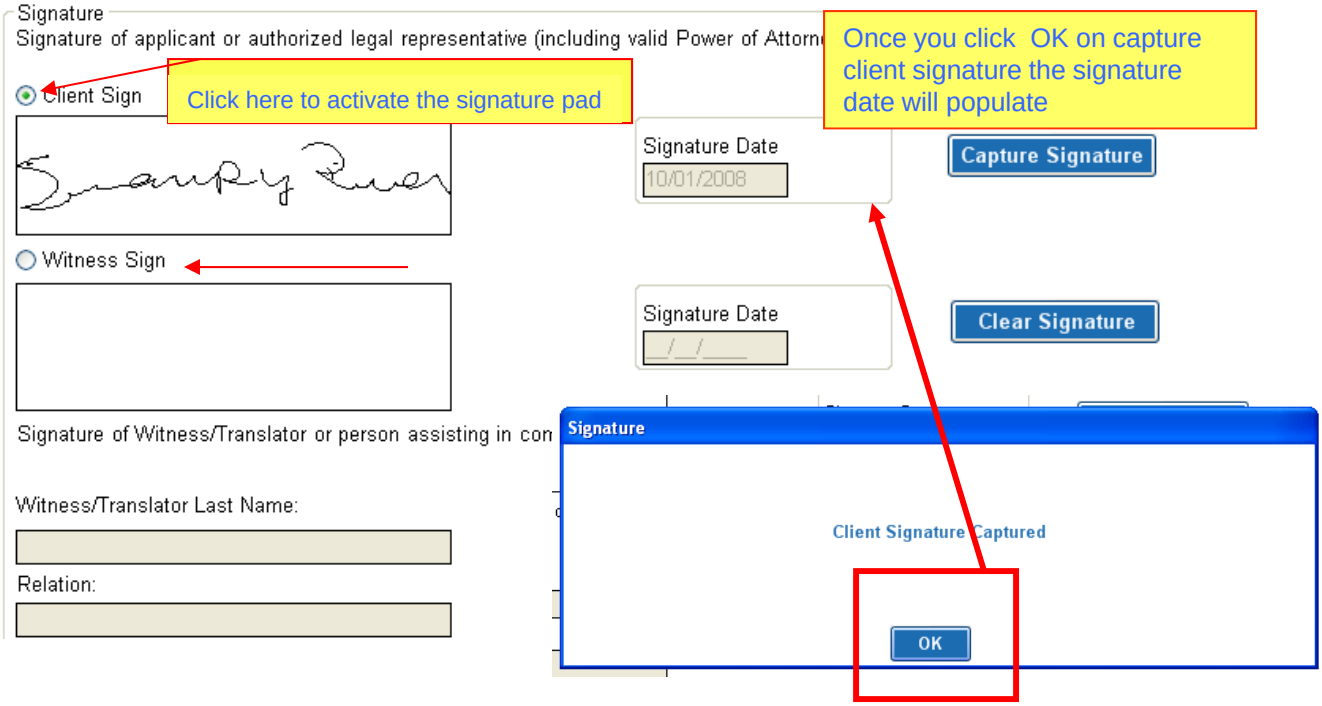
All applications are verified by Humana. Remember to advise your member that Humana will be calling in a few days to do the verification



Capturing Signatures: Client

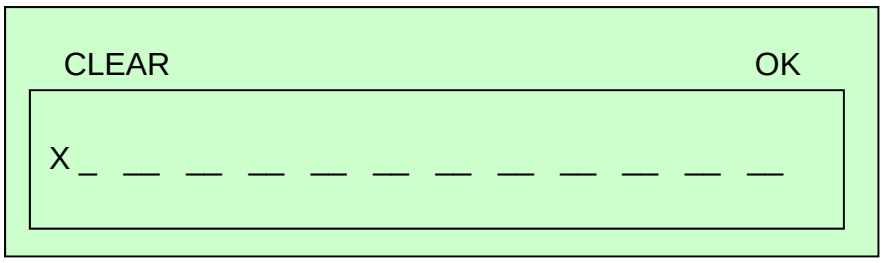
After your client, or someone acting as the Power Of Attorney (POA) for the client, has read and understood the summary of the selected plan, obtain a signature

Click in the circle next to Client Sign to activate the signature pad



Note: If the digital signature pad fails to capture the signature, complete a paper application and contact CSS for a replacement Signature pad.

Put the signature tablet in a position where the **client** can comfortably sign on the tablet screen. The tablet screen will light-up and your client can sign on the tablet using the attached stylus.



Capturing Signatures: Client

As your client signs on the dotted line, his/her signature will appear in the **Signature** window on the laptop screen.

If the client does not like the appearance of their signature, they can try again after the signature on the tablet screen is cleared.

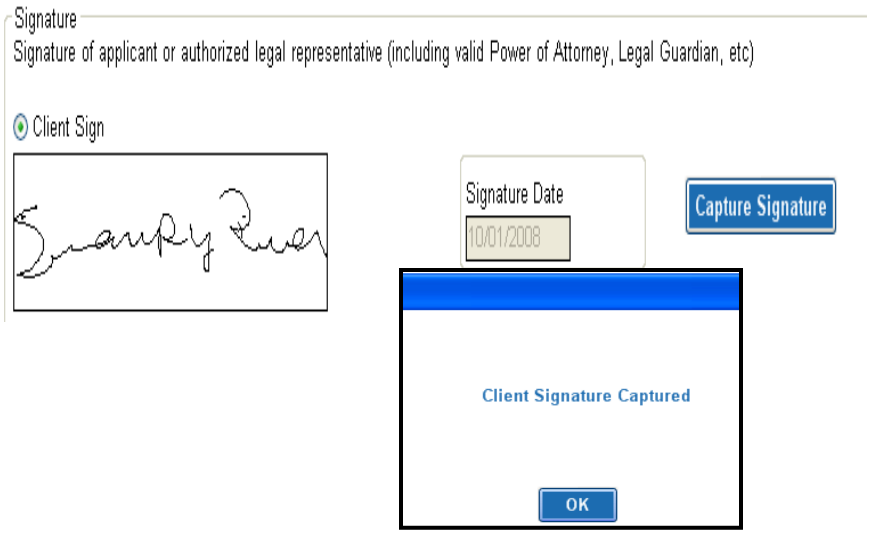
The signature can be cleared in one of two ways:

- The client can tap on **CLEAR** on the tablet, or
- The agent can click on the **Clear Client Signature** button on the laptop

When the client is satisfied with their signature, the signature can be captured in one of two ways:

- The client can tap on **OK** on the tablet, or
- The agent can click on the **Capture Client Signature** button on the laptop screen.

Once the signature is captured, a **Client Signature Captured** message will appear and the client's **Signature Date** will automatically be entered into the field. Click on the **OK** button to go to the next step.



Sales agents are not permitted to sign the enrollee's name for them!! This is the equivalent to forging their signature.

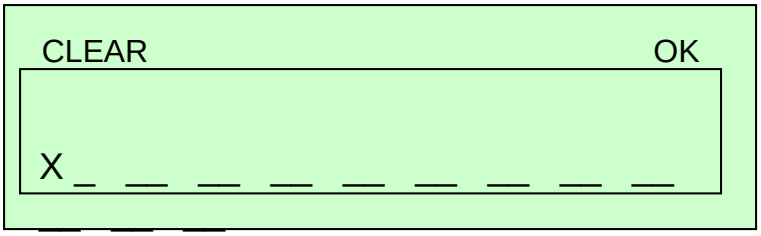
Capturing Signatures: Witness

Usually, a witness signature will not be necessary for the application. Some situations where a witness signature would be captured are when:

- The applicant wishes for someone else (family member, friend) to sign the application as a witness

- The applicant cannot physically completely sign their name (i.e., they sign an 'X' on the tablet)

By clicking the **Witness/Translator Sign** radio button the Capture Client Signature and Clear Client Signature buttons change to **Capture Witness Signature** and **Clear Witness Signature**, respectively. The signature tablet is ready for the witness' signature.

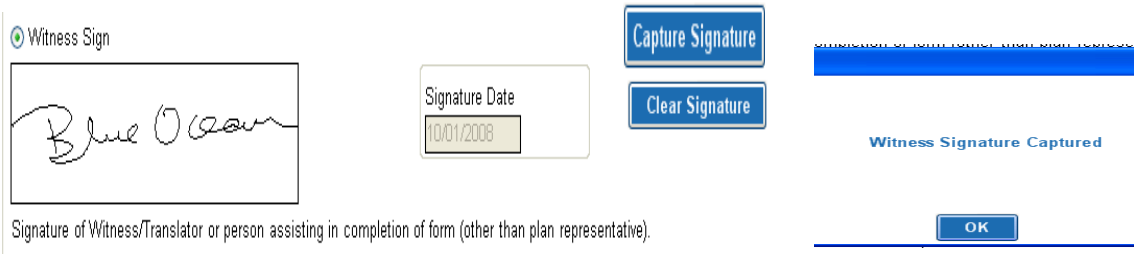


If the witness does not like the appearance of their signature, they can try again after the signature on the tablet screen is cleared. The signature can be cleared in one of two ways:

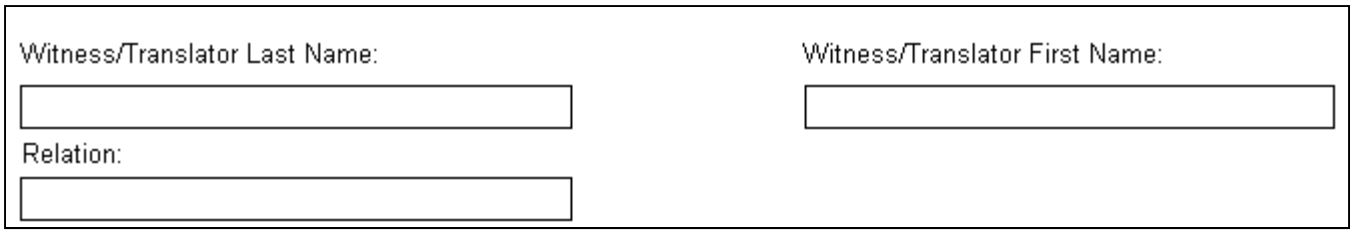
- Tab clear on the signature pad

- The agent can click the clear witness signature button

Once the witness signature is captured, a **Witness Signature Captured** message will appear and the witness' **Signature Date** will automatically be entered into the field. Click on the **OK** button to close the message box.

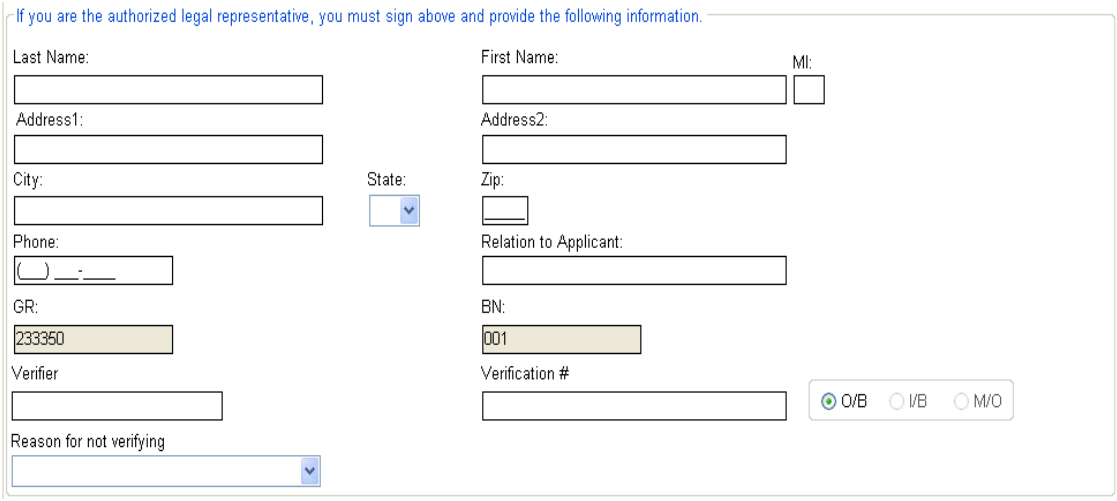


You will now be prompted to enter the **Witness First Name**, **Witness Last Name** and **Relation to Applicant** in the fields under the witness' signature.



If someone is acting as the **POA**, that person will sign in place of the member and their personal information will need to be entered in the fields at the bottom of the application.

You as the agent are not the authorized representative



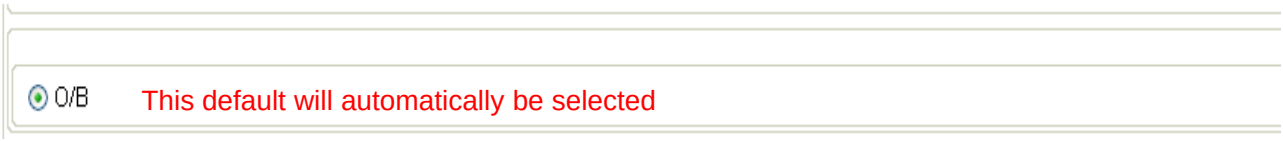
When both signatures have been captured and the witness' information has been entered in the appropriate fields, you are ready to call for verification.

Verification

Outbound verification is the only method available.

When completing an in home application:

- advise the member that Humana will be calling in a few days to complete the verification. Prepare member for call

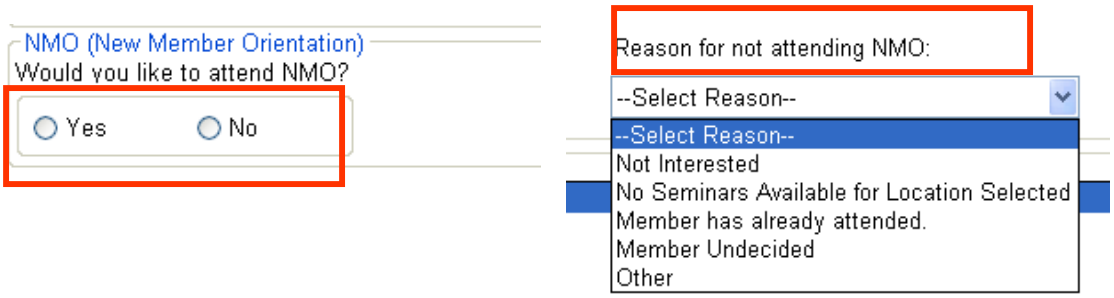


New Member Orientation

New member orientation will go into more detail about "how" to use your plan and give valuable info on different programs that we have.

Select **Yes** or **No.** If no you must use the drop down and select a reason why.

This will write to the Smart Pad in CDS.



Selecting **Yes will not enroll the member** in an orientation class.

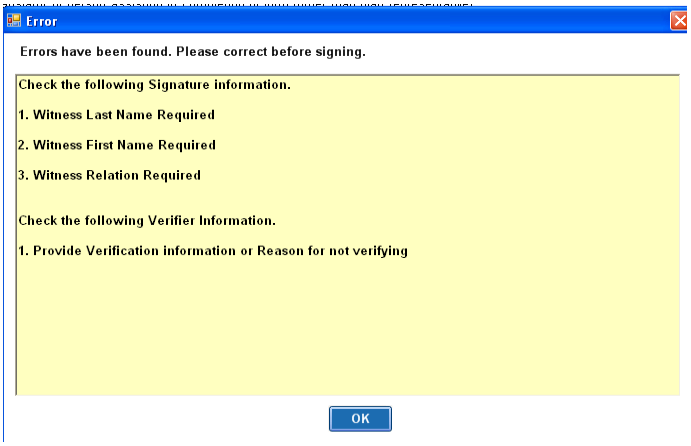
Saving the Application

To ensure your application signature is **Saved,** you must hit the **Save and Close** button located at the bottom of the application.

If you click the X in the upper corner, the signature will not save.

Click on the **Save** and **Close** button to save the application.

If you make a mistake or forget something on the review and sign page you will see the error box showing what corrections need to be made.

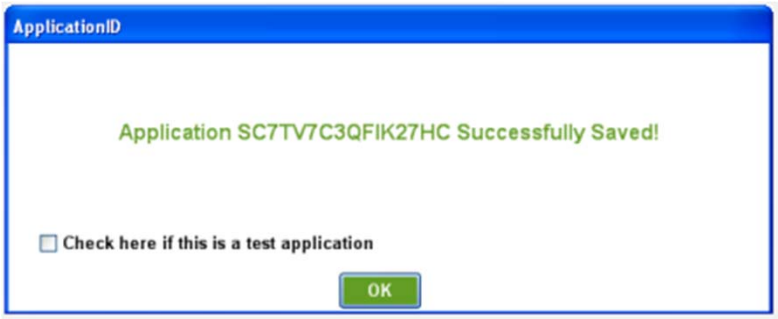


A message box will indicate the application has been saved.

Your application is now completed.
Once you click **OK,** you will return to the MAPA Workbench.

Saving the Application

A **Test application box** has been added to all applications.



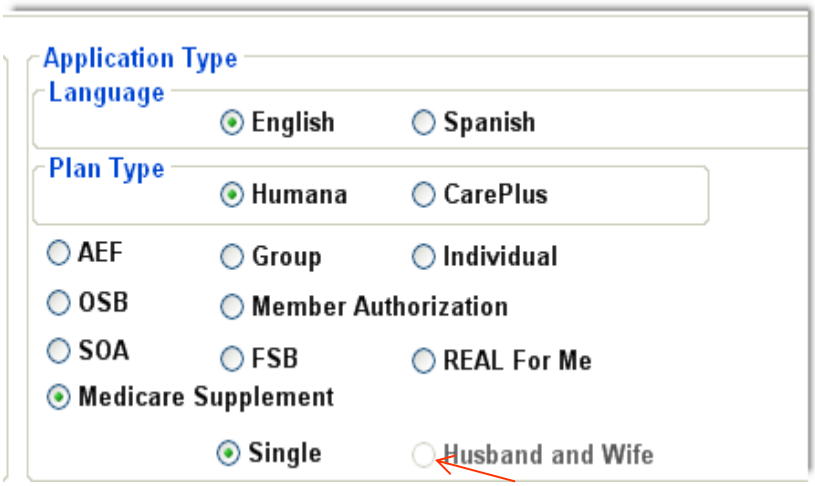
Check marking this box will keep the application from fully uploading

The Test application will appear in your application list until you complete an upload process at which time it will be removed

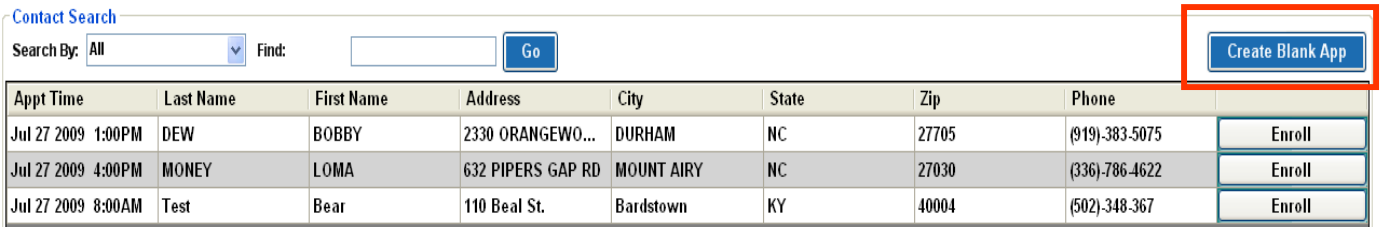
Type	Last Name	First Name	Address	City	State	Zip	Phone	Status
SOA	craker	cheese	1515 willow rd	louisville	KY	40299	(502)-266-6666	Complete
FSB	fields	william	1514 warlock street	louisville	KY	40299	(502)-225-3321	Complete
SOA	candy	hard	1515 west main	louisville	KY	40299	(502)-666-6696	Test
FSB	Spitman	Rugger	1515 dog lane	louisville	KY	40299	(502)-666-6666	Complete

Medicare Supplement Application

MAPA allows you to write an application for a **Single** person or a **Husband and Wife** at the same time

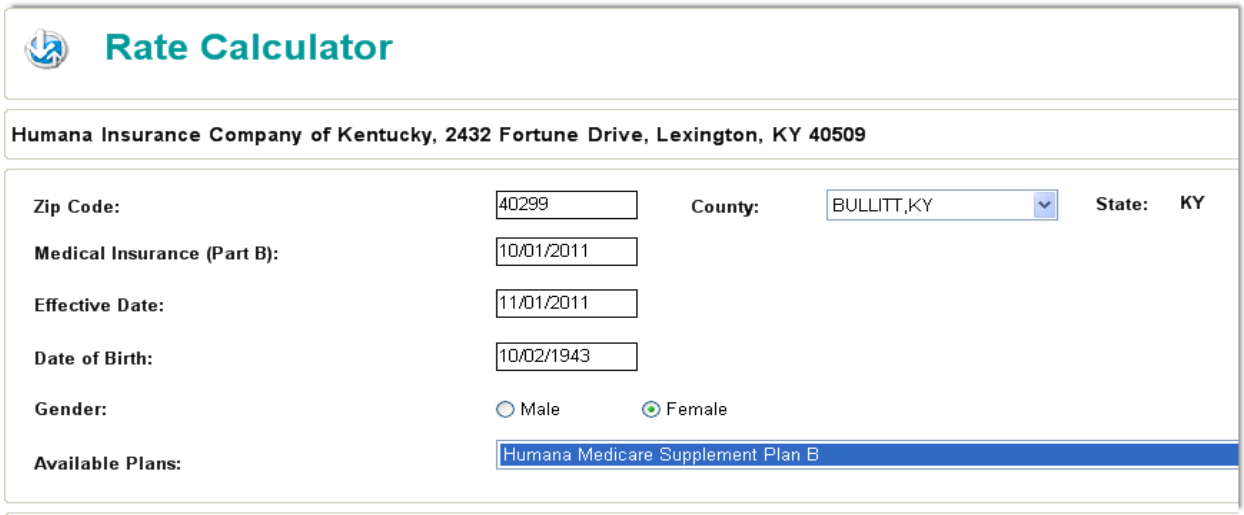


Click **Create Blank App** for a new client



*If you create a blank application for a client that already exist in your system you **WILL** create a duplicate record.*

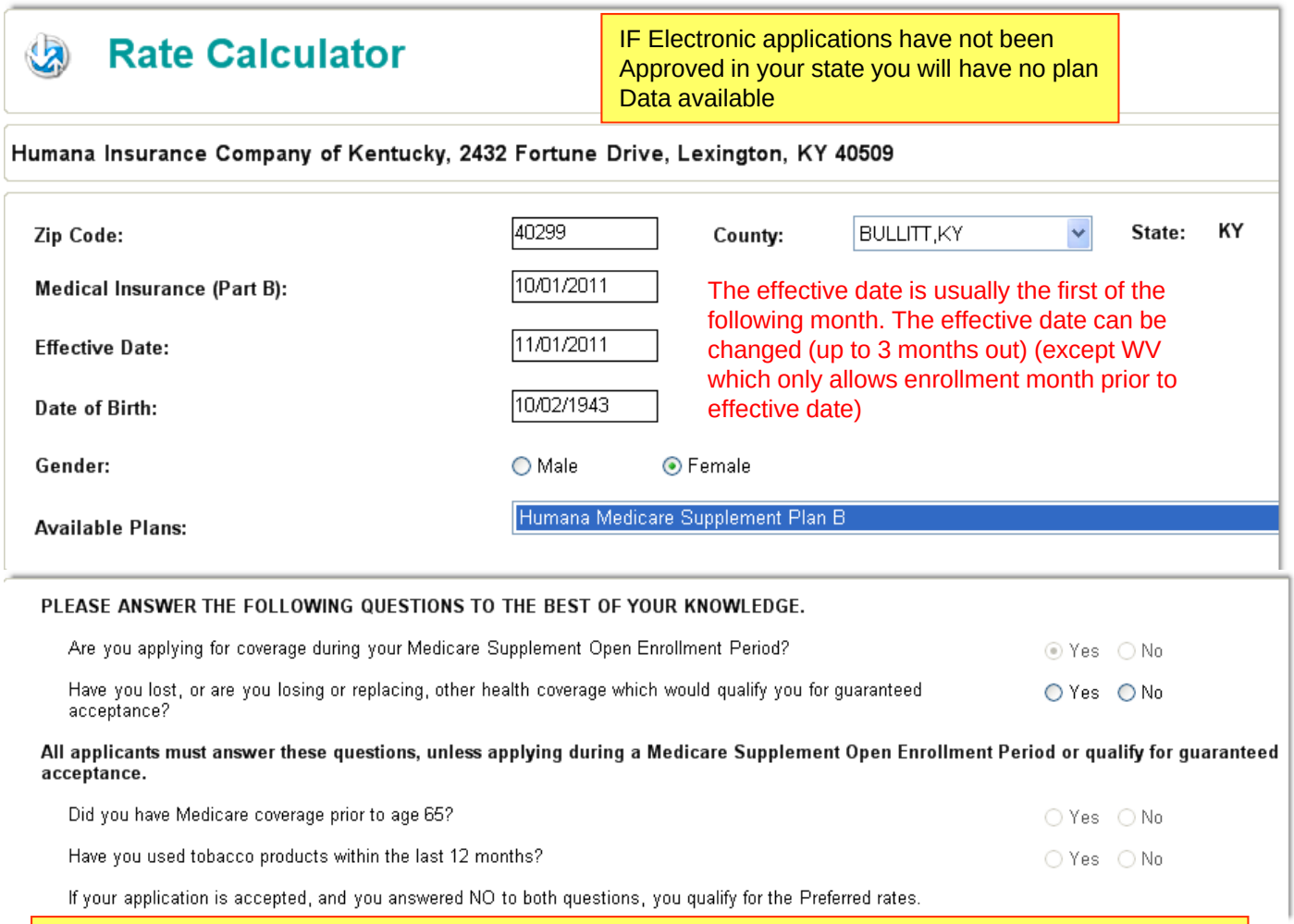
Once **enrollment** type **selected** you will get the **Rate calculator** to see if the client is eligible.



Medicare Supplement Application

Note – not all states allow electronic submission. If Available Plans show no plans available your state does not allow electronic submission
Other states will be activated for it as DOIs approve Humana's electronic enrollment process.

How to start:
Enter the **zip code** and the **county** of the member

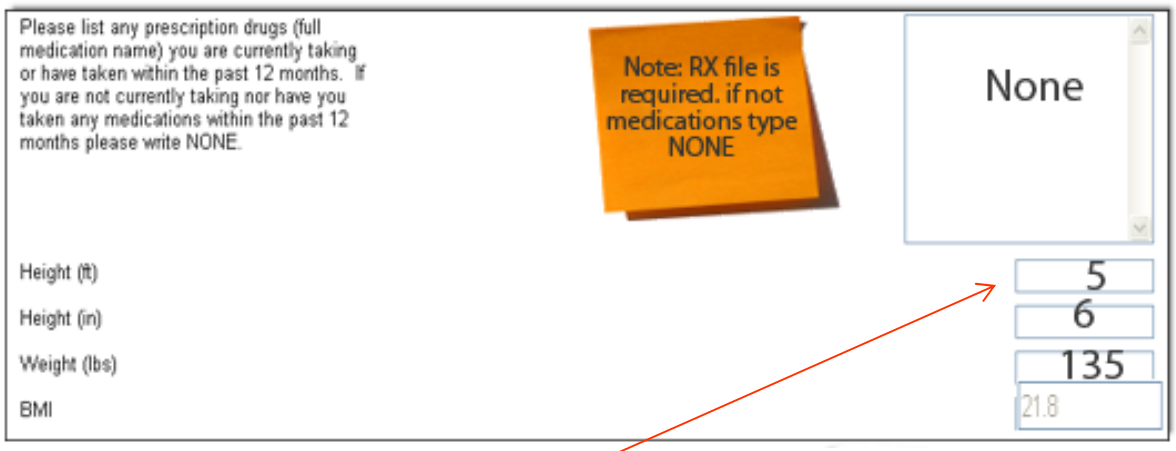


Answer all the questions that are not greyed out. As questions are answered other questions will activate

Medicare Supplement application

New Questions added to Rate Calculator

- FL, KY, NH, PA, TN, WA,and WI will have the BMI questions displayed in the Medical Questions section ONLY and are ONLY enabled and required outside of open enrollment and guaranteed issue
- All other States (not mentioned above) will display in the Premium Determination Section and will ALWAYS be enabled and required.
- NOTE: The following states will NEVER display the BMI questions: CT, MA, NY, VT



How to enter BMI:

1) Enter height in feet only
2) Enter height in inches only
3) Enter weight

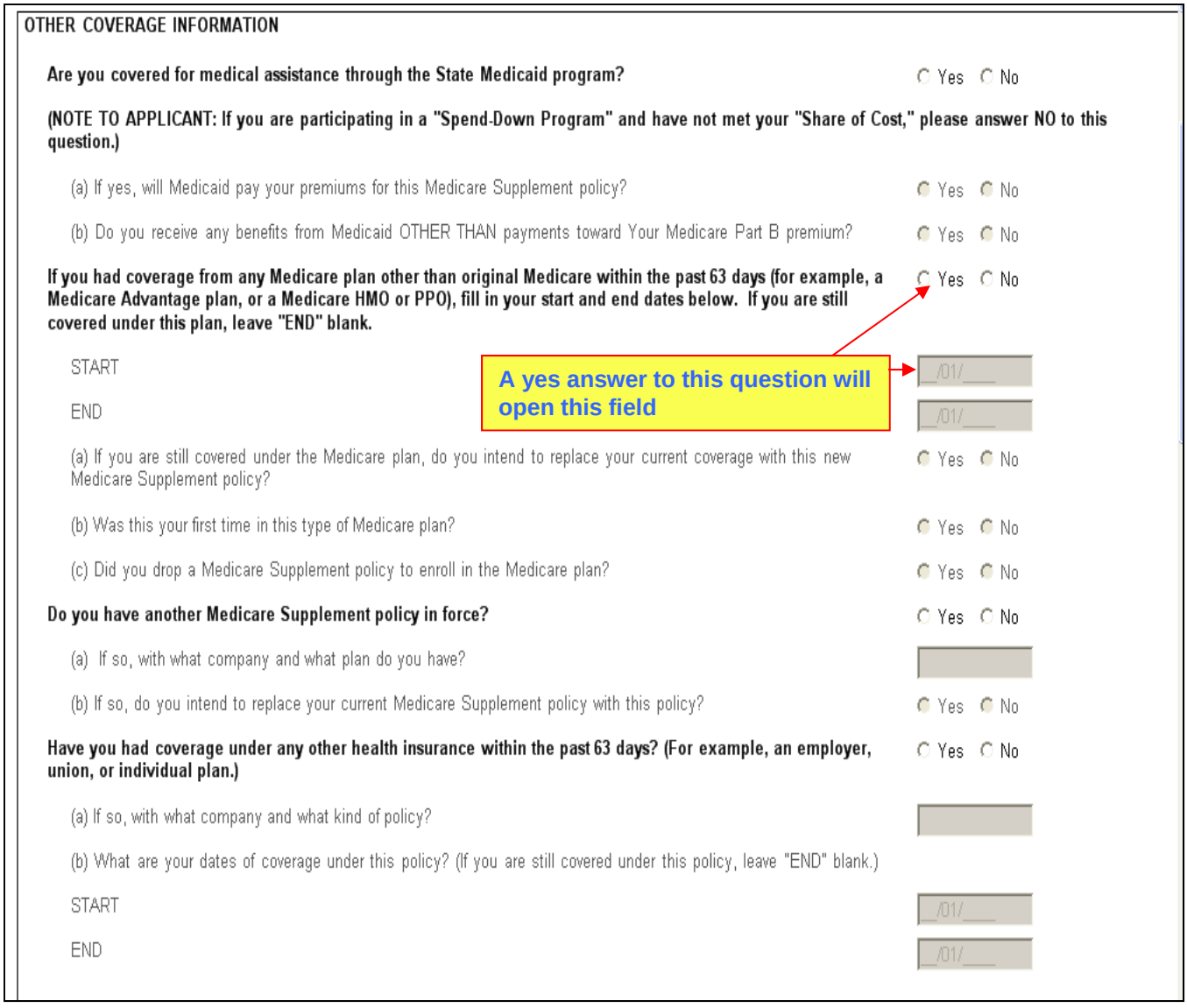
BMI will automatically calculate

Medicare Supplement application

Once your **Zip** and **Plan** are set :

Fill out the questioner - depending on your answer to a question will depend on the next question you need to ask

Ex: if you say yes to the medical assistance through the State Medicaid program
You will need to answer the A and B – if you say no A and B will grey out and you will go to the next question

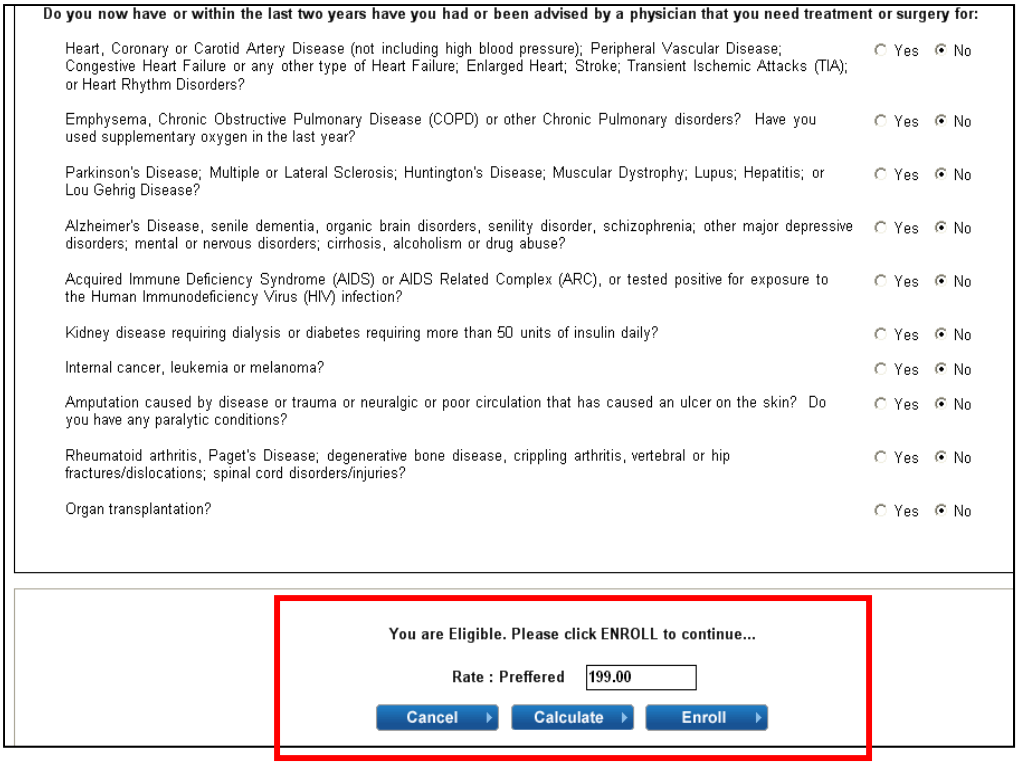


Medicare Supplement application

Questioner completed : Click Calculate
This system will let you know if the **member is eligible or not**

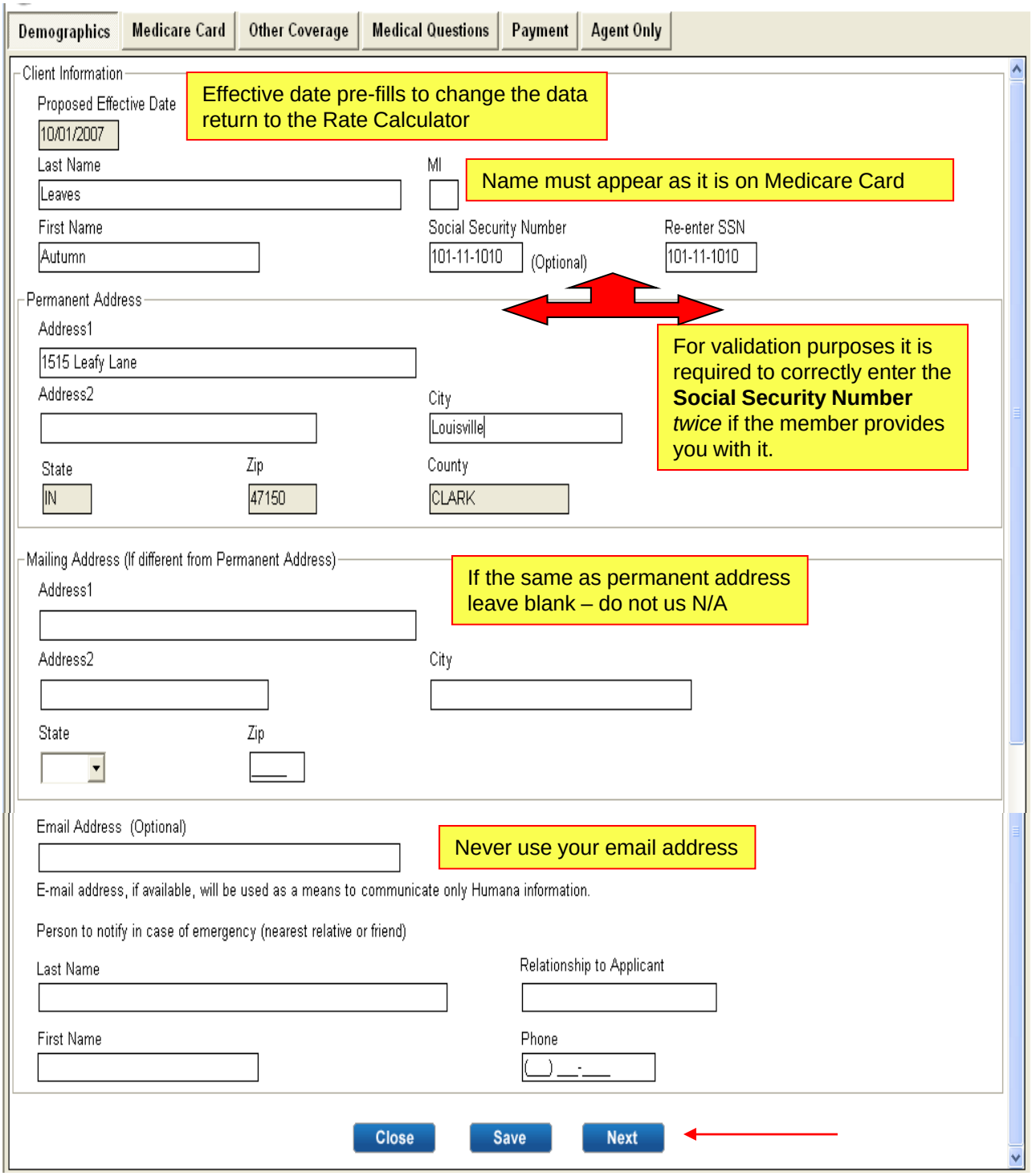
Not Eligible click OK and start over

Eligible to enroll – the system will give you the plan cost
Cost to much – go back to the top and select a new plan – calculate again
Once plan selected – click **Enroll**



Medicare Supplement Application

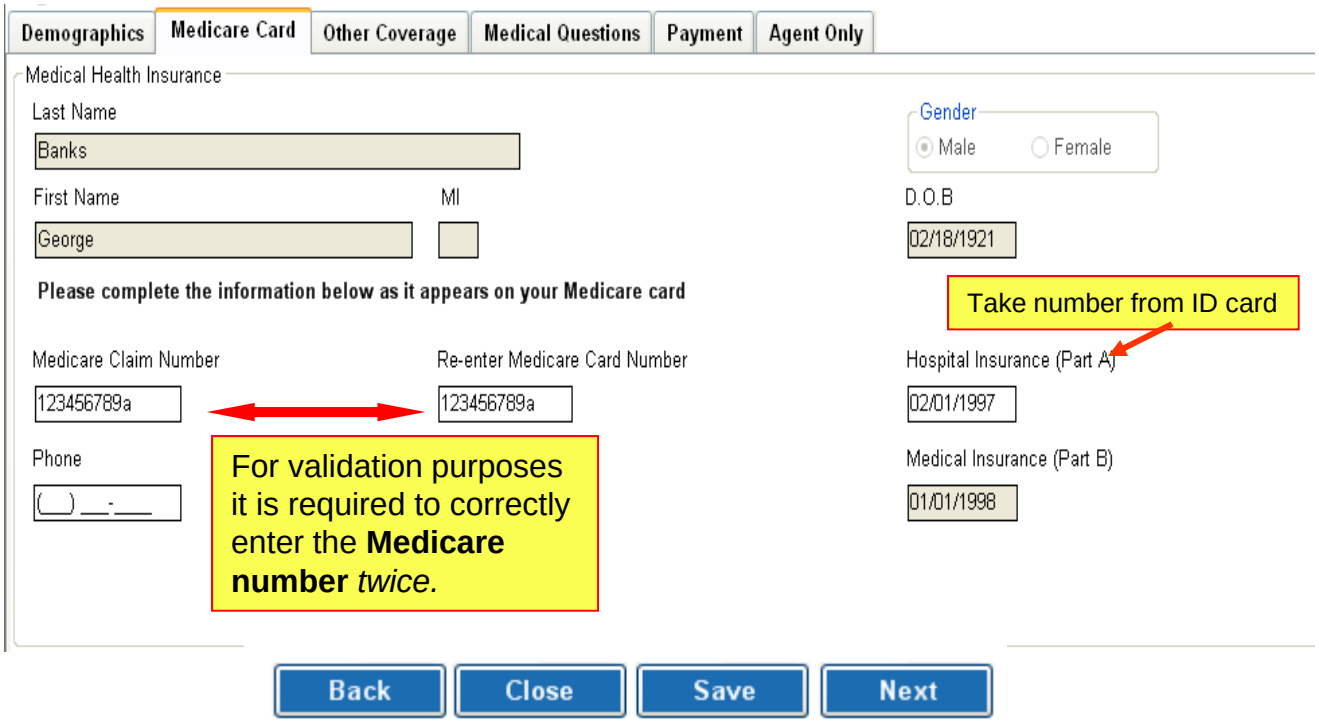
Demographics



When demographic info is completed click **NEXT**

Medicare Supplement Application – Medicare Card

This section is requesting the client's **Medicare** information. Complete the individual's Medicare information for this section of the application as it appears on their card.



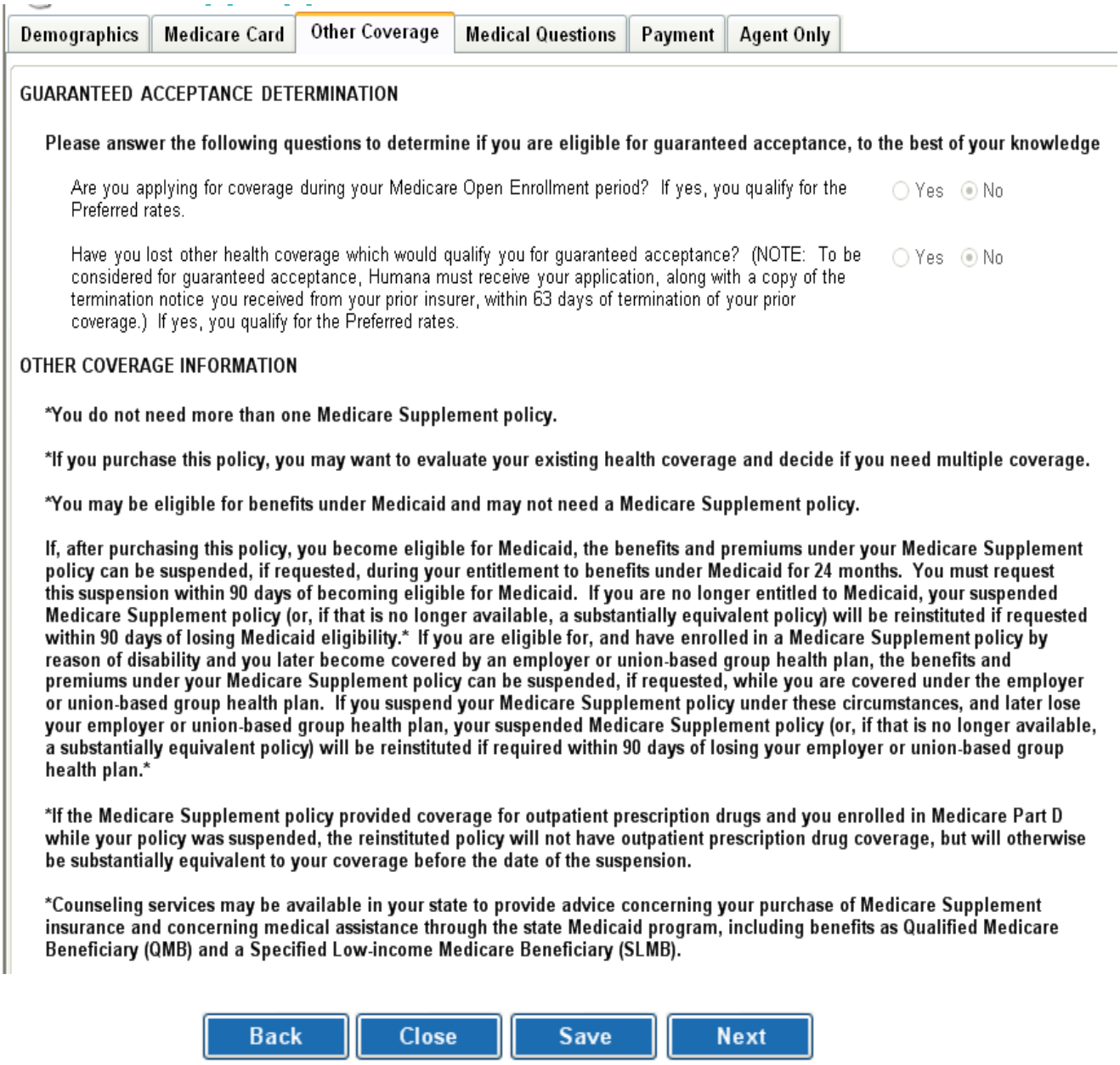
When completed click Next

Medicare Supplement Application – Other coverage

This information pre- fills from the RX calculator questioner.

You will only see this tab if you had to answer questions on the rate calculator –
If your answer to " Are you enrolling during Open Enrollment" was **YES**
you **will not get this page.**

Note: It is necessary to review this information with the member.

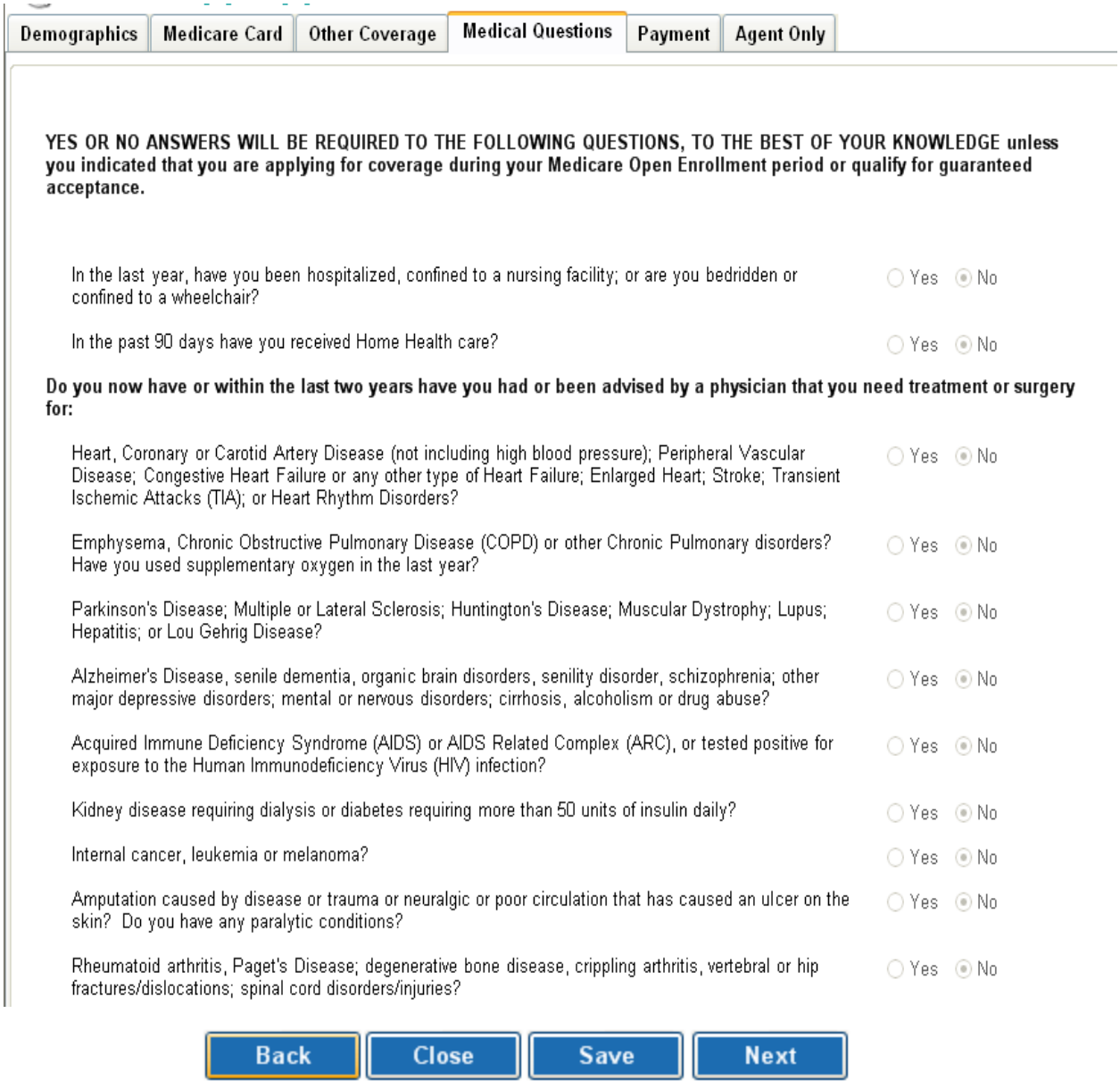


Medicare Supplement Application – Medical Questions

This information pre- fills from the rate calculator questioner

You will only see this tab if you had to answer questions on the rate calculator – If your answer to " Are you enrolling during Open Enrollment" was **YES** you **will not get this page.**

Note: It is necessary to review the medical questions with the member.

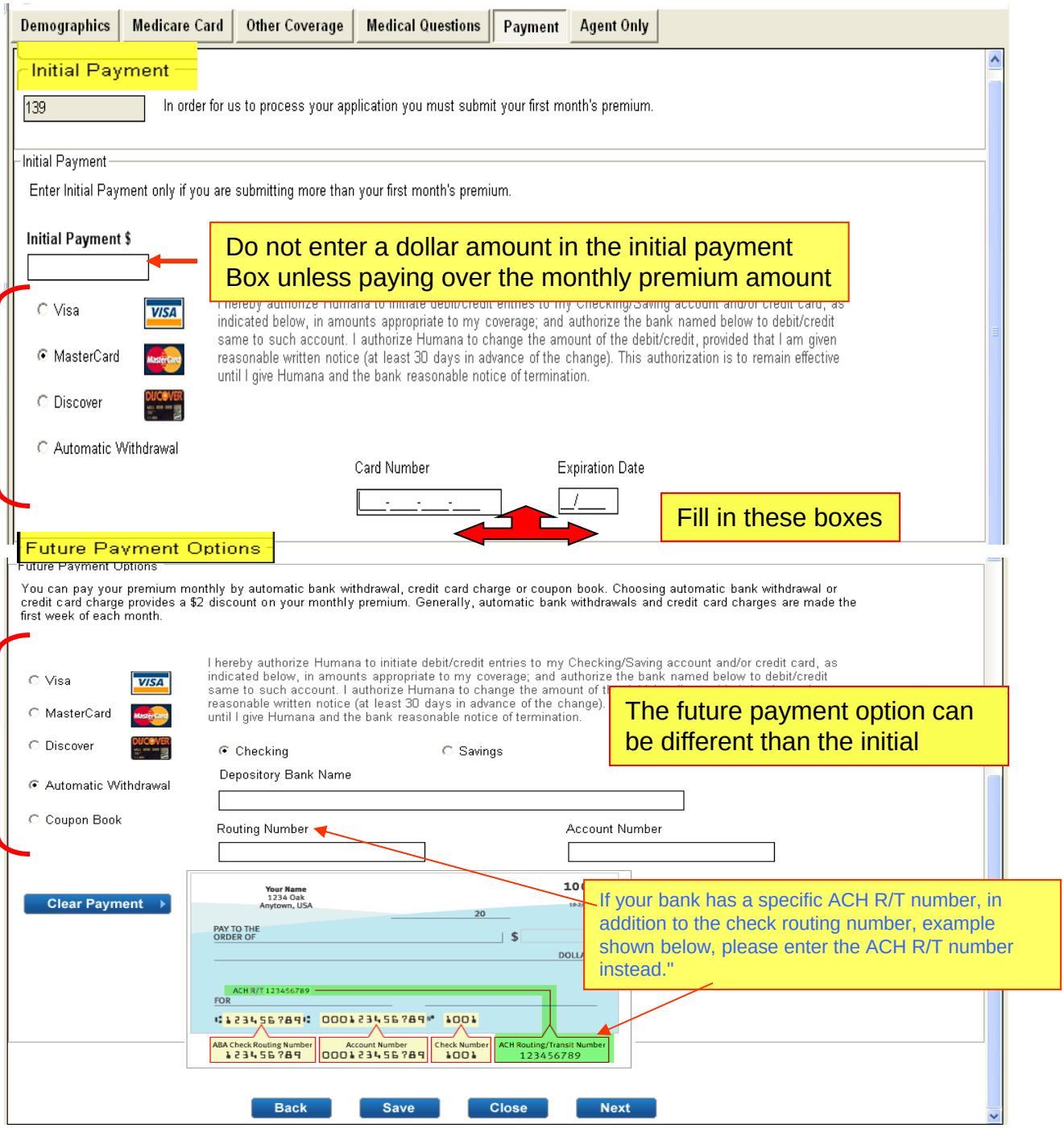


Medicare Supplement Application – Payment

Your payment amount will pre-fill from the Rx Calculator –this rate can not be changed here.

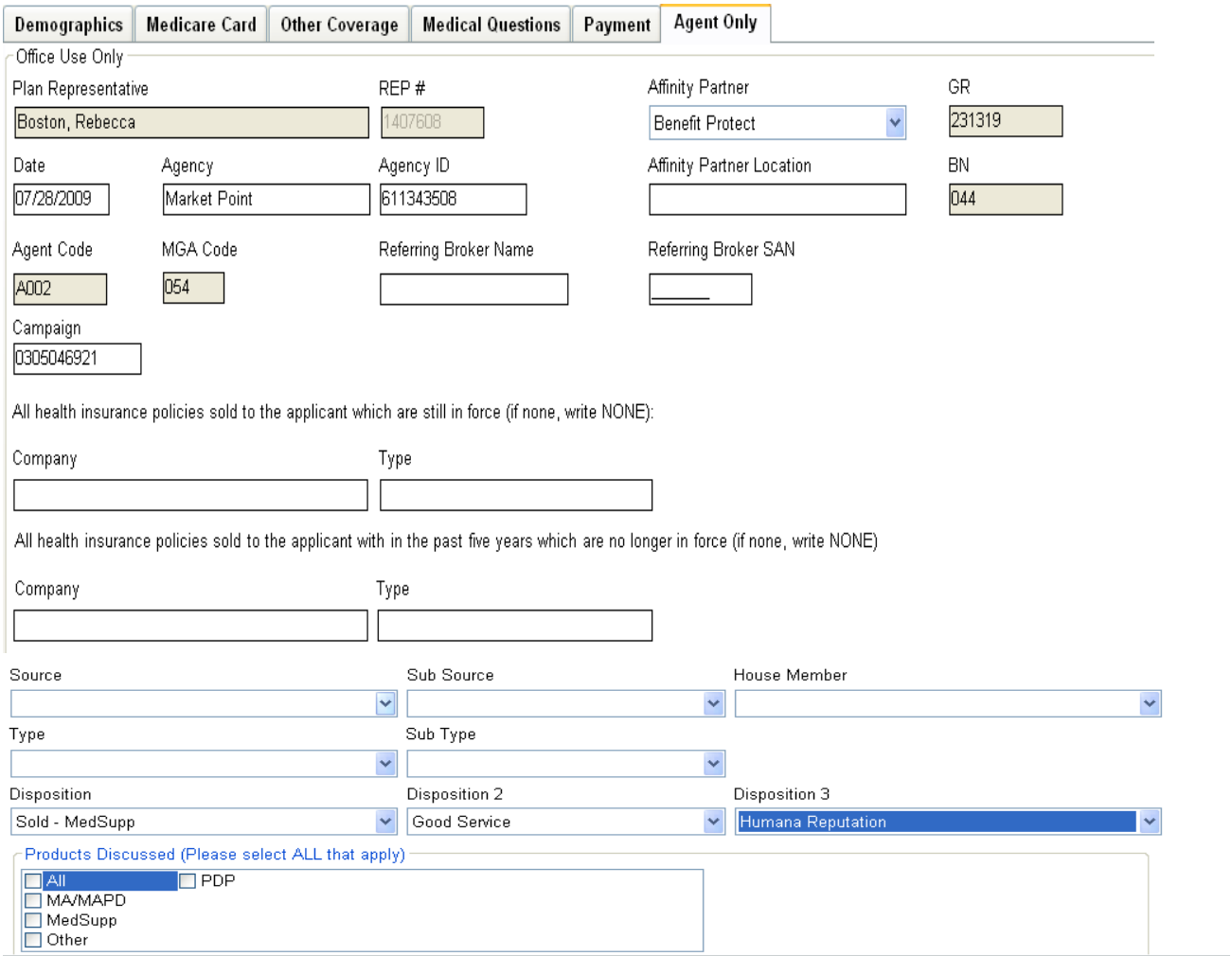
Select how you would like to make the **initial payment** – complete any boxes that come up with that selection.

Select how you want to make the **future payments** – this may be different than the initial.

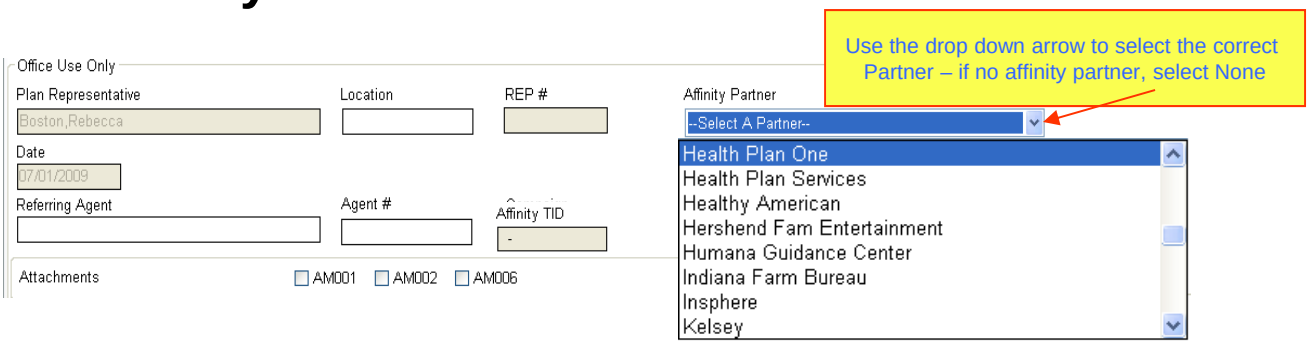


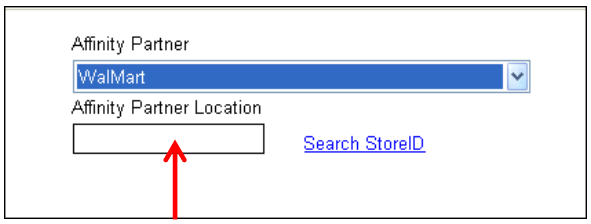
Medicare Supplement Application – Agent Only

Affinity Partner – use the drop down arrow to select.
Affinity partner Location – only used if partner is Wal-Mart – would be store number.
Referring Agent – only used if this was a broker referral, must be added before app is signed.
Source and Sub Source – for CDS refers to where the lead came from.
House Member – use to determine head of house or spouse - for CDS use.
Type and Sub Type – use client and A.
Campaign – refers to the Affinity partner key code – this is located on your calendar activity if you down load this will pre fill – if using blank app you will need to take out the default and add the correct code.
Company – enter the name of an policies that will remain active once this plan becomes effective. If there is not one enter None.
Type – enter the type of plan that will remain in effect once this plan becomes effective
Disposition - the 3 tiered disposition resembles the new CDS version. In disposition 1 select the correct sold product . Then select reasons for enrolling under disposition 2 and 3.
Products discussed – Mark all products you talked about during your visit. This should match your Scope of Appointment.



Affinity Partners:



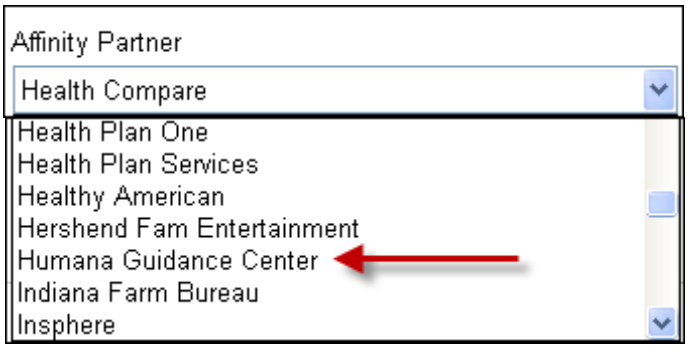


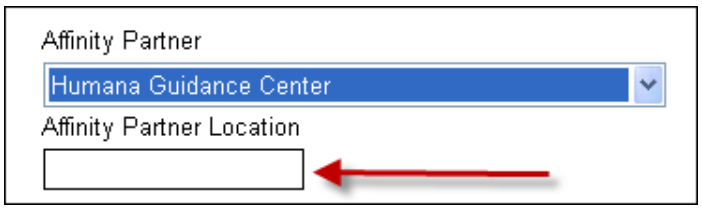
If the affinity partner is Wal mart the store number must be listed

If you don't know the Store ID:

- Click on the Search Store ID button
- Leave ID blank and click Search
- Enter State and City of the store

If the affinity partner is a Humana Guidance Center the location must be entered

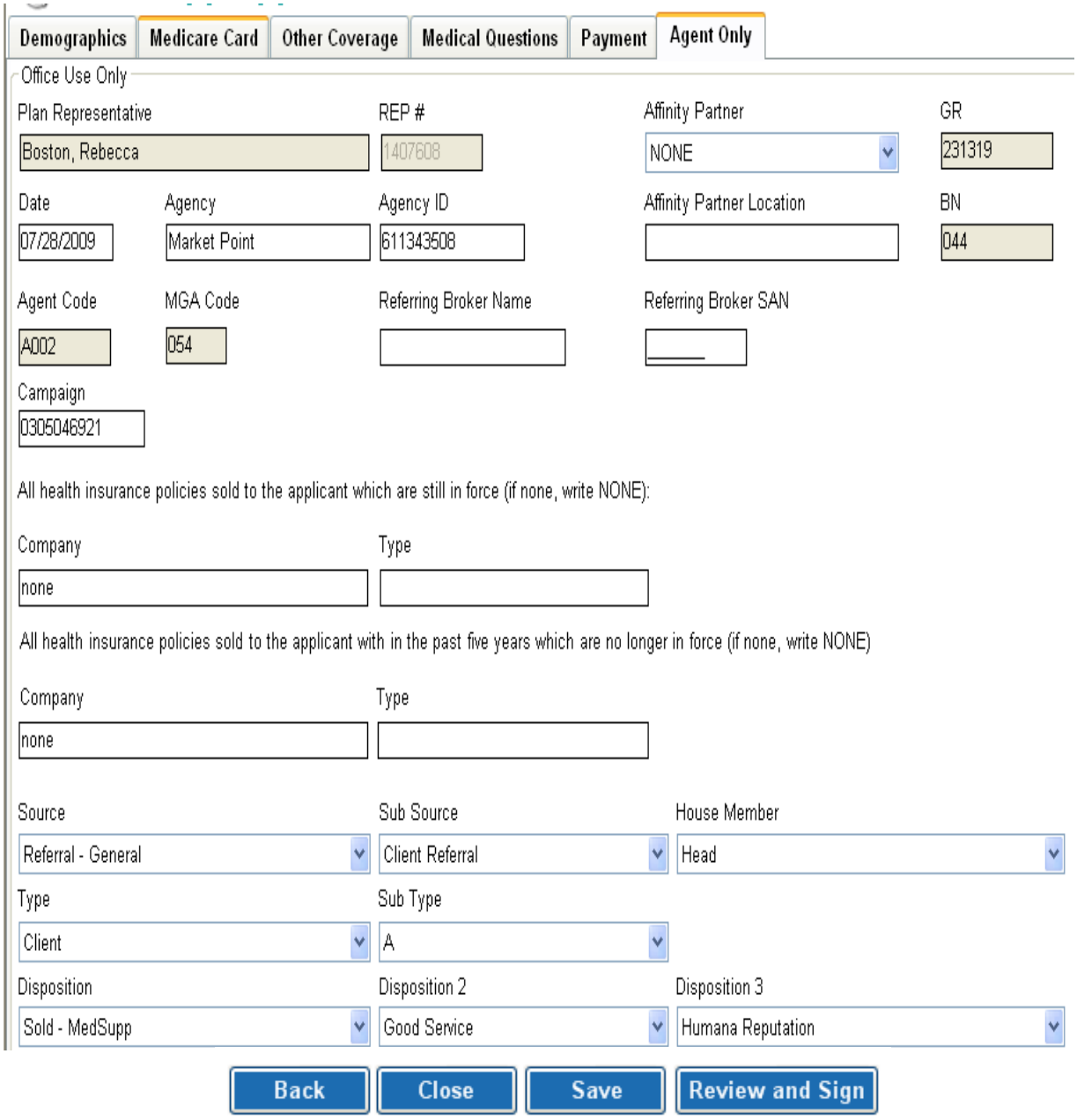




STOREID	ADDR1	CITY	STATE
10613	8648 Skillman Street	Dallas	TX
10615	2257 S 108th Street	West Allis	WI
10616	227 Willow Bend	Crystal	MN
10617	11316 Montgomery Road	Cincinnati	OH
10618	7666 Nob Hill Road	Tamarac	FL
10619	12100 E Colonial Dr	Orlando	FL
10620	215 Englewood Road, Suite A	Kansas City	MO
10621	3189 W Vine Street	Kissimmee	FL
10622	7945 S Harlem	Burbank	IL
10623	5943 E McKellips Rd Ste 106	Mesa	AZ
10624	8975 W Charleston Blvd	Las Vegas	NV
10626	7915 N Hale Ave	Peoria	IL
10627	7400 Gall Blvd	Zephyrhills	FL
17673	1000 N Green Valley Parkway, Suite 720	Las Vegas	NV
17674	2025 W. Henderson	Columbus	OH
17693	1915 SNOW ROAD	PARMA	OH
17694	4438 Western Avenue	Knoxville	TN
10614	711 W. Wheatland Road	Duncanville	TX
10625	1000 N Green Valley Parkway, Suite 720	Henderson	NV

Medicare Supplement Application – Agent Only

Once the Agent only tab is completed click **Save** then **Review and Sign.**

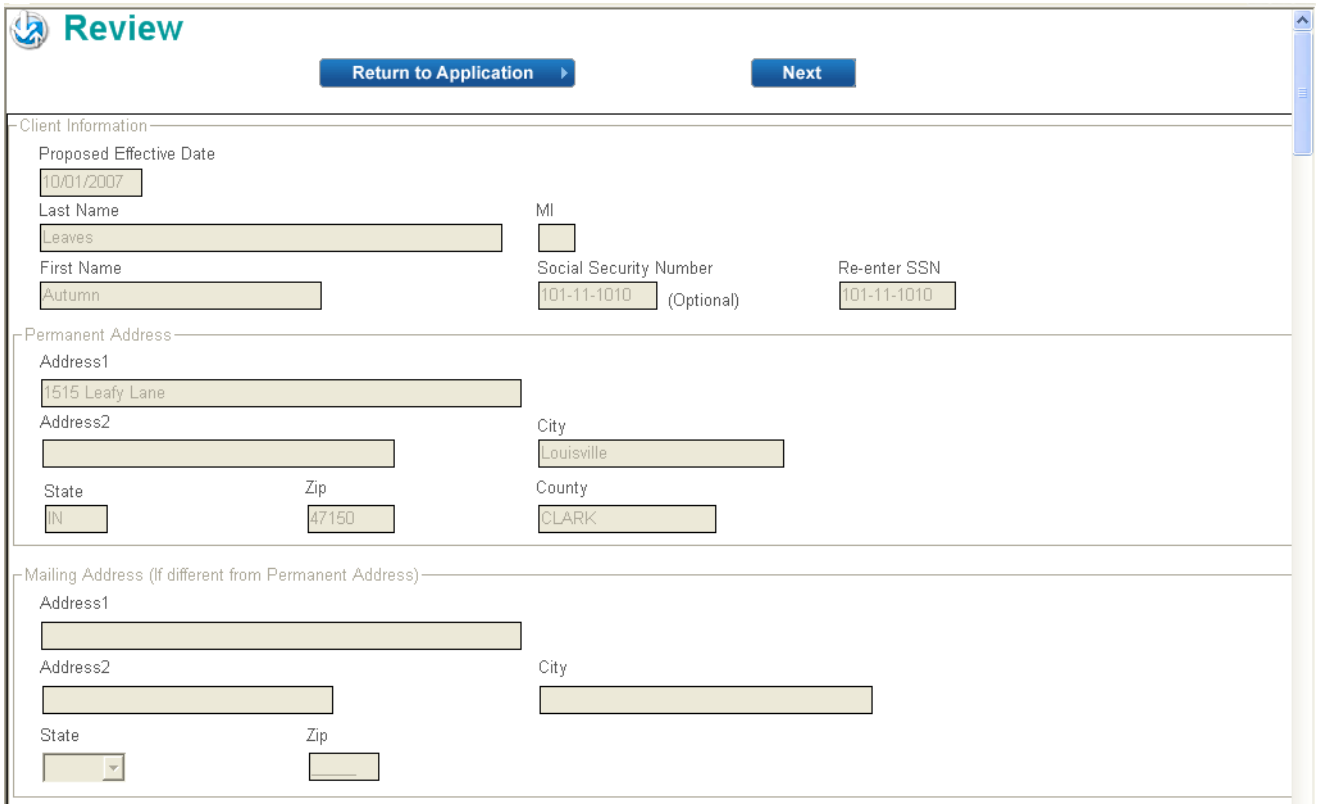


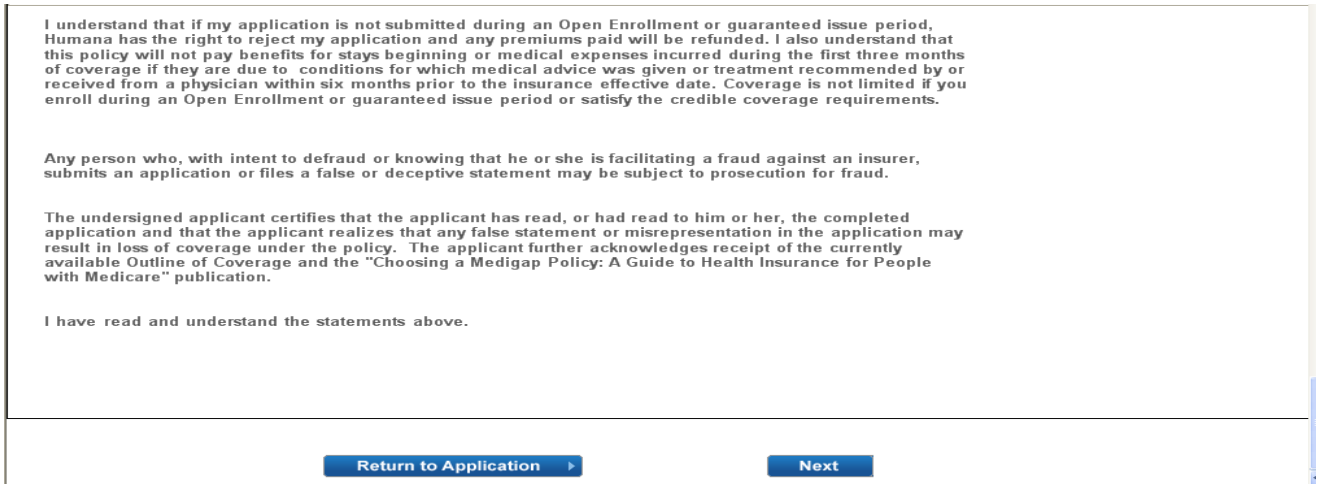
If there are any errors in the application you will receive the error page showing the mistakes marked in red to be fixed.

Medicare Supplement Application- Review

Review the application for accuracy. If there is something wrong on the application click **Return to Application** – this will take you back to the tabbed section to make Changes.

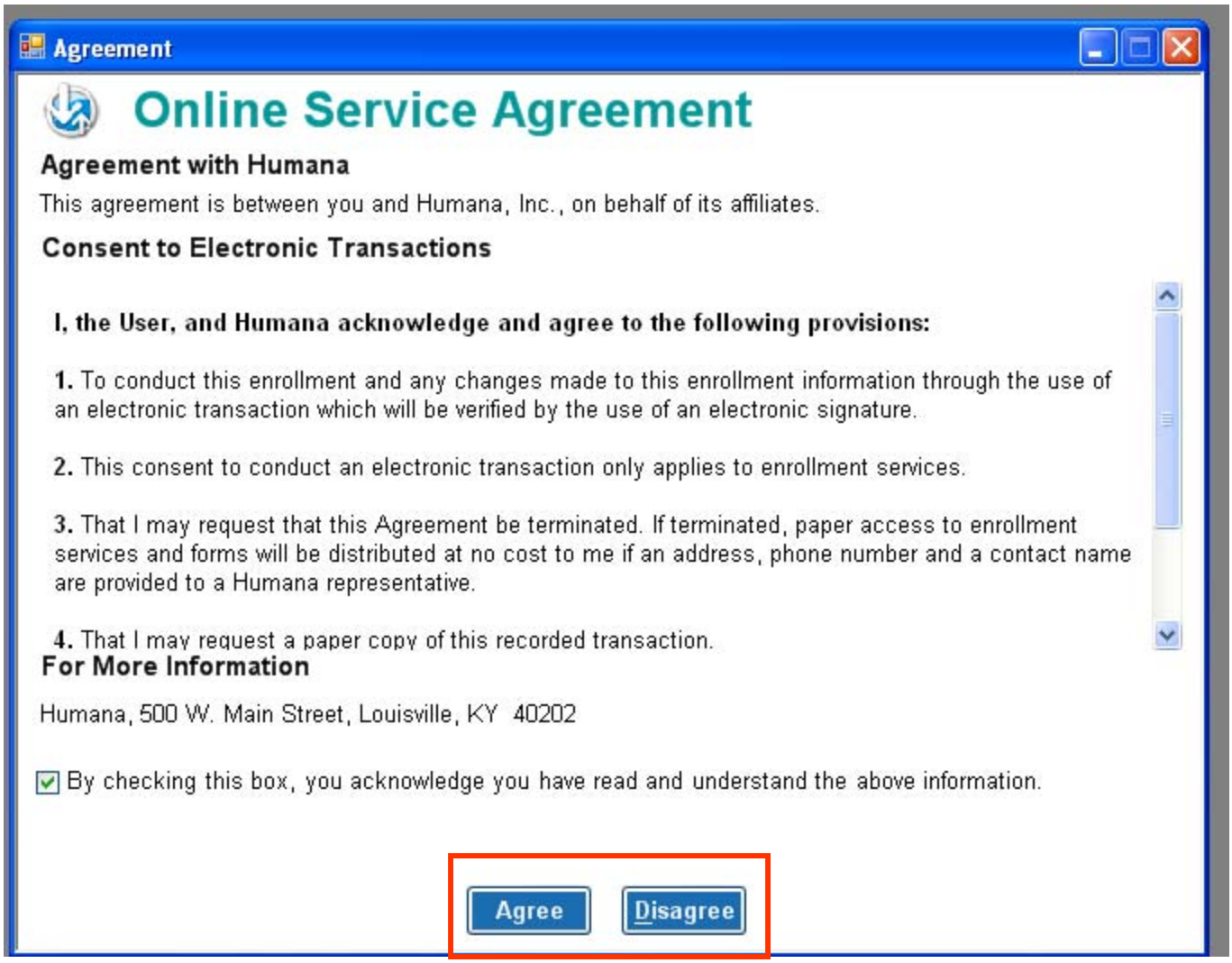
No problems with the application click **Next**.





Medicare Supplement Application
Service Agreement

You must read the agreement to the member and have them
Place a in the box - then click **Next**



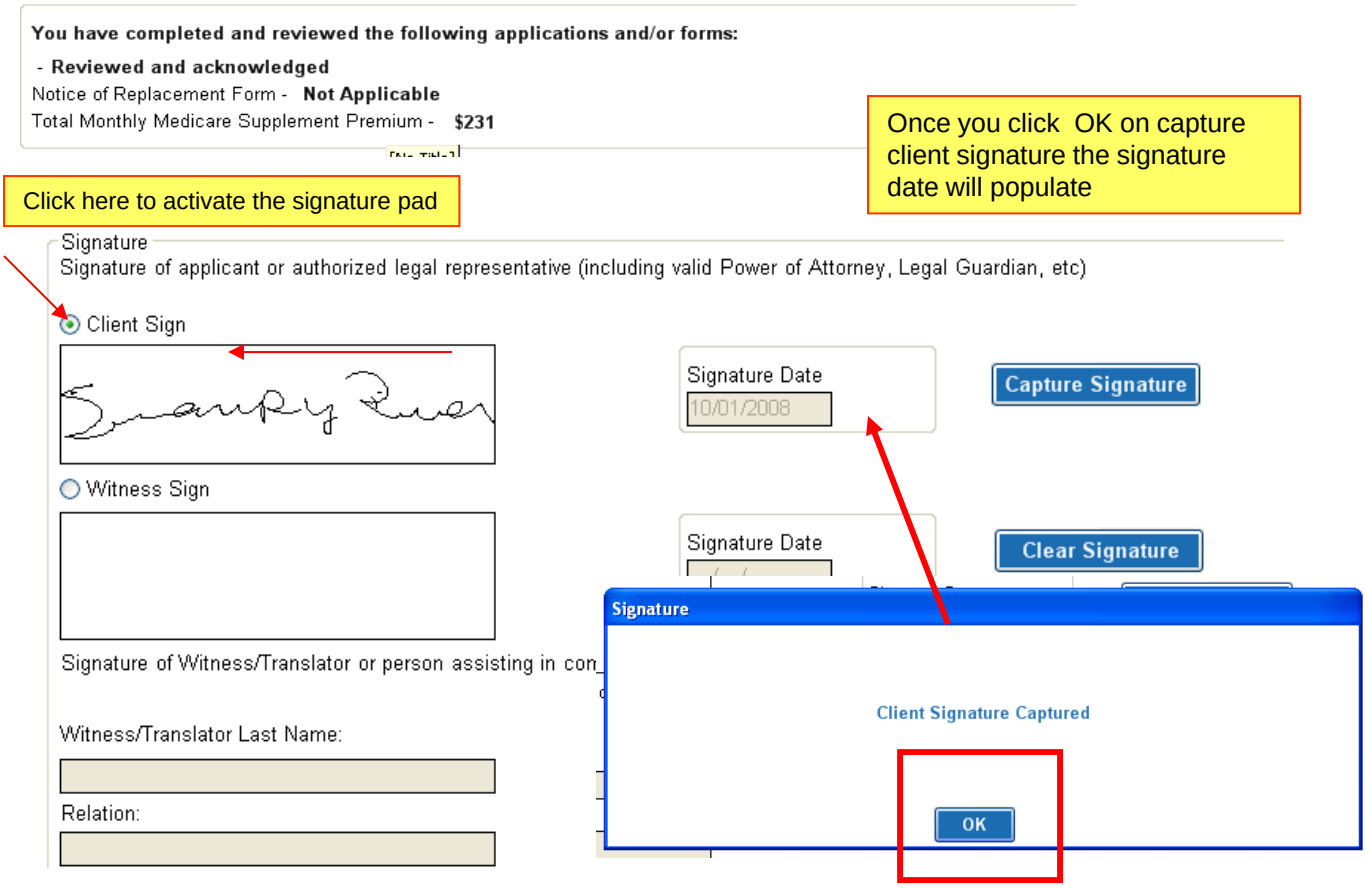
Ask the member if they **Agree** or **Disagree** to the service agreement
Click the appropriate box

Note: if the member disagrees you will need to start over with a paper application

Capturing Signatures: Client

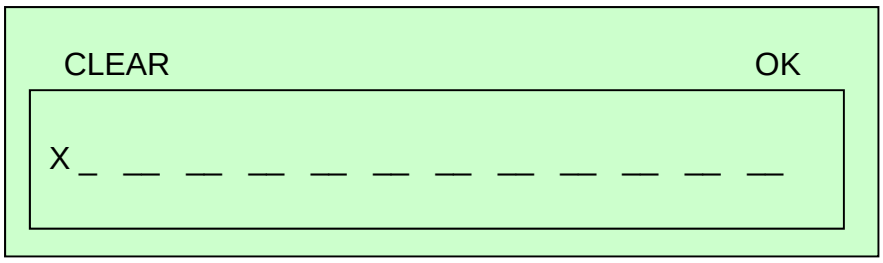
After your client, or someone acting as the Power Of Attorney (POA) for the client, has read and understood the summary of the selected plan, obtain a signature

Click in the circle next to Client Sign to activate the signature pad



Note: If the digital signature pad fails to capture the signature, complete a paper application and contact CSS for a replacement Signature pad.

Put the signature tablet in a position where the **client** can comfortably sign on the tablet screen. The tablet screen will light-up and your client can sign on the tablet using the attached stylus.



Capturing Signatures: Client

As your client signs on the dotted line, his/her signature will appear in the **Signature** window on the laptop screen.

If the client does not like the appearance of their signature, they can try again after the signature on the tablet screen is cleared.

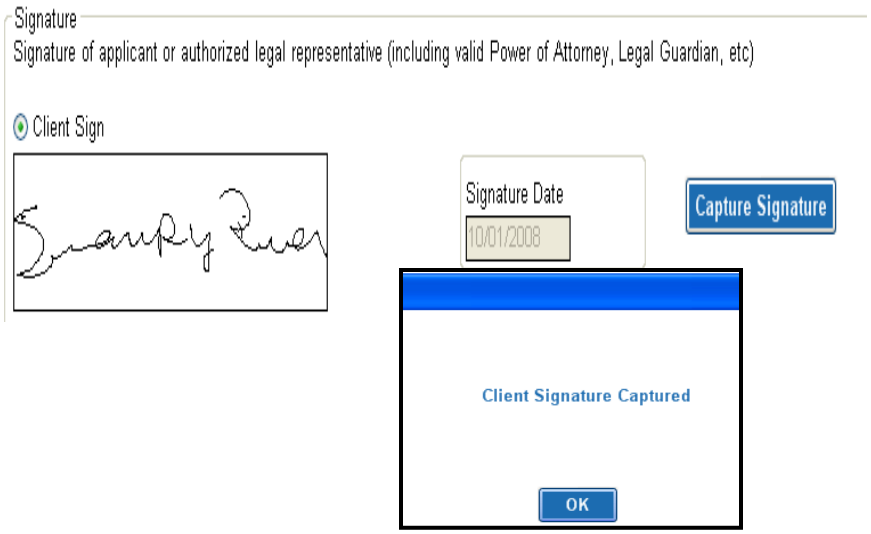
The signature can be cleared in one of two ways:

- The client can tap on **CLEAR** on the tablet, or
- The agent can click on the **Clear Client Signature** button on the laptop

When the client is satisfied with their signature, the signature can be captured in one of two ways:

- The client can tap on **OK** on the tablet, or
- The agent can click on the **Capture Client Signature** button on the laptop screen.

Once the signature is captured, a **Client Signature Captured** message will appear and the client's **Signature Date** will automatically be entered into the field. Click on the **OK** button to go to the next step.



Sales agents are not permitted to sign the enrollee's name for them!! This is the equivalent to forging their signature.

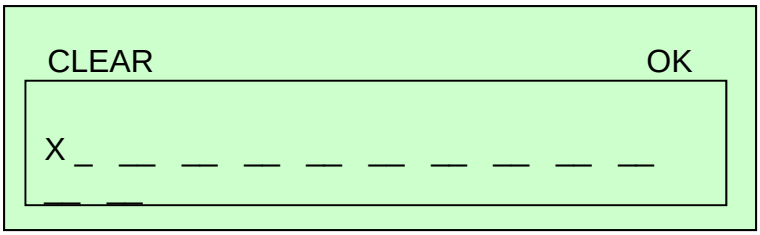
Capturing Signatures: Witness

Usually, a witness signature will not be necessary for the application. Some situations where a witness signature would be captured are when:

- The applicant wishes for someone else (family member, friend) to sign the application as a witness

- The applicant cannot physically completely sign their name (i.e., they sign an 'X' on the tablet)

By clicking the **Witness/Translator Sign** radio button the Capture Client Signature and Clear Client Signature buttons change to **Capture Witness Signature** and **Clear Witness Signature**, respectively. The signature tablet is ready for the witness' signature.

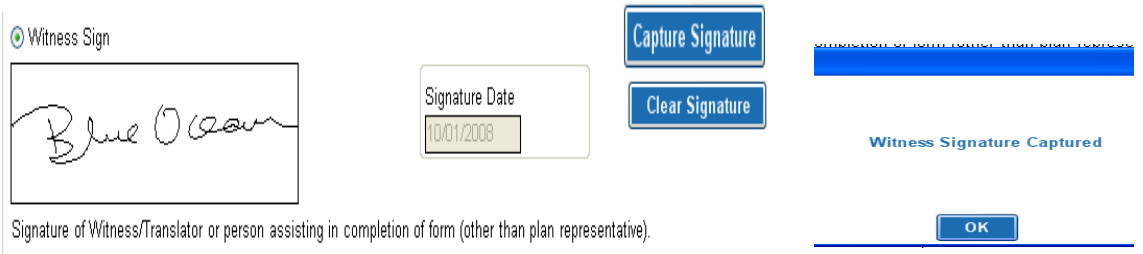


If the witness does not like the appearance of their signature, they can try again after the signature on the tablet screen is cleared. The signature can be cleared in one of two ways:

- Tab clear on the signature pad

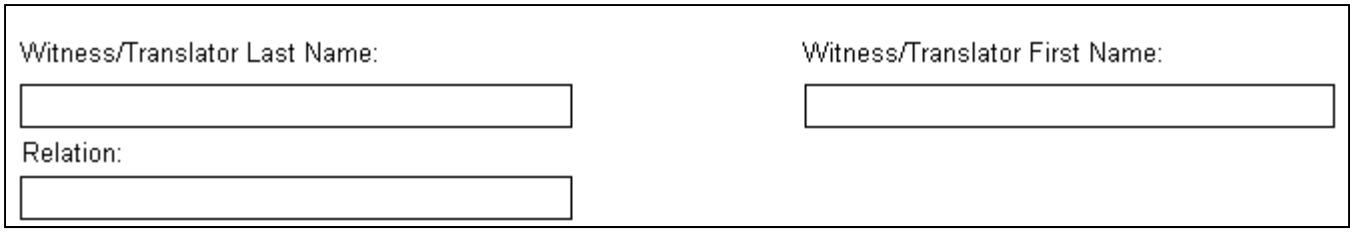
- The agent can click the clear witness signature button

Once the witness signature is captured, a **Witness Signature Captured** message will appear and the witness' **Signature Date** will automatically be entered into the field. Click on the **OK** button to close the message box.



Capturing Signatures: Witness

You will now be prompted to enter the **Witness First Name**, **Witness Last Name** and **Relation to Applicant** in the fields under the witness' signature.



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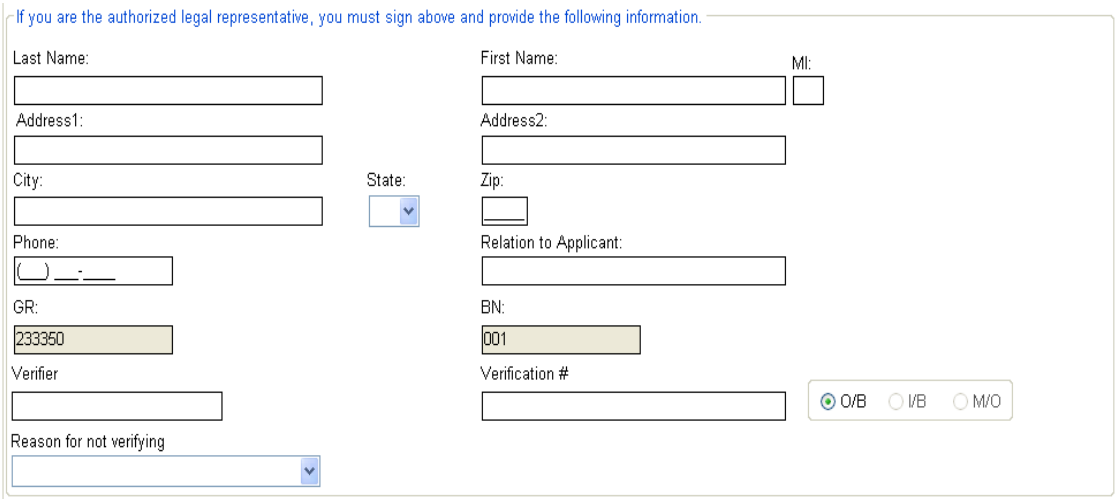
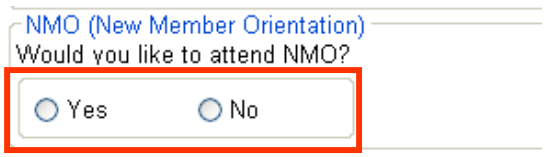


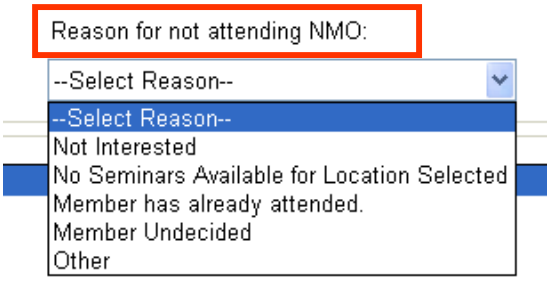
New Member Orientation

New member orientation will go into more detail about "how" to use your plan and give valuable info on different programs that we have.

Select **Yes** or **No.** If no you must use the drop down and select a reason why.

This will write to the Smart Pad in CDS.





Saving the Application

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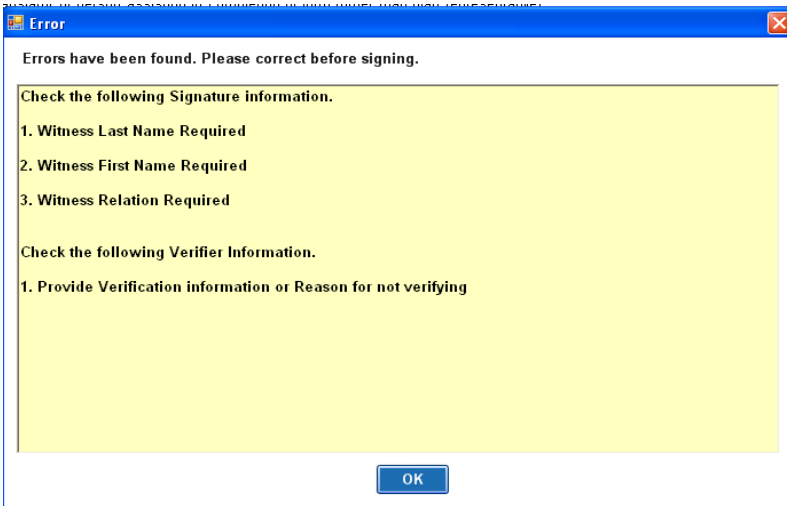
Click on the **Save** and **Close** button to save the application.

If you make a mistake or forget something on the review and sign page you will see the error box showing what corrections need to be made.

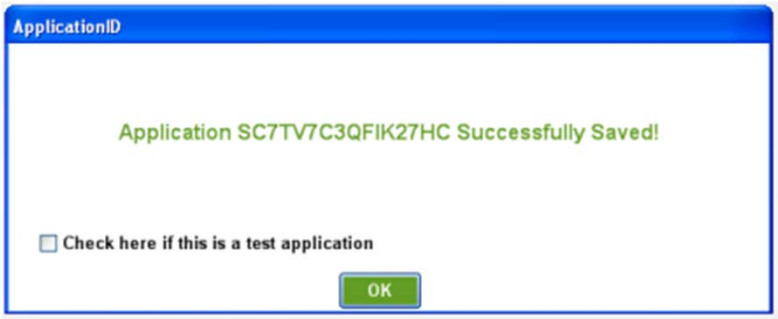


A message box will indicate the application has been saved.

Your application is now completed.
Once you click **OK,** you will return to the MAPA Workbench.

Saving the Application

A **Test application box** has been added to all applications.



Check marking this box will keep the application from fully uploading

The Test application will appear in your application list until you complete an upload process at which time it will be removed

Type	Last Name	First Name	Address	City	State	Zip	Phone	Status
SOA	craker	cheese	1515 willow rd	louisville	KY	40299	(502)-266-6666	Complete
FSB	fields	william	1514 warlock street	louisville	KY	40299	(502)-225-3321	Complete
SOA	candy	hard	1515 west main	louisville	KY	40299	(502)-666-6696	Test
FSB	Spitman	Rugger	1515 dog lane	louisville	KY	40299	(502)-666-6666	Complete

Group Application - Demographic Tab

Complete the client's **Demographic** information for this section of the application. Some fields will not allow data entry; the data is tied to choices made during the process and can not be changed.

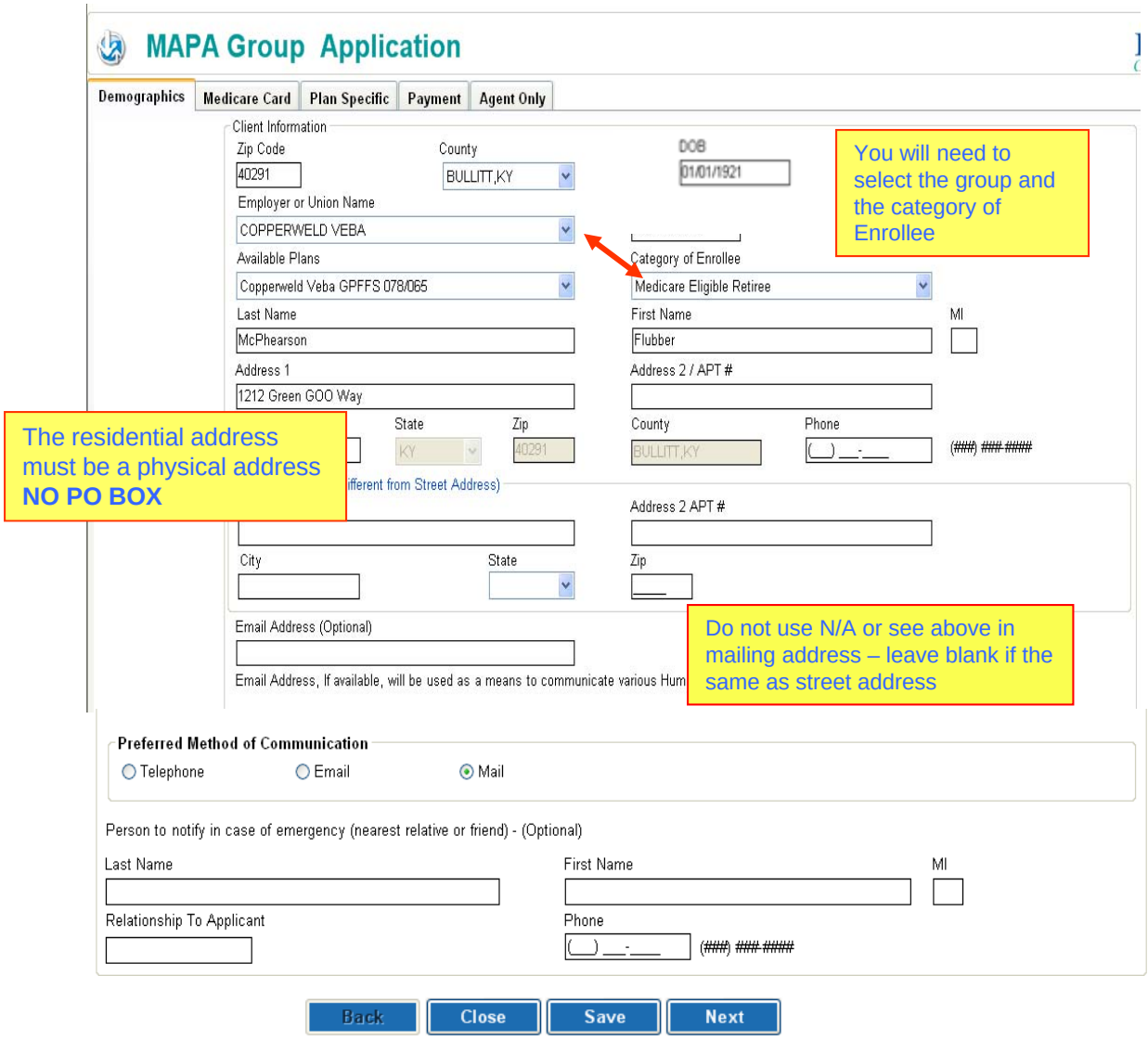
Enter the **Zip Code** – this will activate the County field.

Using the drop down, select the **County** – this will activate the Available Plans.

Using the drop down in **Available Plans** – this will activate the category Enrollee

Use the drop down to select the correct enrollee

Preferred method of Communications - This is how the member prefers the **agent** to **contact** them. This will write to the **Keywords** box in **CDS**

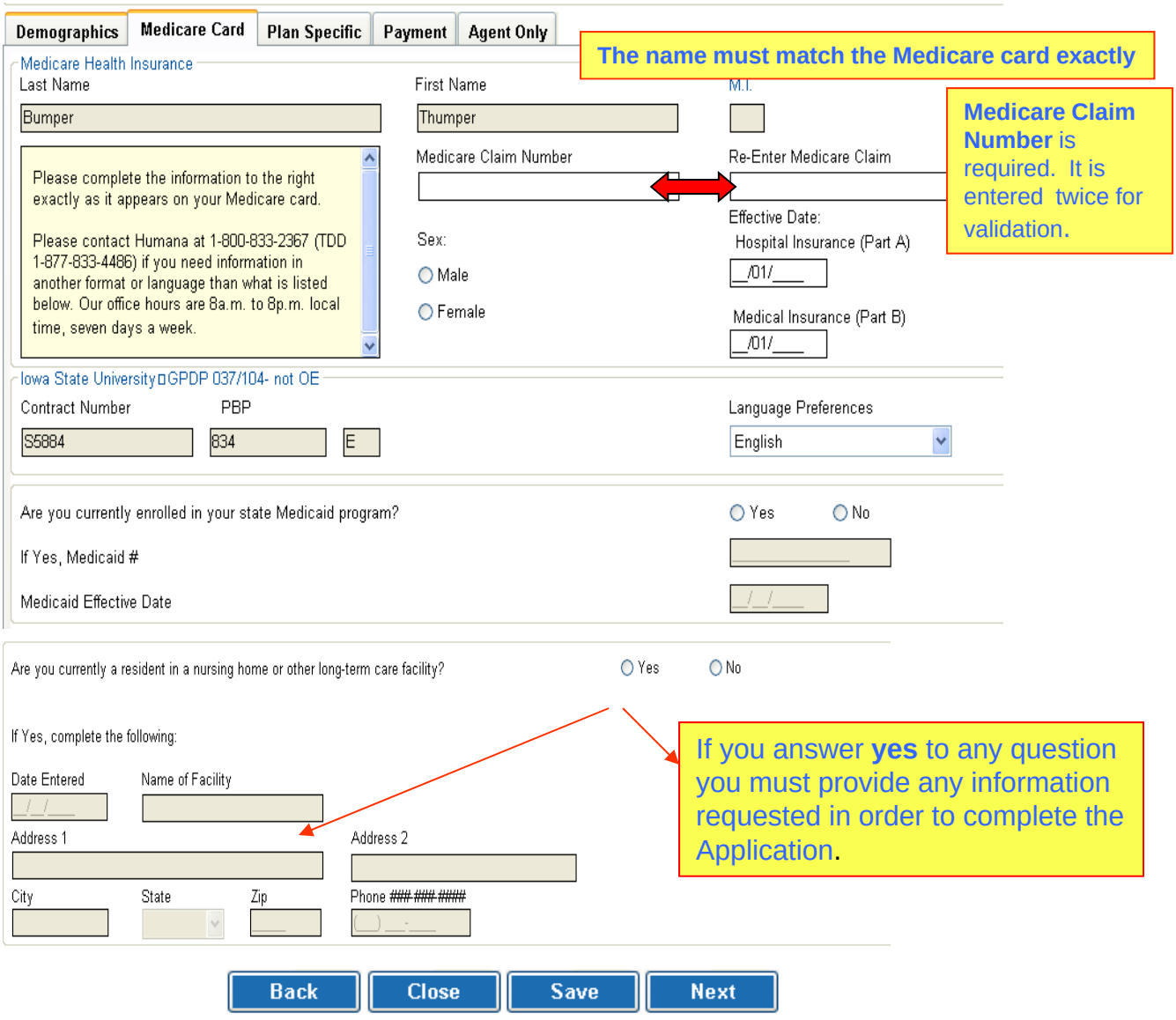


Medicare Card Tab: Group Application

This section is requires the client's **Medicare** information. Complete the individual's Medicare information as it appears on the Medicare card. Some fields will not allow data entry unless their section requires information.

If the client does not have Medicaid, you would leave the choice as 'No'. You would not be able to enter information into the Medicaid # box unless you selected 'Yes' as the answer to the Medicaid question.

***Note:** For nursing home, if yes, **Date** refers to the date the client entered the facility.*



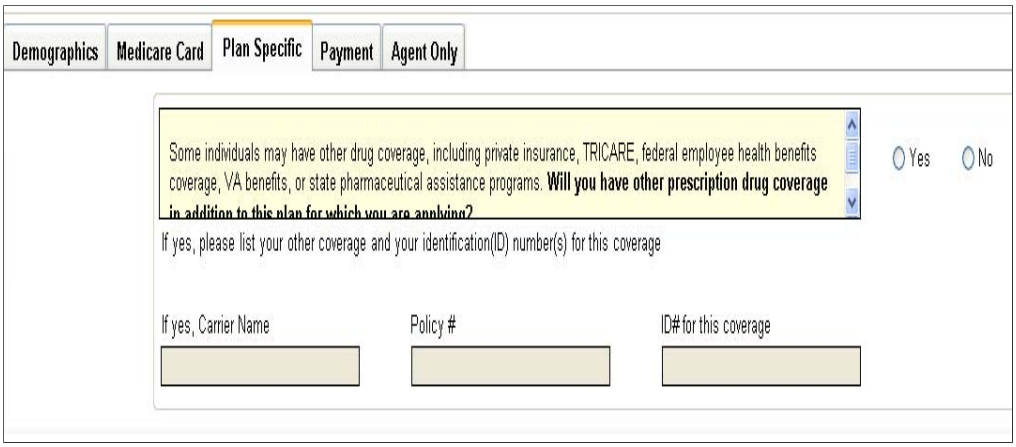
Note – the language preference will write to the Smart Pad in CDS.
- the part A and B dates, Medicare effective date will write to the Benefits tab under policies.

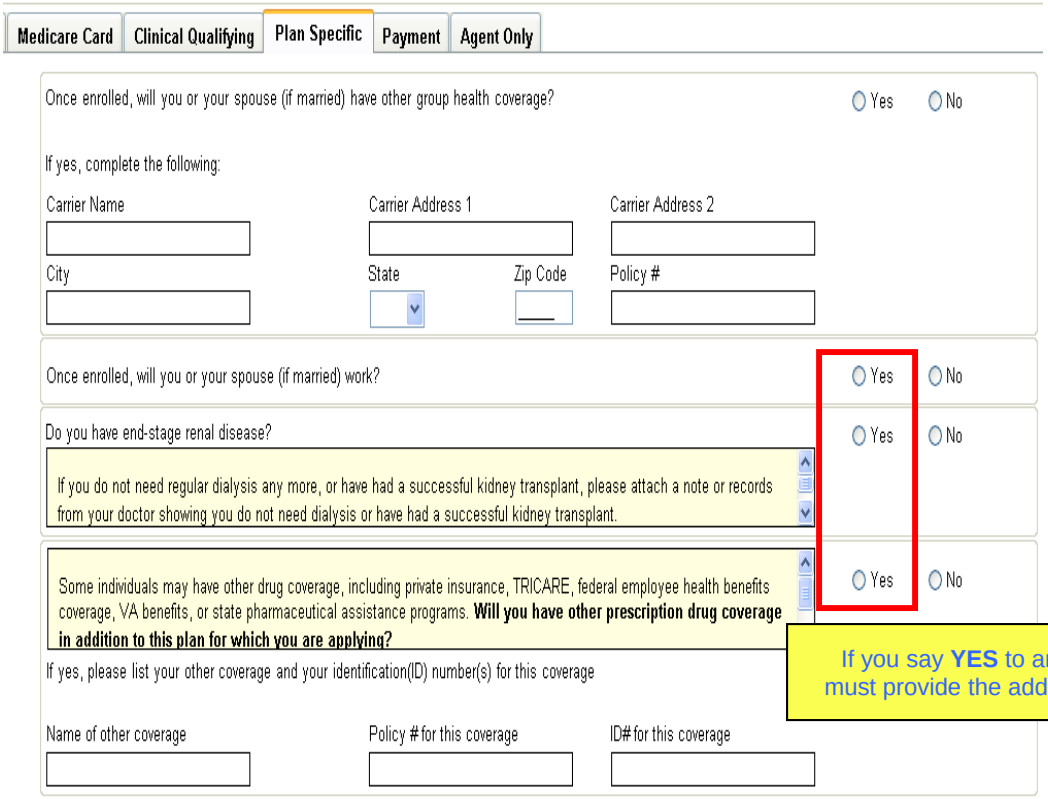
Plan Specific Tab: Group Application

This section is requesting information for the particular **plan** the client has selected.

With the numerous plans, the specific options for each will look different on the screen.

For example, the **PDP** form to the right asks if the client has prescription drug coverage. You would not be able to enter Carrier information unless you selected 'Yes' as the answer to the question.





The **PPO** plan to the left will ask about group health coverage, end-stage renal disease and additional prescription drug coverage.

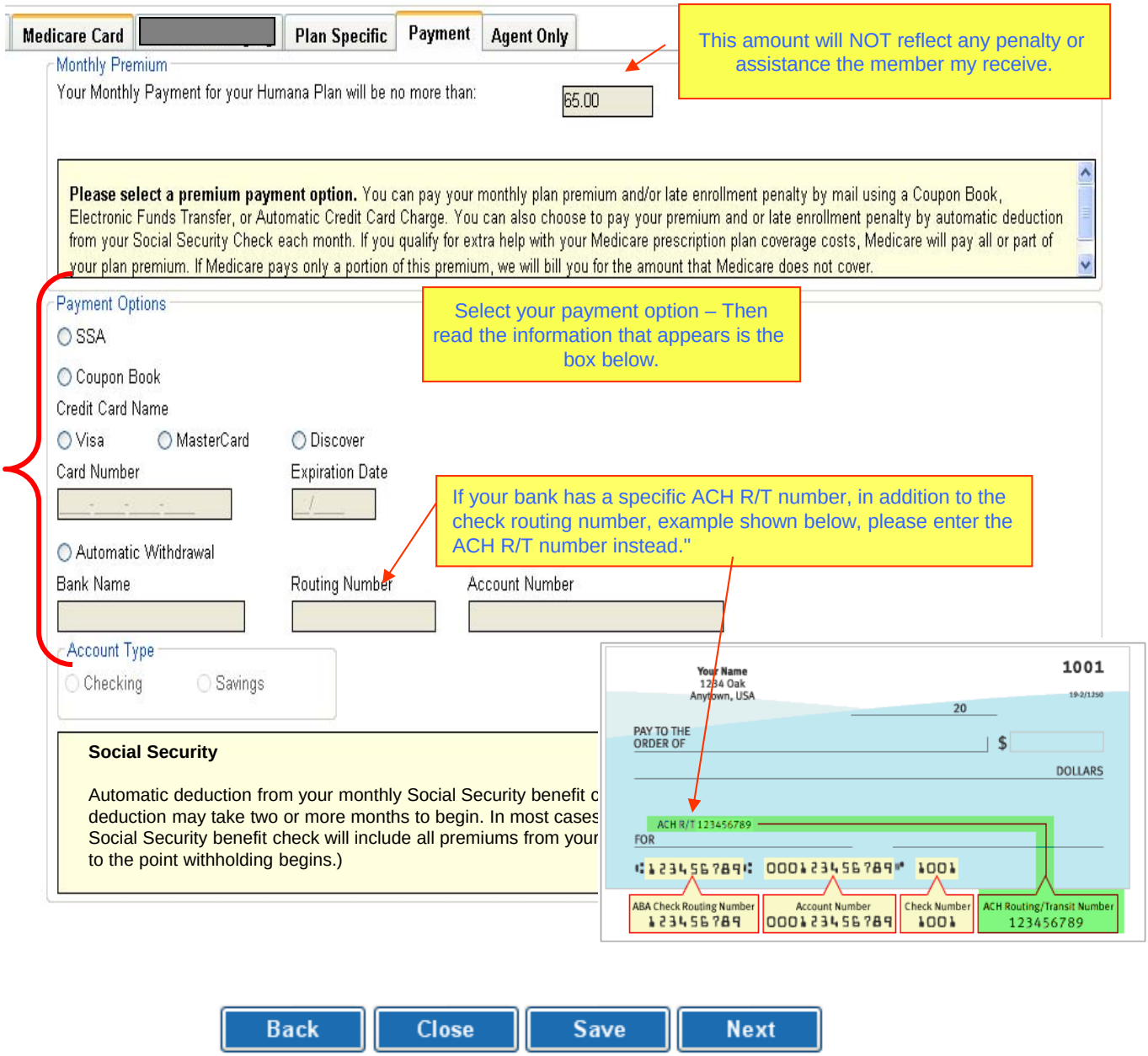
Again, changes to future plans will cause this section to change as needed.

If you say **YES** to any question you must provide the additional information

Payment Tab – Group Application

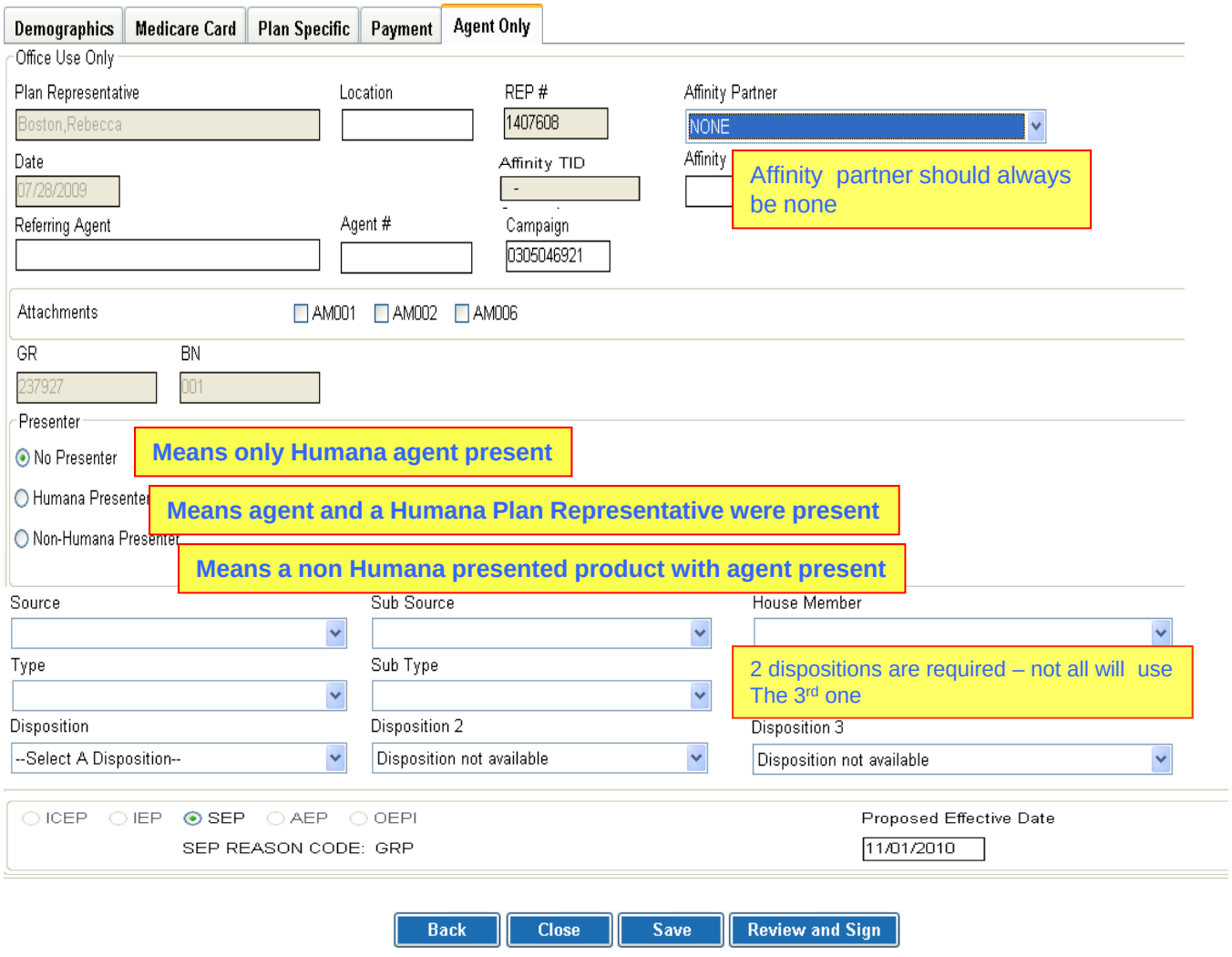
If the plan you selected does not have a premium amount the tab will not open.

This section is requesting information on how plan **payments** will be handled. Select the appropriate **Payment Option** and continue to the next section.

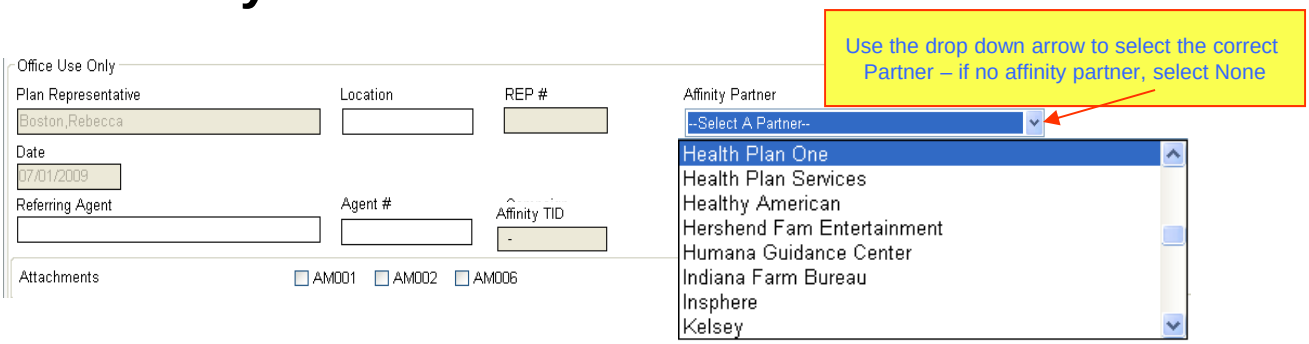


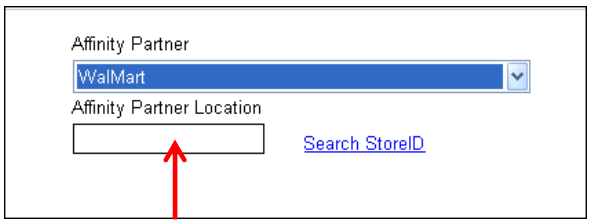
Agent Only Tab: Group Application

Affinity Partner – always select None.
Affinity Partner Location – not used for a group application.
Referring Agent – not used for group applications
Source and Sub Source – for CDS refers to where the lead came from.
House Member – use to determine head of house or spouse - for CDS use.
Type and Sub Type – use client and A.
Disposition - the 3 tiered disposition resembles the new CDS version. In disposition 1 select the correct sold product . Then select reasons for enrolling under disposition 2 and 3.
Enrollment reason – defaults to SEP – reason Group
Campaign – refers to the Affinity partner key code – this is located on your calendar activity if you down load this will pre fill – if using blank app you will need to take out the default and add the correct code.
Proposed effective date – defaults to the first of the following month you are in. You can change the date to reflect no more then 3 moths out.
Presenter – who was at the appointment with you



Affinity Partners:



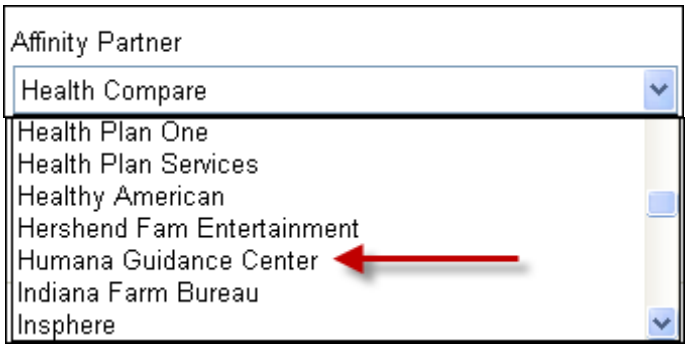


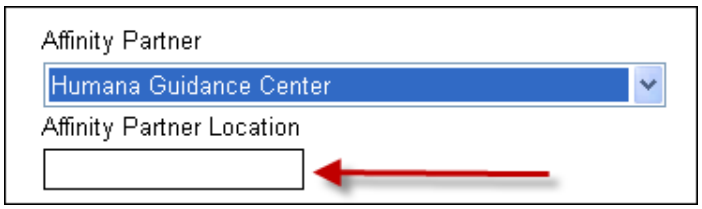
If the affinity partner is Wal mart the store number must be listed

If you don't know the Store ID:

- Click on the Search Store ID button
- Leave ID blank and click Search
- Enter State and City of the store

If the affinity partner is a Humana Guidance Center the location must be entered



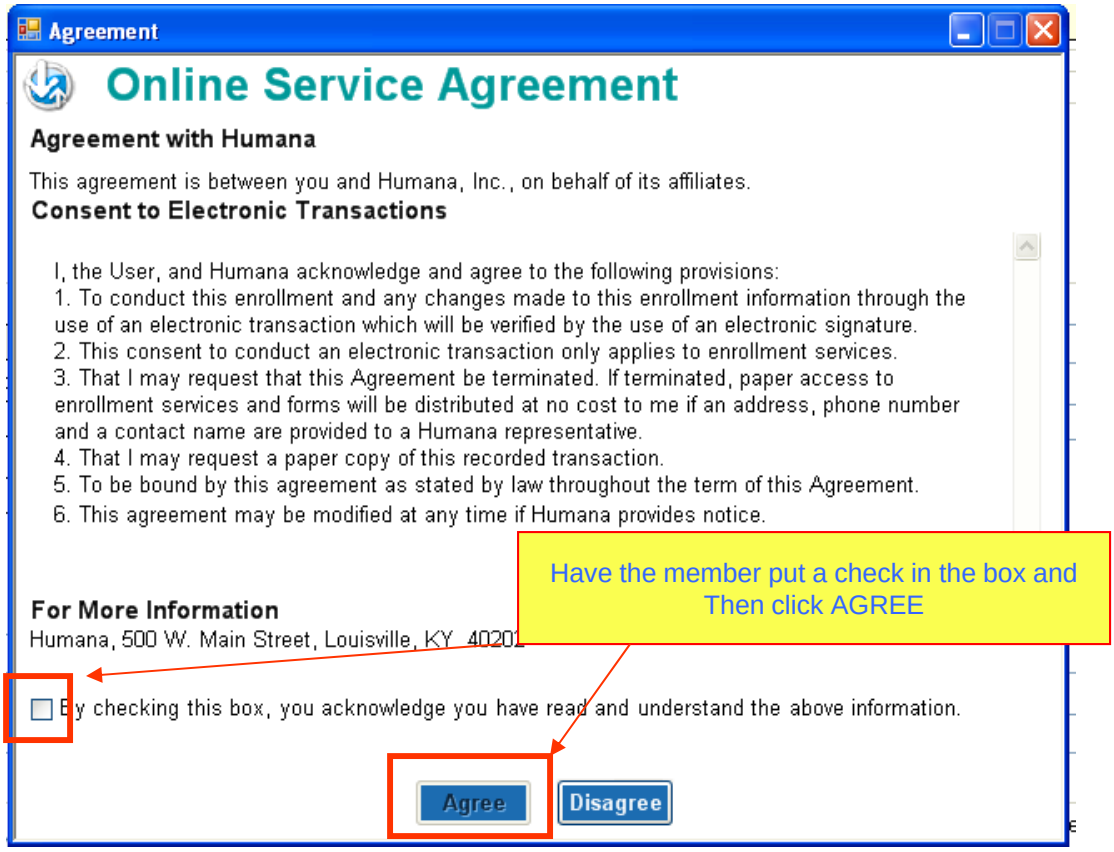


STOREID	ADDR1	CITY	STATE
10613	8648 Skillman Street	Dallas	TX
10615	2257 S 108th Street	West Allis	WI
10616	227 Willow Bend	Crystal	MN
10617	11316 Montgomery Road	Cincinnati	OH
10618	7666 Nob Hill Road	Tamarac	FL
10619	12100 E Colonial Dr	Orlando	FL
10620	215 Englewood Road, Suite A	Kansas City	MO
10621	3189 W Vine Street	Kissimmee	FL
10622	7945 S Harlem	Burbank	IL
10623	5943 E McKellips Rd Ste 106	Mesa	AZ
10624	8975 W Charleston Blvd	Las Vegas	NV
10626	7915 N Hale Ave	Peoria	IL
10627	7400 Gall Blvd	Zephyrhills	FL
17673	1000 N Green Valley Parkway, Suite 720	Las Vegas	NV
17674	2025 W. Henderson	Columbus	OH
17693	1915 SNOW ROAD	PARMA	OH
17694	4438 Western Avenue	Knoxville	TN
10614	711 W. Wheatland Road	Duncanville	TX
10625	1000 N Green Valley Parkway, Suite 720	Henderson	NV

Service Agreement – Group Application

- The online service agreement must be read by or read to the member.
- This states they understand everything is being completed electronically. They agree to the terms and conditions.

If the member does not agree to the Service Agreement you must complete a paper application.



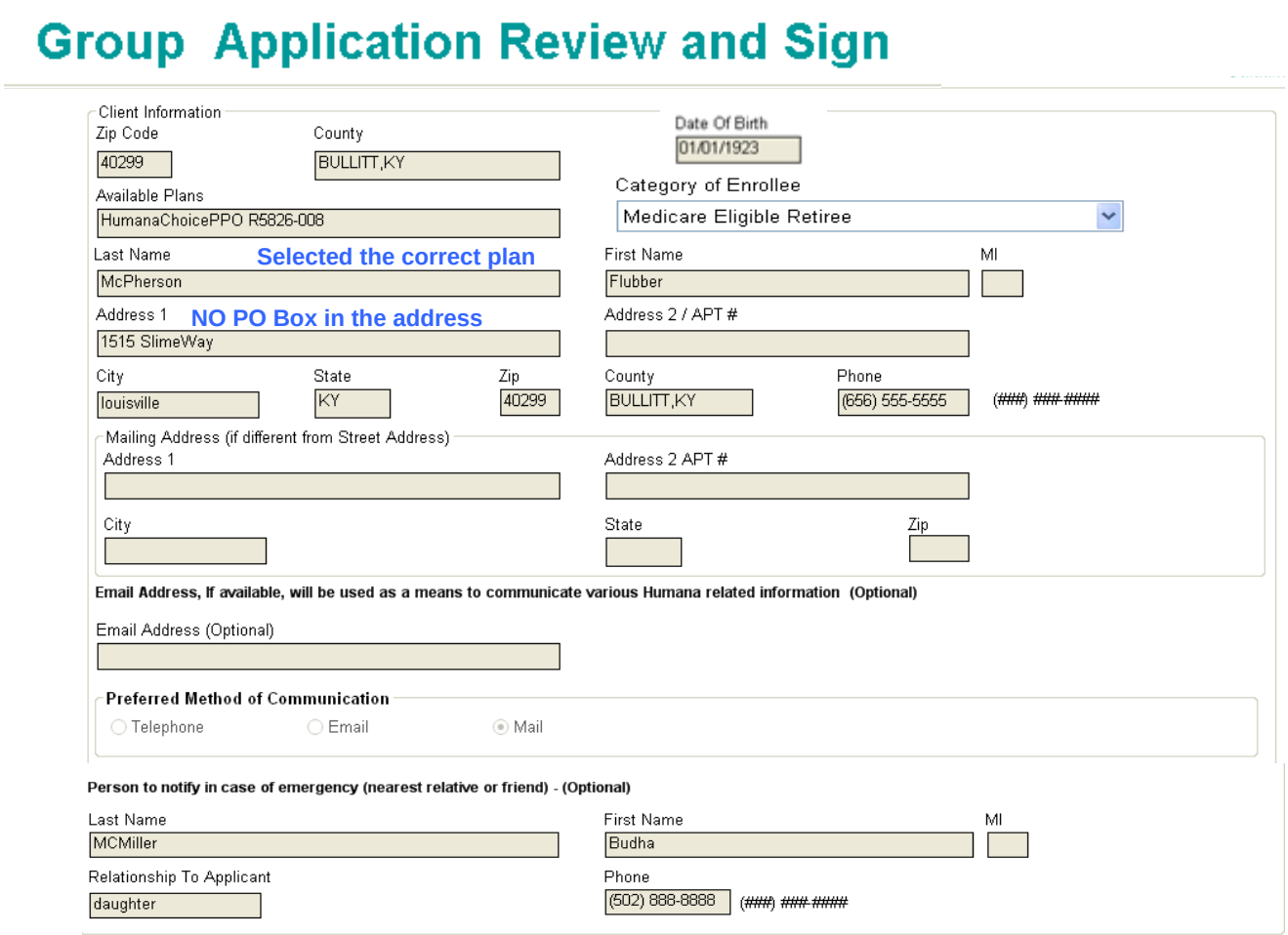
Once the agreement is completed, you will be taken to the **Review and Sign** page.

Application Review: Group Application

When the program recognizes that the pad is connected to the laptop, the program will then display a **Summary** page listing all the information that has been entered on the application. Scroll through the application and review the accuracy of the information with the client.

You are reviewing the application for spelling errors and incorrect information

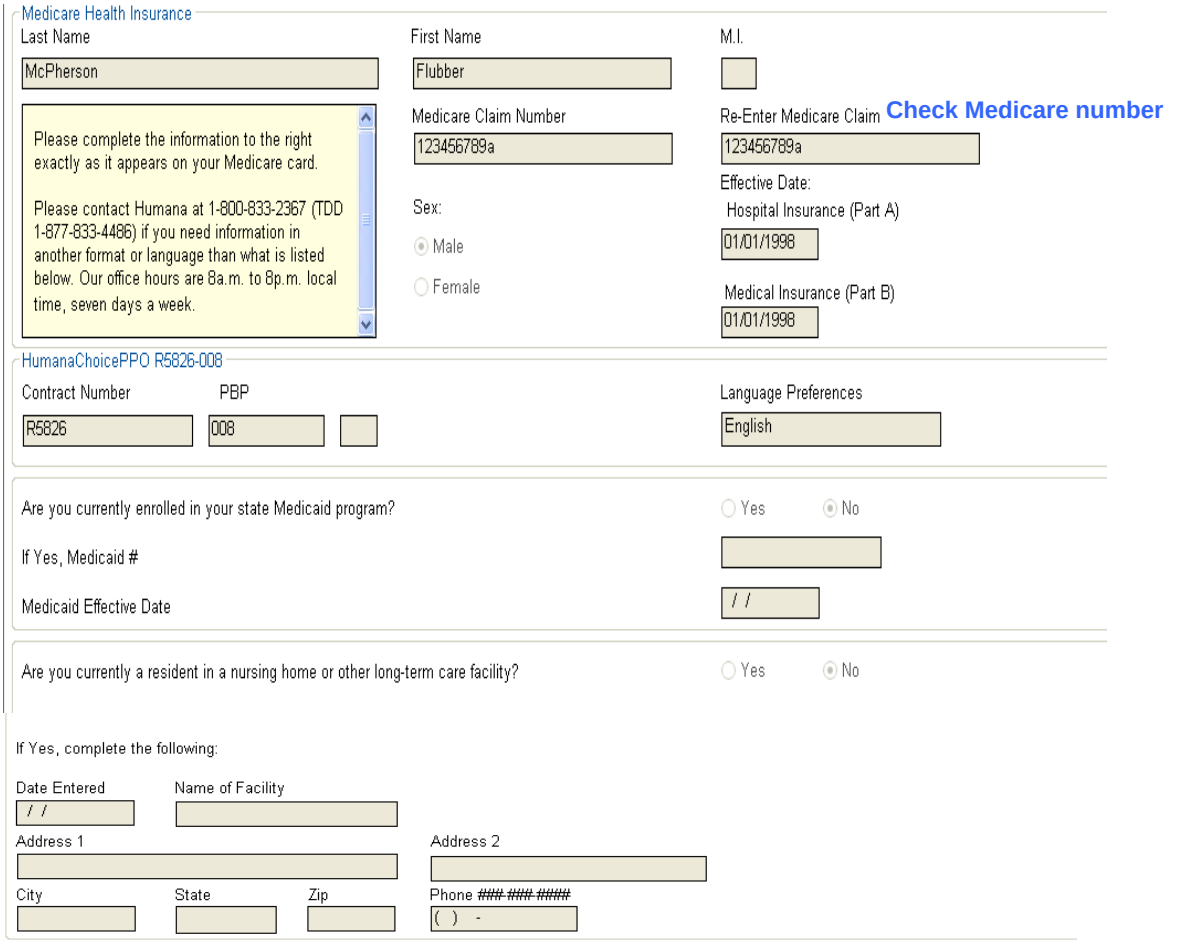
If an error is found, click return to application to correct

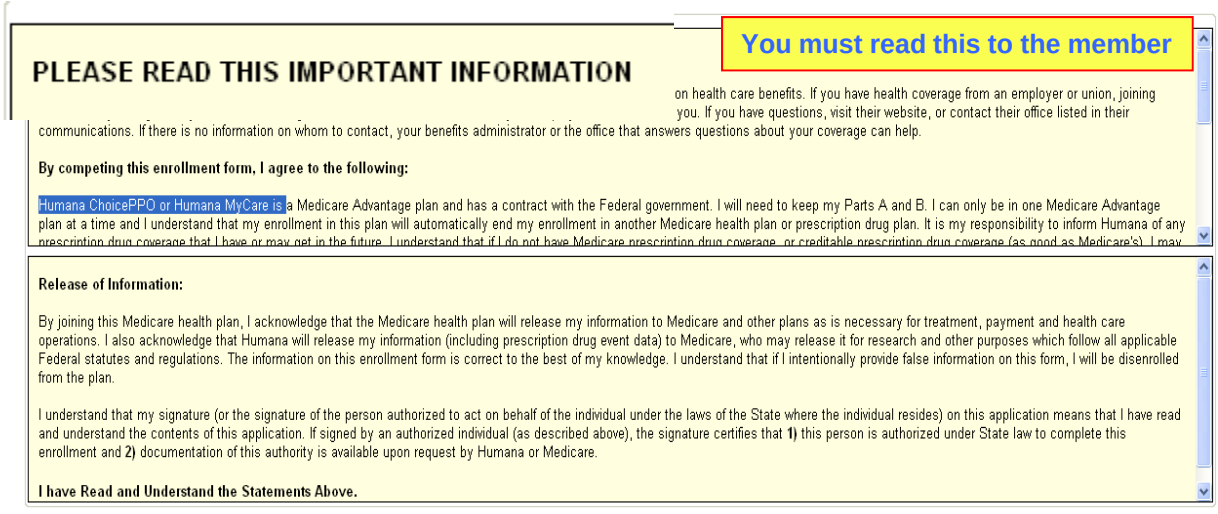


Application Review continued on next page…

Application Review – Group Application

The system has already scanned the application to ensure it was complete.

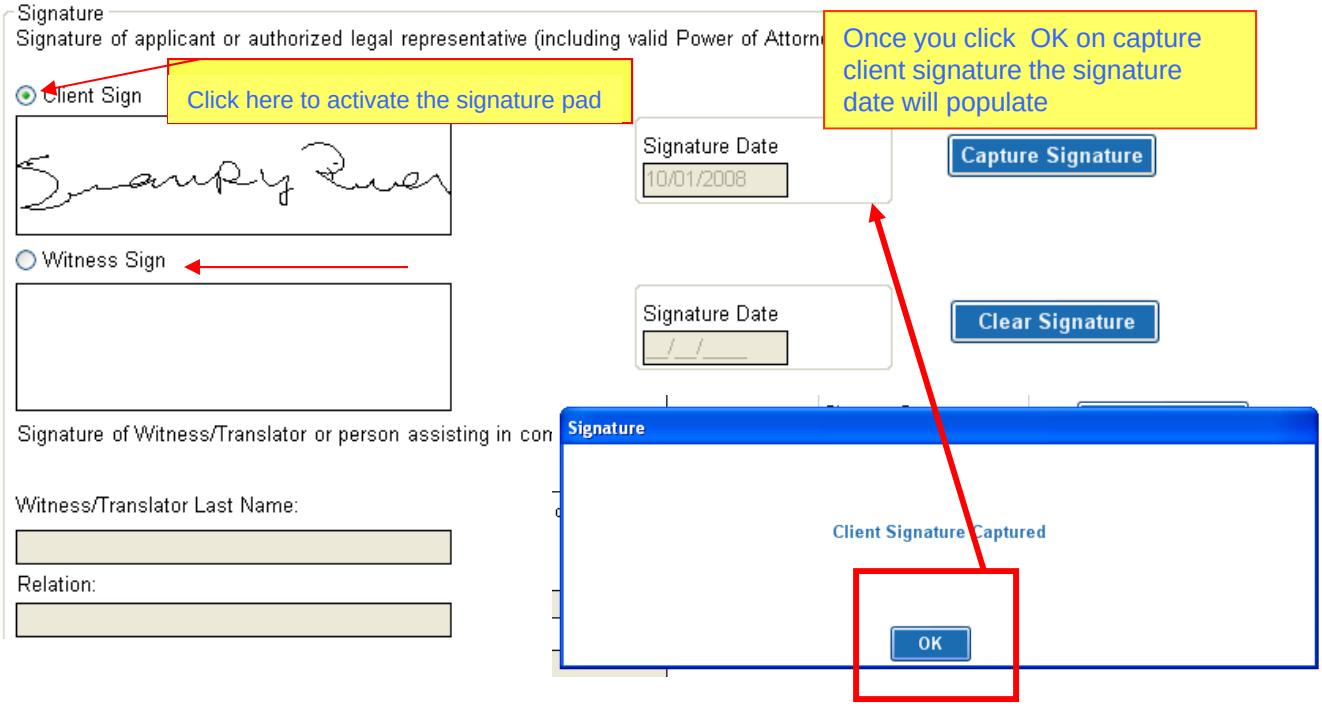




Capturing Signatures: Client

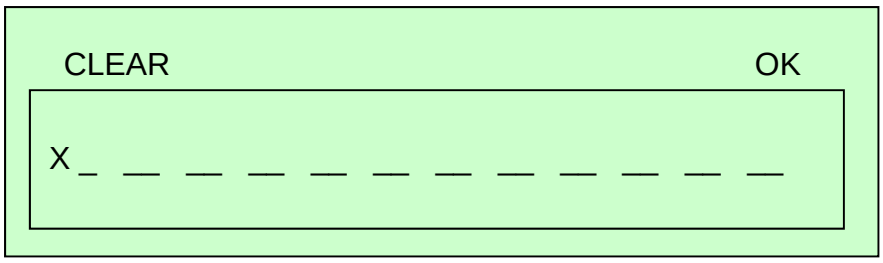
After your client, or someone acting as the Power Of Attorney (POA) for the client, has read and understood the summary of the selected plan, obtain a signature

Click in the circle next to Client Sign to activate the signature pad



Note: If the digital signature pad fails to capture the signature, complete a paper application and contact CSS for a replacement Signature pad.

Put the signature tablet in a position where the **client** can comfortably sign on the tablet screen. The tablet screen will light-up and your client can sign on the tablet using the attached stylus.



Capturing Signatures: Client

As your client signs on the dotted line, his/her signature will appear in the **Signature** window on the laptop screen.

If the client does not like the appearance of their signature, they can try again after the signature on the tablet screen is cleared.

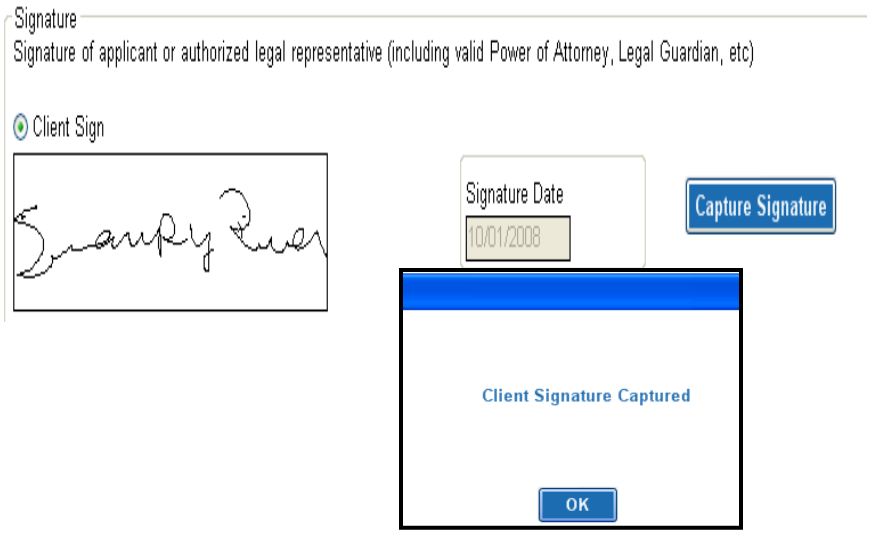
The signature can be cleared in one of two ways:

- The client can tap on **CLEAR** on the tablet, or
- The agent can click on the **Clear Client Signature** button on the laptop

When the client is satisfied with their signature, the signature can be captured in one of two ways:

- The client can tap on **OK** on the tablet, or
- The agent can click on the **Capture Client Signature** button on the laptop screen.

Once the signature is captured, a **Client Signature Captured** message will appear and the client's **Signature Date** will automatically be entered into the field. Click on the **OK** button to go to the next step.



Sales agents are not permitted to sign the enrollee's name for them!! This is the equivalent to forging their signature.

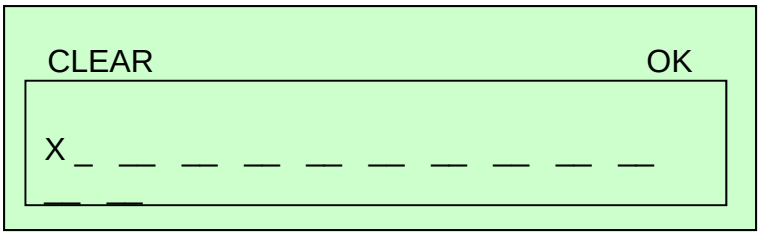
Capturing Signatures: Witness

Usually, a witness signature will not be necessary for the application. Some situations where a witness signature would be captured are when:

- The applicant wishes for someone else (family member, friend) to sign the application as a witness

- The applicant cannot physically completely sign their name (i.e., they sign an 'X' on the tablet)

By clicking the **Witness/Translator Sign** radio button the Capture Client Signature and Clear Client Signature buttons change to **Capture Witness Signature** and **Clear Witness Signature**, respectively. The signature tablet is ready for the witness' signature.

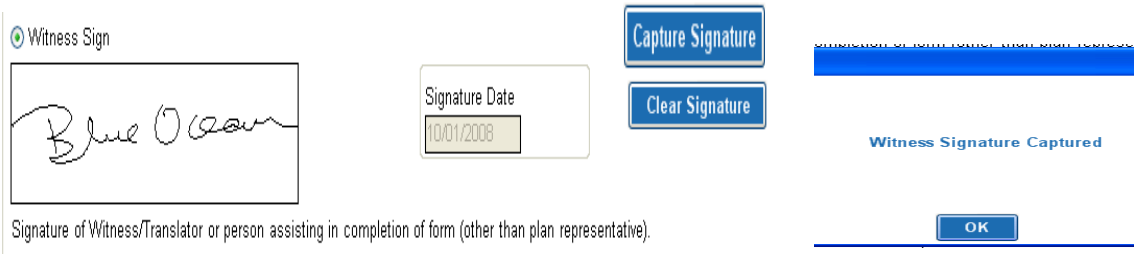


If the witness does not like the appearance of their signature, they can try again after the signature on the tablet screen is cleared. The signature can be cleared in one of two ways:

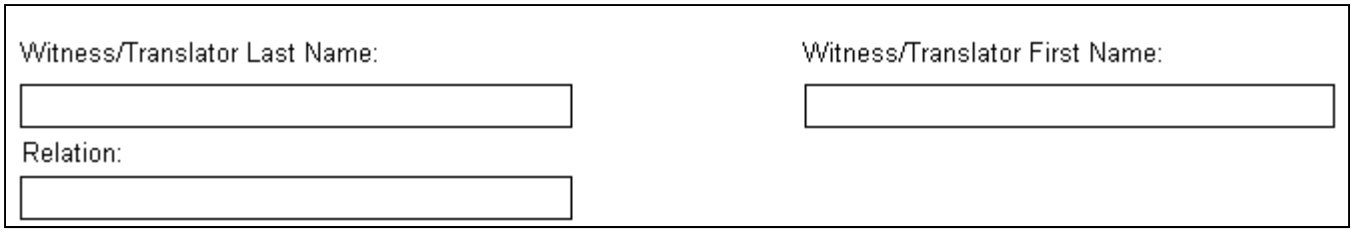
- Tab clear on the signature pad

- The agent can click the clear witness signature button

Once the witness signature is captured, a **Witness Signature Captured** message will appear and the witness' **Signature Date** will automatically be entered into the field. Click on the **OK** button to close the message box.

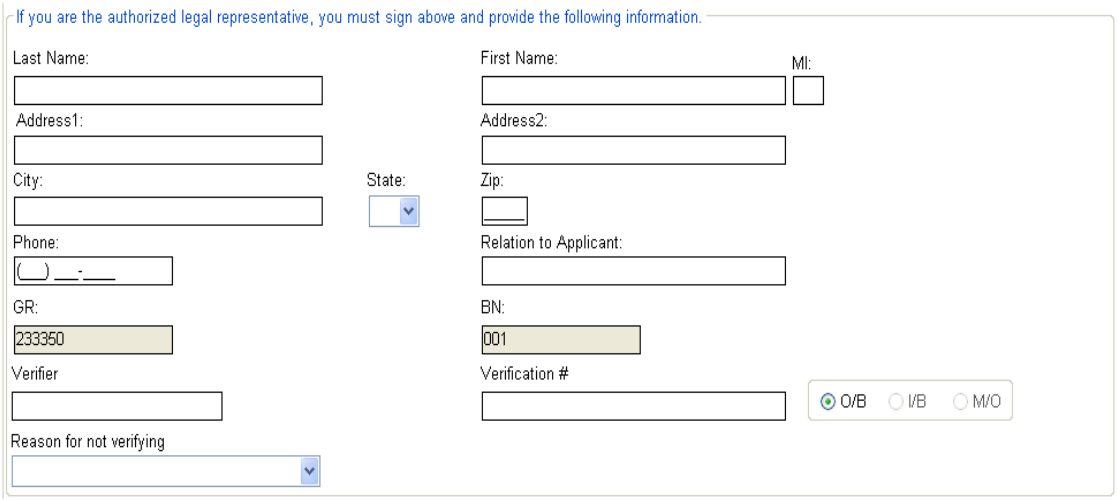


You will now be prompted to enter the **Witness First Name**, **Witness Last Name** and **Relation to Applicant** in the fields under the witness' signature.



If someone is acting as the **POA**, that person will sign in place of the member and their personal information will need to be entered in the fields at the bottom of the application.

You as the agent are not the authorized representative



When both signatures have been captured and the witness' information has been entered in the appropriate fields, you are ready to call for verification.

Verification

It is Humana policy to **complete a verification on all applications.**

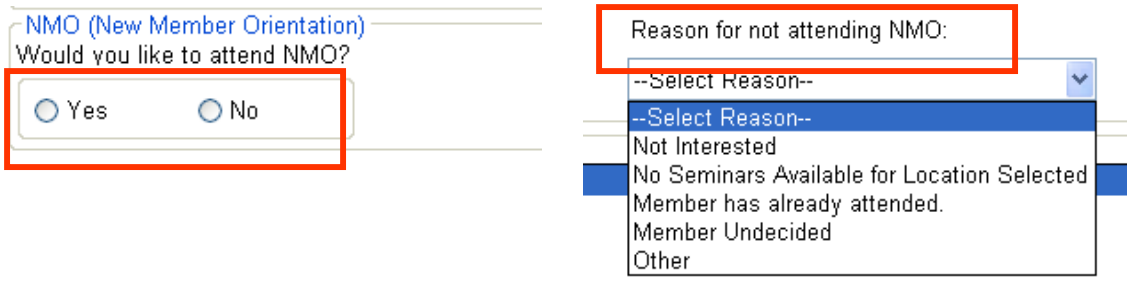
Verification for a group application is done by mail the **M/O** option is automatically selected

New Member Orientation

New member orientation will go into more detail about "how" to use your plan and give valuable info on different programs that we have.

Select **Yes** or **No.** If no you must use the drop down and select a reason why.

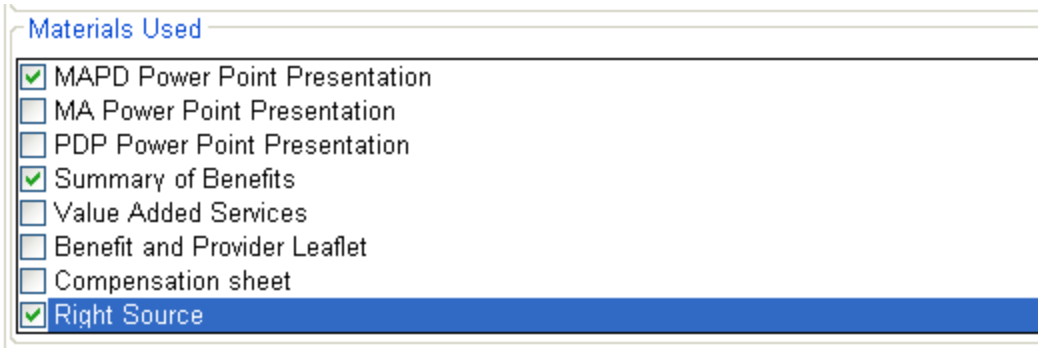
This will write to the Smart Pad in CDS.



Selecting **Yes will not enroll the member** in an orientation class.

Materials Used

Select all the materials that you used during your Appointment. This information will write to the Smart Pad in CDS



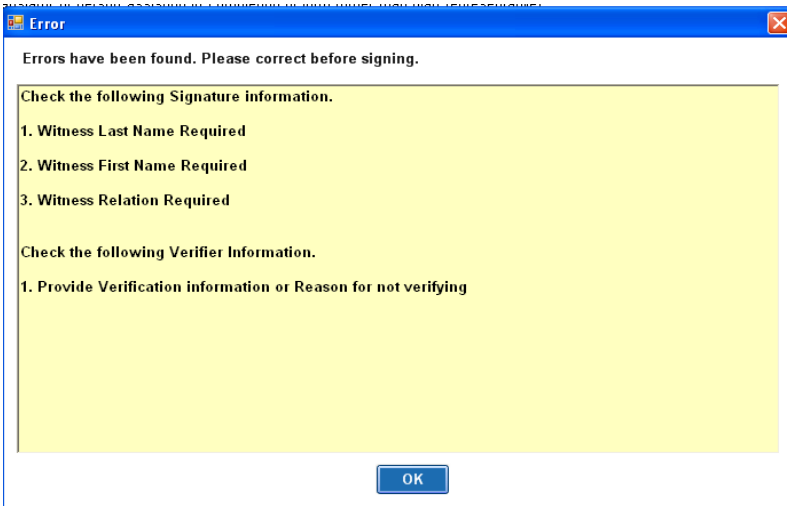
Saving the Application

To ensure your application signature is **Saved,** you must hit the **Save and Close** button located at the bottom of the application.

If you click the X in the upper corner, the signature will not save.

Click on the **Save** and **Close** button to save the application.

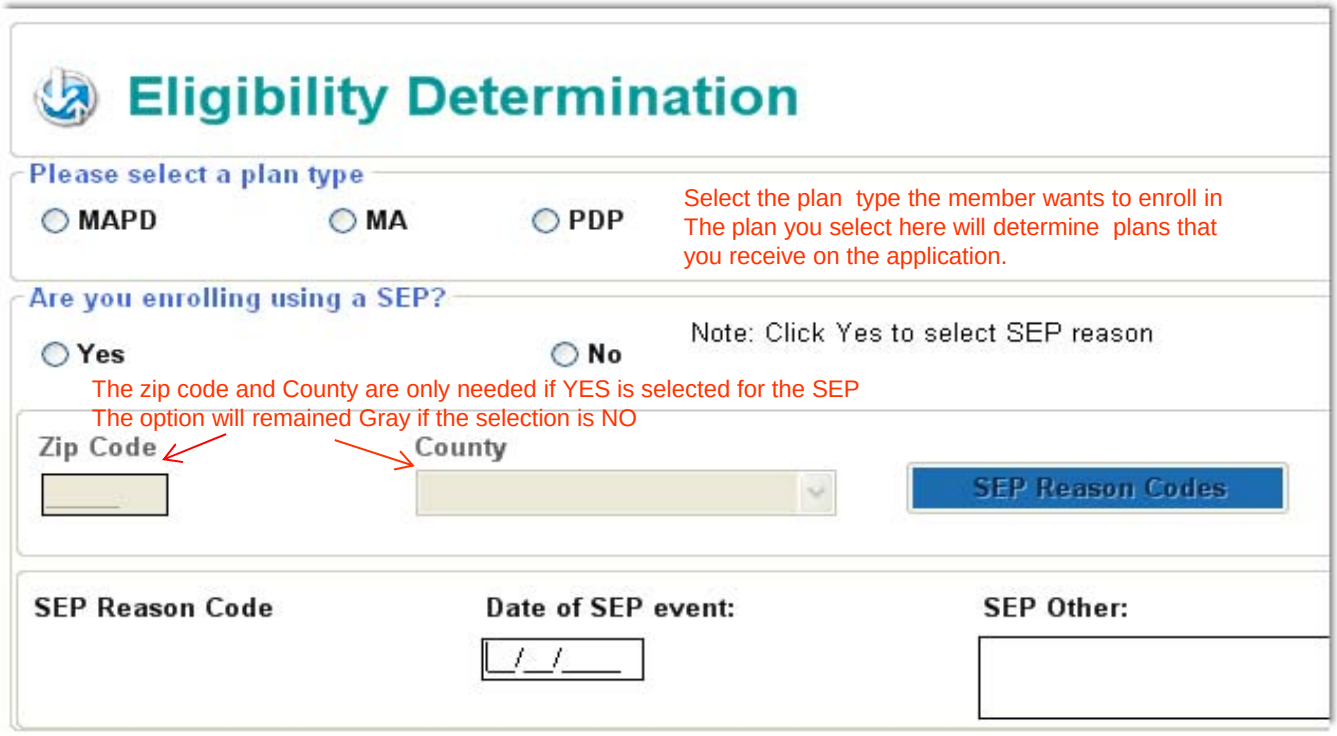
If you make a mistake or forget something on the review and sign page you will see the error box showing what corrections need to be made.

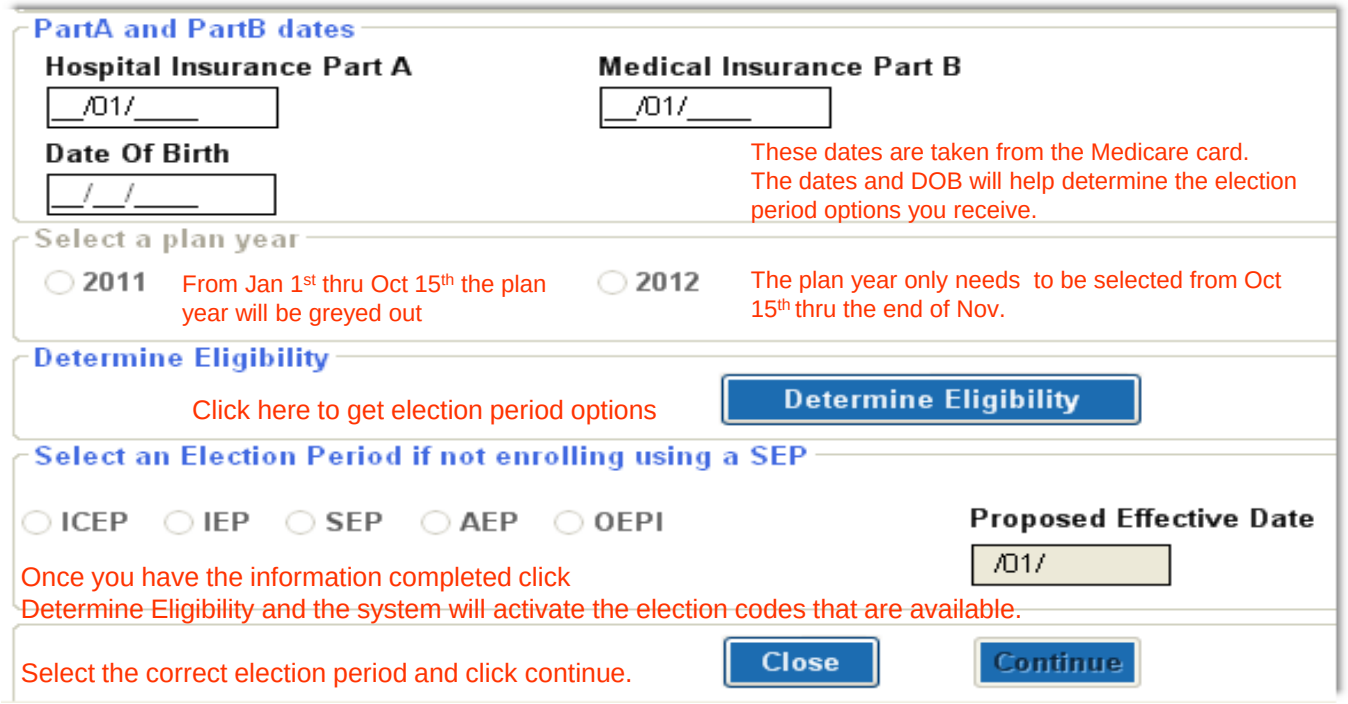


A message box will indicate the application has been saved.

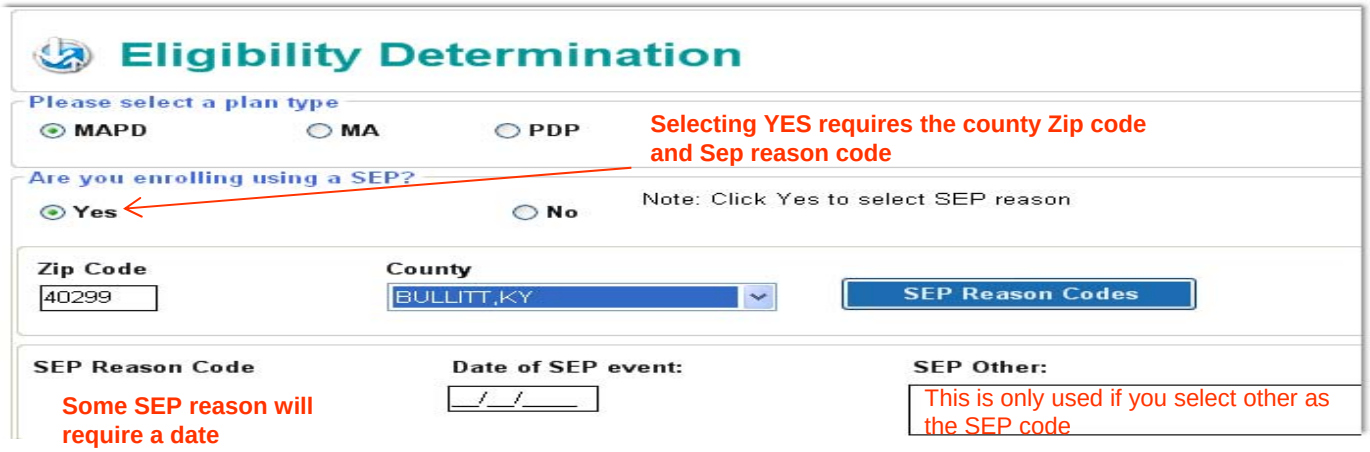
Your application is now completed.
Once you click **OK,** you will return to the MAPA Workbench.

Eligibility Determination – AEF



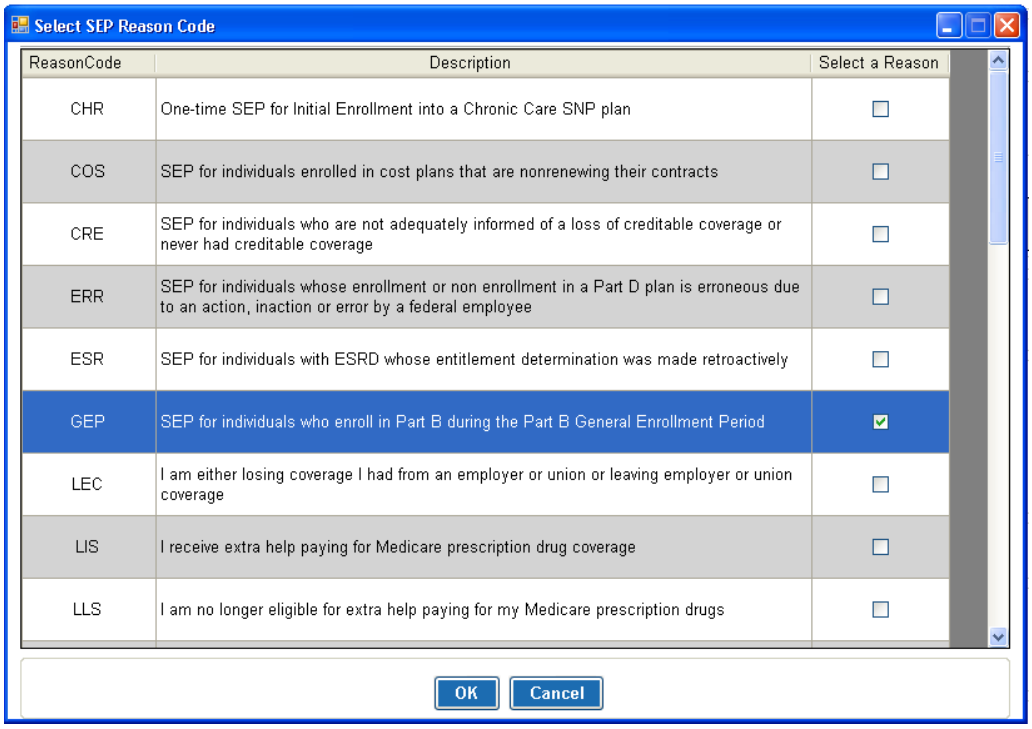


Eligibility Determination – AEF

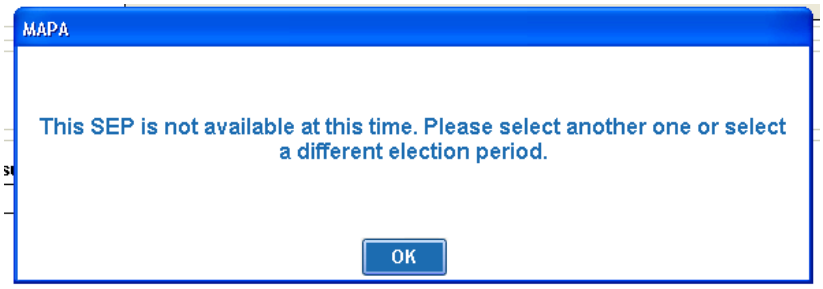


If **SEP** is the election period you must select The reason for the SEP

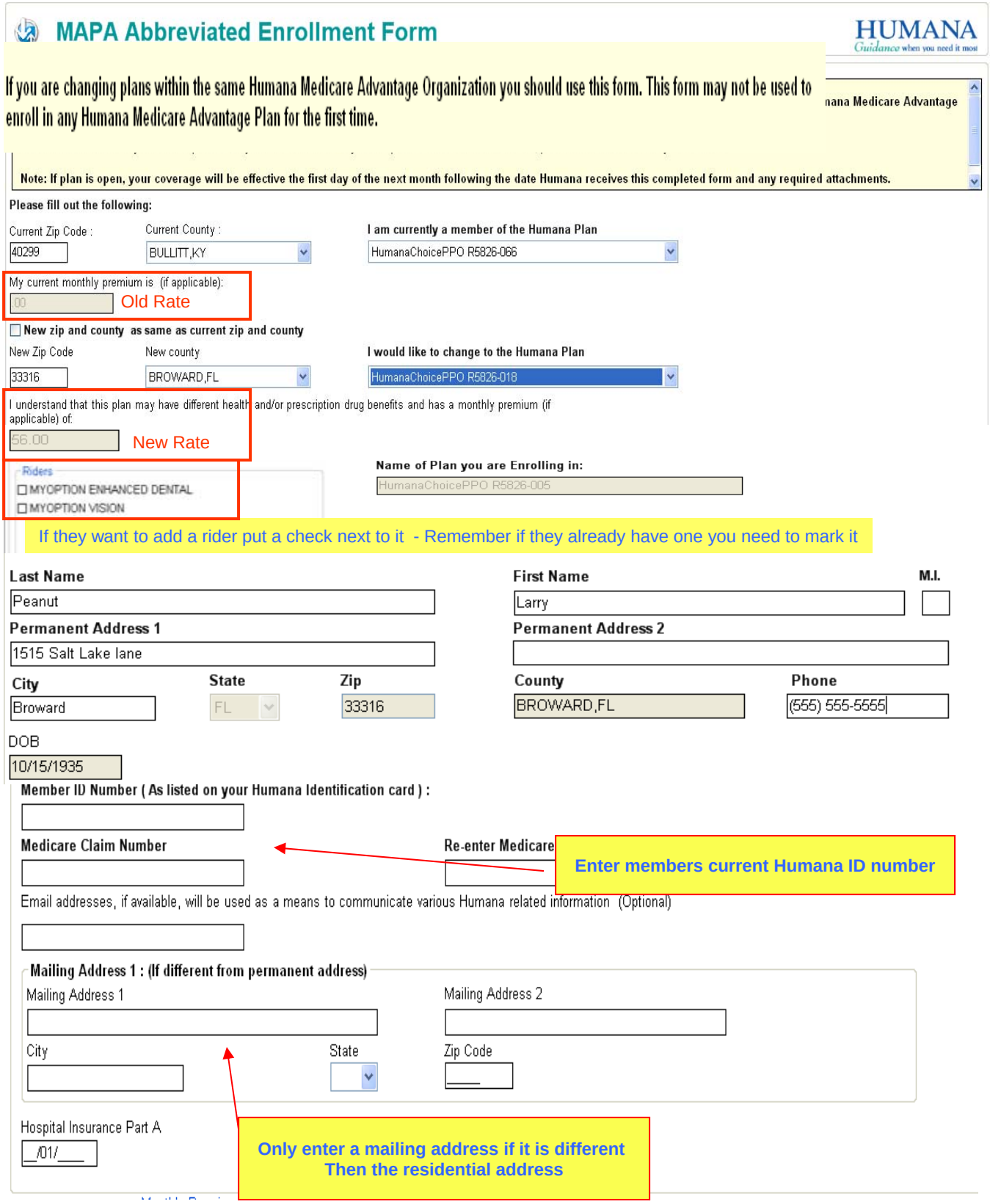
Note: Only use other as a last resort option for the SEP selection



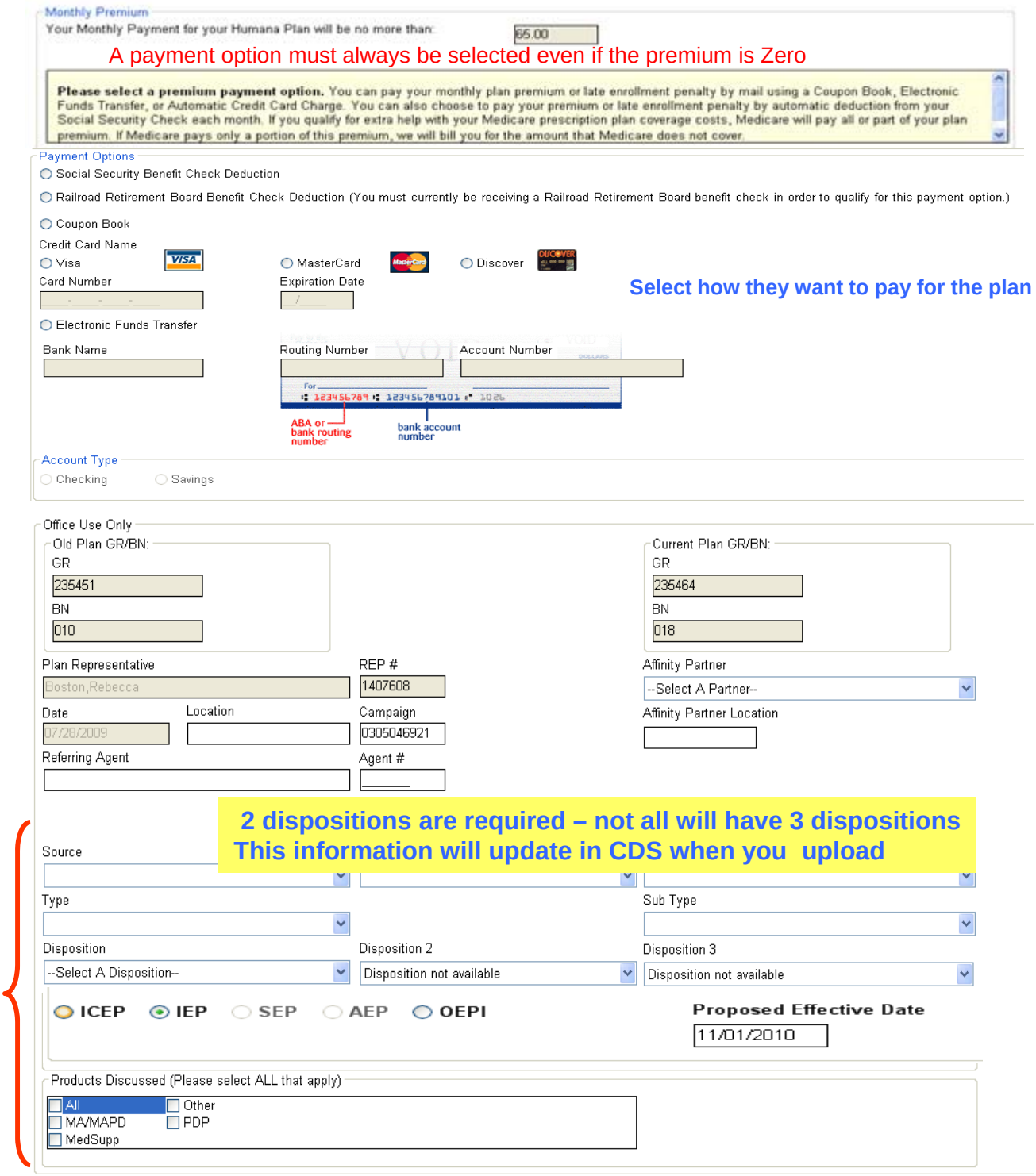
If you select a reason code that is not available for this time period the system will tell you the SEP is not available and to select about election period



Abbreviated Enrollment Form - AEF



Abbreviated Enrollment Form - AEF



Disposition - the 3 tiered disposition resembles the new CDS version. In disposition 1 select the correct sold product . Then select reasons for enrolling under disposition 2 and 3.

Abbreviated Enrollment Form

Source Information

Tier 1:

What was the original source of the lead (how did the client learn about Humana)

- Medicare campaign/seminar/ad
- TIPS campaign/seminar/ad
- Veterans campaign/seminar/ad, etc.

Tier 2:

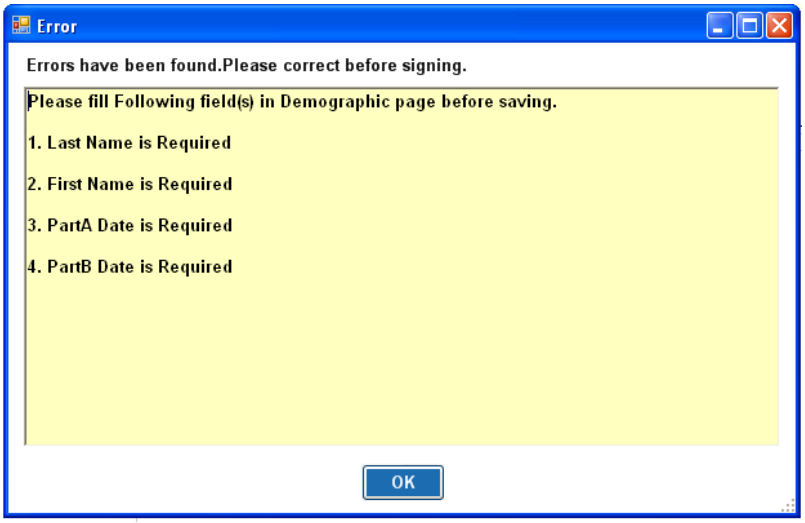
Where they heard about the plan DMS call, HGC, WLMT, Veteran Referral, Self-Referral, etc.

Location:

- where the application was completed.
- may not be where the lead was sent which would be Tier 2
- In home appt was scheduled but directed to WLMT for convenience, etc.

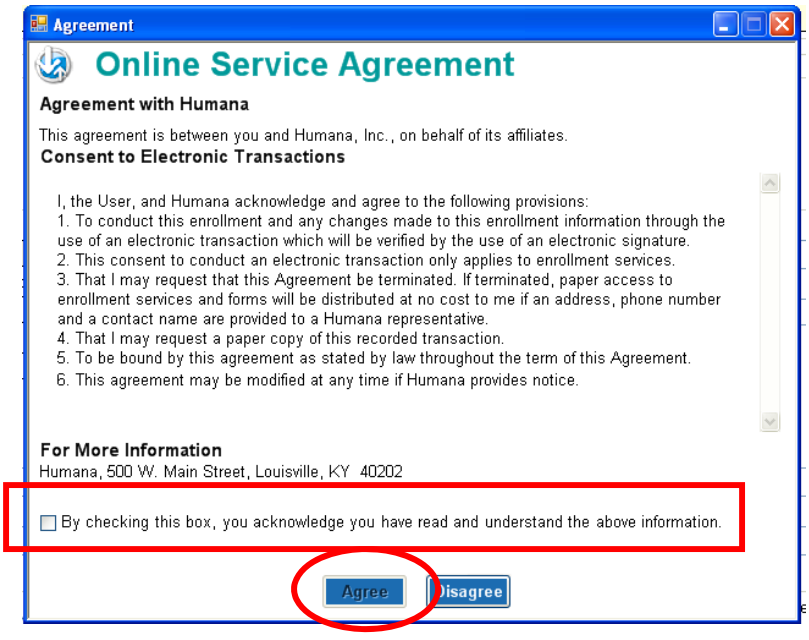
Abbreviated Enrollment Form - AEF

When you click **Review and Sign** the system will review the application looking for errors – if found you will get the error page and need to correct them before you can move on



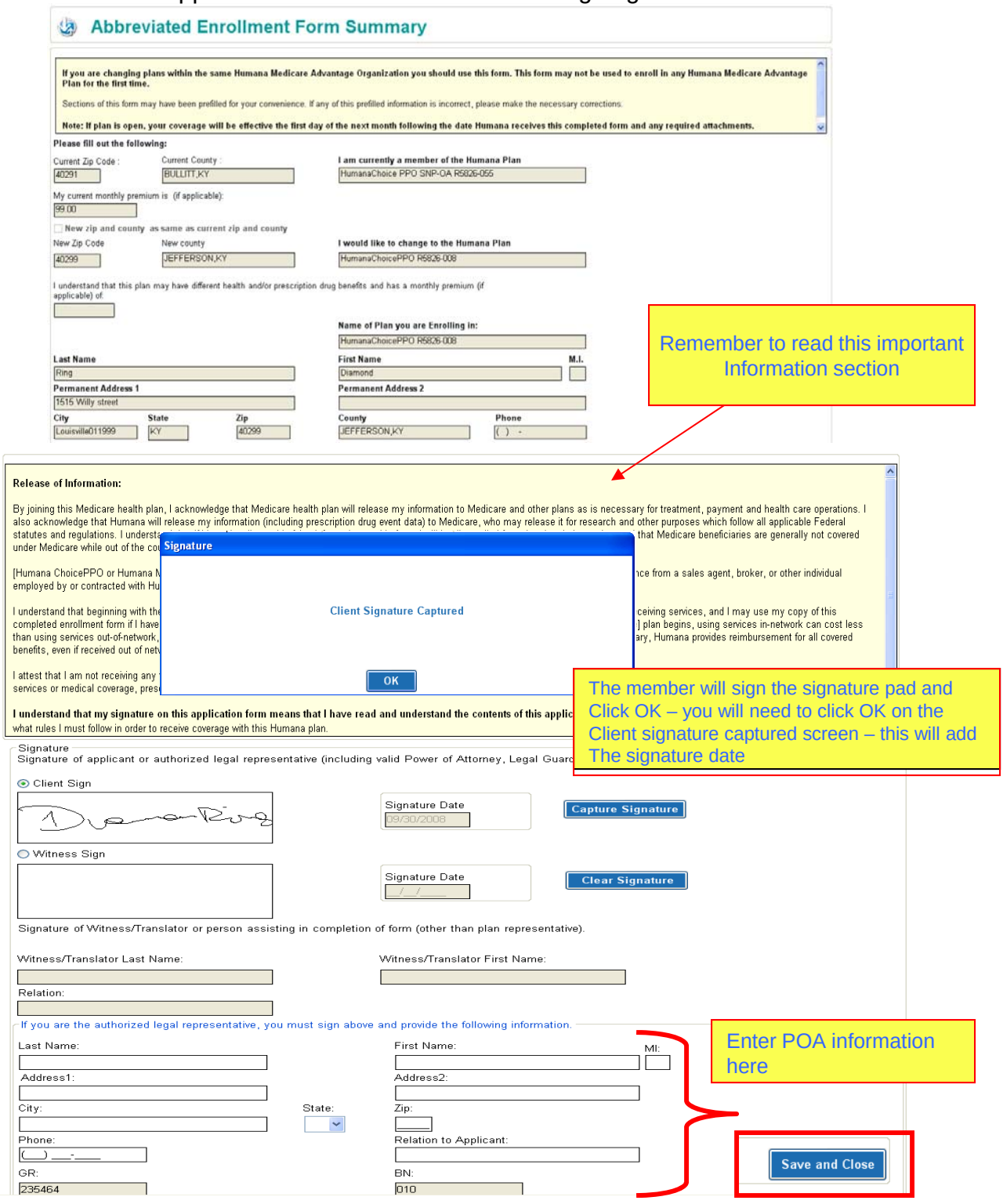
Once the **errors** are **corrected** – **save** again then click **review and sign again**

Now you have the online service agreement read this to the **member and have them** Check the box and click **Agree**



Abbreviated Enrollment Form - AEF

Now review the application with the member before signing



Remember to read this important Information section

The member will sign the signature pad and Click OK – you will need to click OK on the Client signature captured screen – this will add The signature date

Enter POA information here

Sales agents are not permitted to sign the enrollee's name for them!! This is the equivalent to forging their signature.

Capturing Signatures: Client

As your client signs on the dotted line, his/her signature will appear in the **Signature** window on the laptop screen.

If the client does not like the appearance of their signature, they can try again after the signature on the tablet screen is cleared.

The signature can be cleared in one of two ways:

- The client can tap on **CLEAR** on the tablet, or
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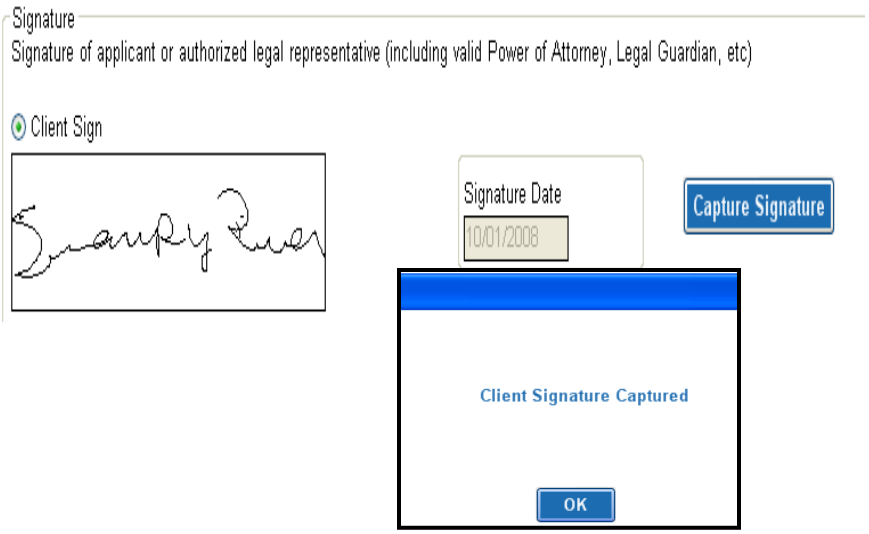
When the client is satisfied with their signature, the signature can be captured in one of two ways:

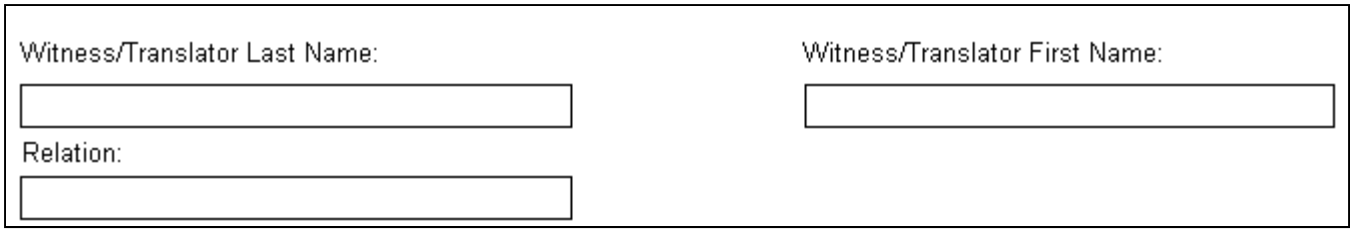
- The client can tap on **OK** on the tablet, or
- The agent can click on the **Capture Client Signature** button on the laptop screen.

Once the signature is captured, a **Client Signature Captured** message will appear and the client's **Signature Date** will automatically be entered into the field. Click on the **OK** button to go to the next step.



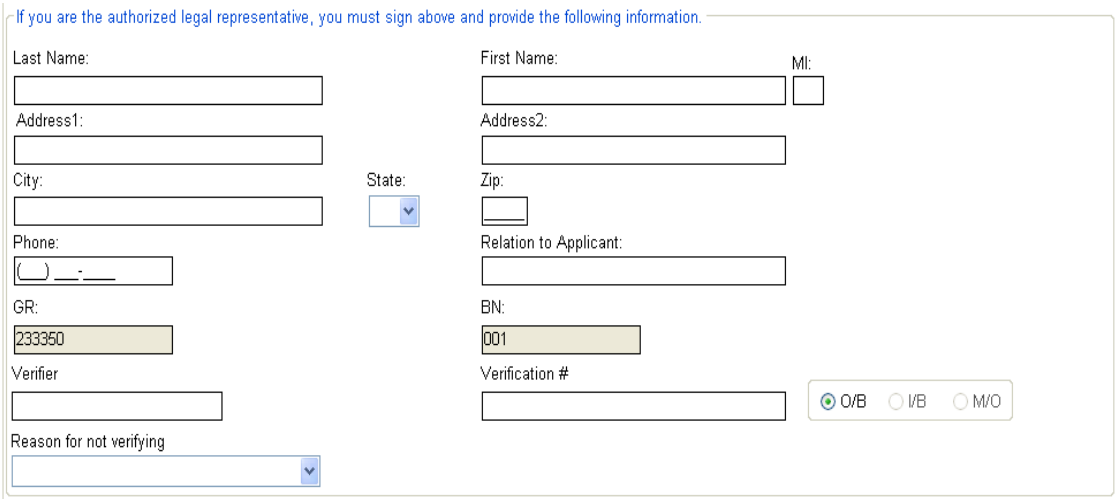
Sales agents are not permitted to sign the enrollee's name for them!! This is the equivalent to forging their signature.

You will now be prompted to enter the **Witness First Name**, **Witness Last Name** and **Relation to Applicant** in the fields under the witness' signature.



If someone is acting as the **POA**, that person will sign in place of the member and their personal information will need to be entered in the fields at the bottom of the application.

You as the agent are not the authorized representative



When both signatures have been captured and the witness' information has been entered in the appropriate fields, you are ready to call for verification.

Verification

It is Humana policy to **complete a verification on all applications.**

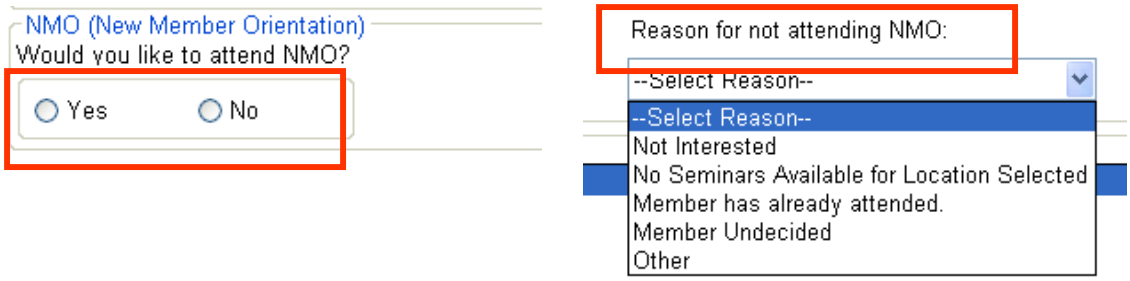
Verification for an AEF application is the **O/B** option and it is automatically selected

New Member Orientation

New member orientation will go into more detail about "how" to use your plan and give valuable info on different programs that we have.

Select **Yes** or **No.** If no you must use the drop down and select a reason why.

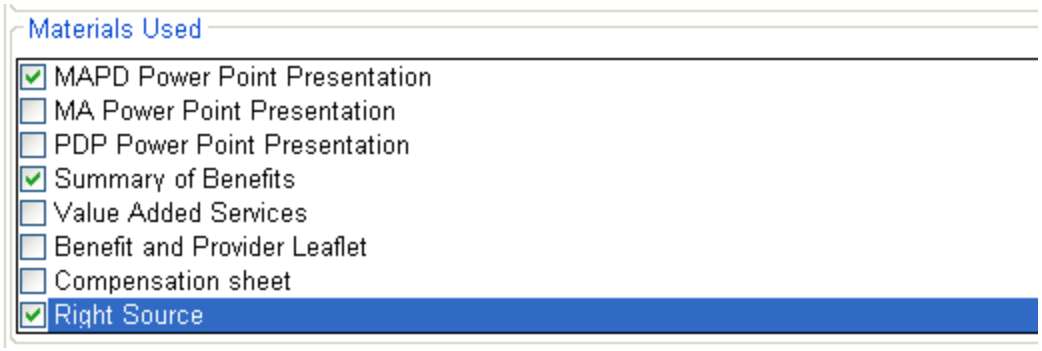
This will write to the Smart Pad in CDS.



Selecting **Yes will not enroll the member** in an orientation class.

Materials Used

Select all the materials that you used during your Appointment. This information will write to the Smart Pad in CDS



Optional Supplemental Benefit Enrollment

General information on what form to use and when

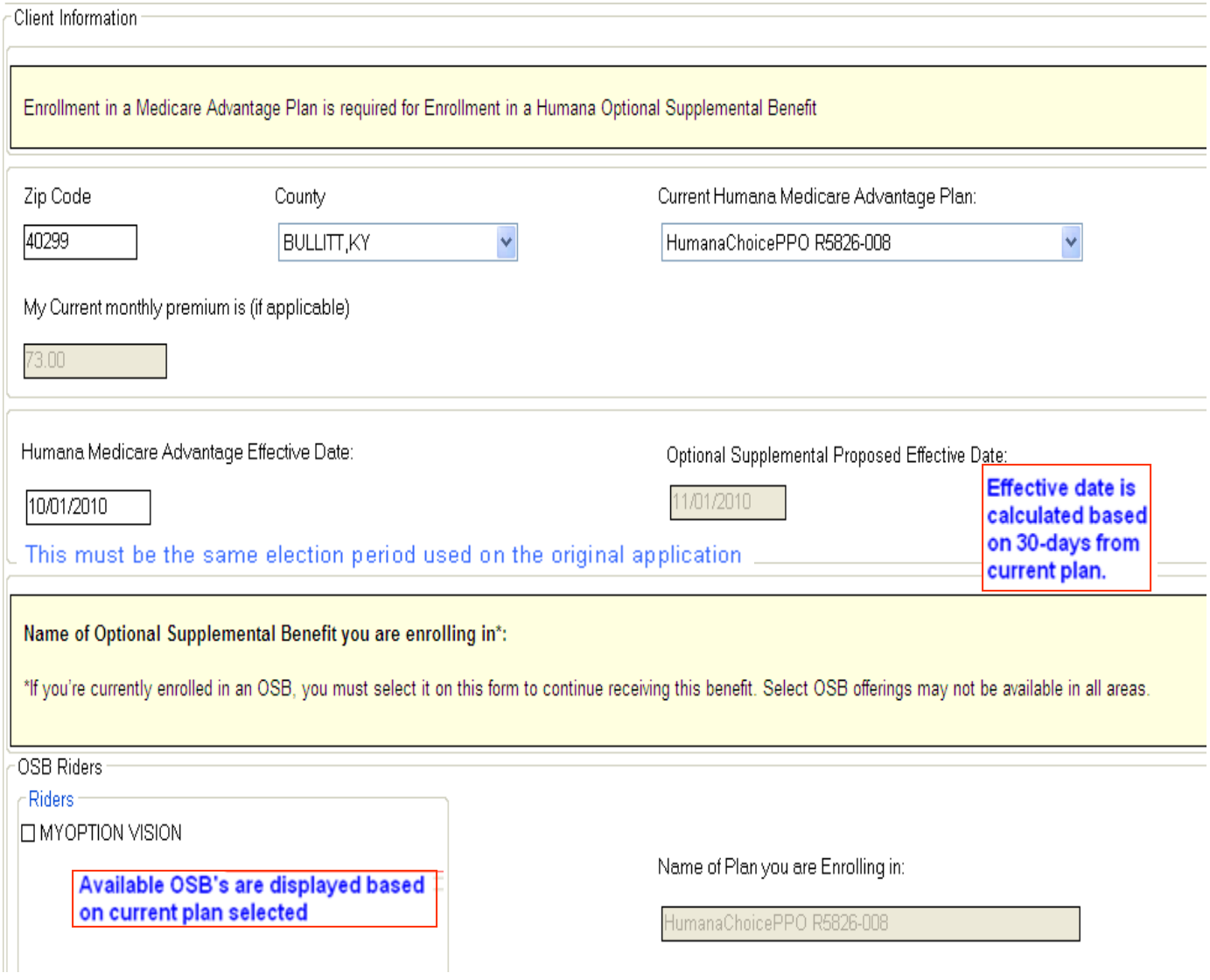
1. If the agent is enrolling the member in both the **MA plan plus OSB** at the same time and this is the **member's first enrollment**, **Individual form** is used
2. If agent is enrolling the member in both the **MA plan plus OSB** at the same time and this member is **changing from one contract to another**, the **Individual form** is used
3. If the agent is enrolling the member in a **new MA plan under the same contract** number, **with or without OSB**, the **AEF is used**
4. If the agent is enrolling the member in a **MA plan only** and it's the member's **first enrollment** or **changing from contract to contract**, **individual form** is used
5. If the **member already has an OSB** plan and **wants** to purchase **another** the **stand alone form** should be used. Agent must mark both OSB products (old and new) to ensure the member is not termed out of the original one.
6. If the member wants to **DROP** an **OSB** and remain on the same base plan - the member **must call Customer Service**. No agent is allowed to do this via an application and may not be paid for it.

The Stand-Alone OSB form displays available OSB's for current plan and calculates effective date based on current plan.

Note: Renewing members adding OSB's during AEP will only get 1/1 effective date and AEP as the only option for Election Period.

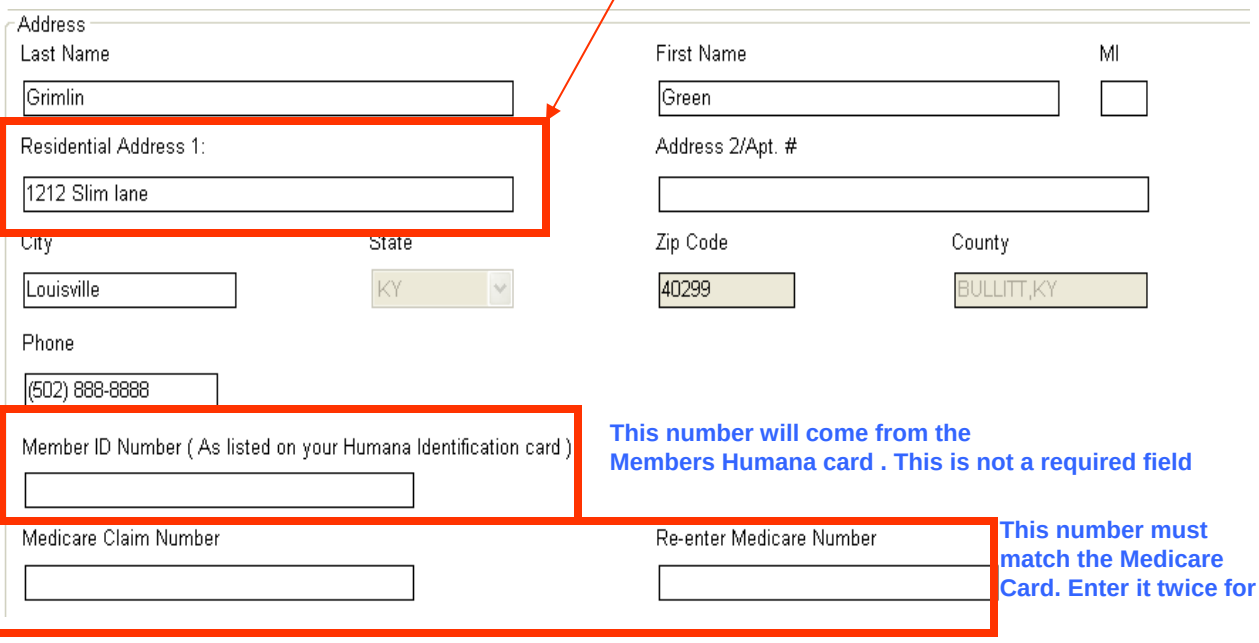
Optional Supplemental Benefit Enrollment Form

Select plan type and then application type



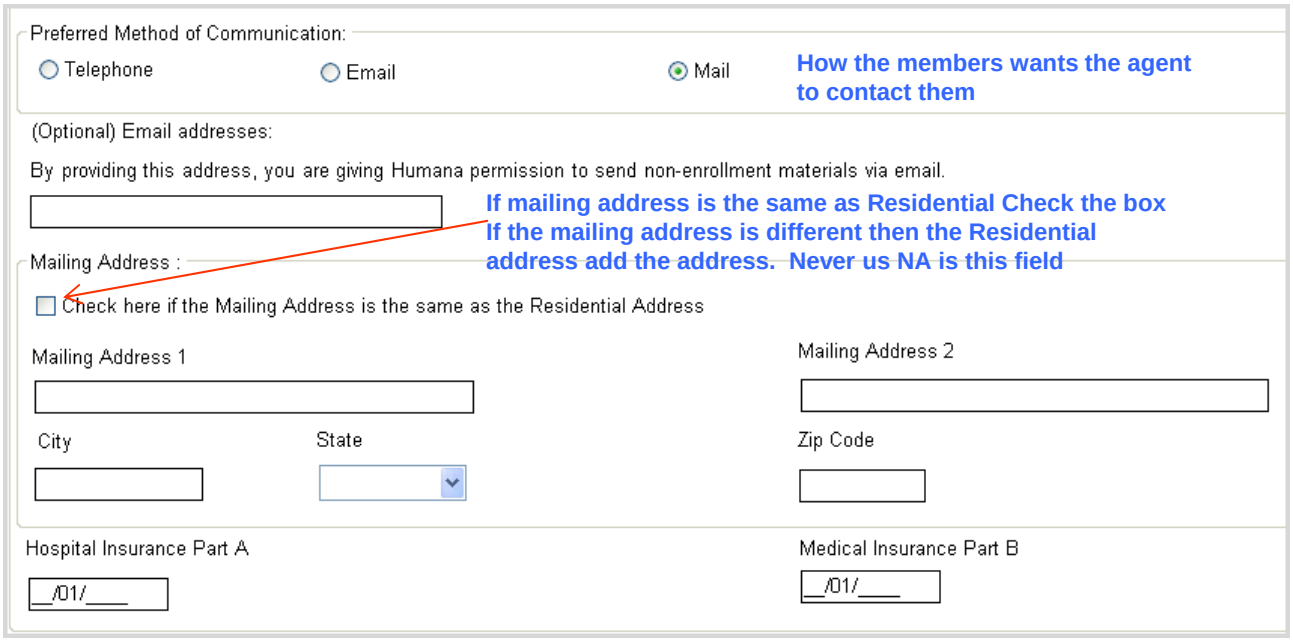
Optional Supplemental Benefit Enrollment Form

Never use a PO Box in the address. The address must be a street address



This number will come from the Members Humana card . This is not a required field

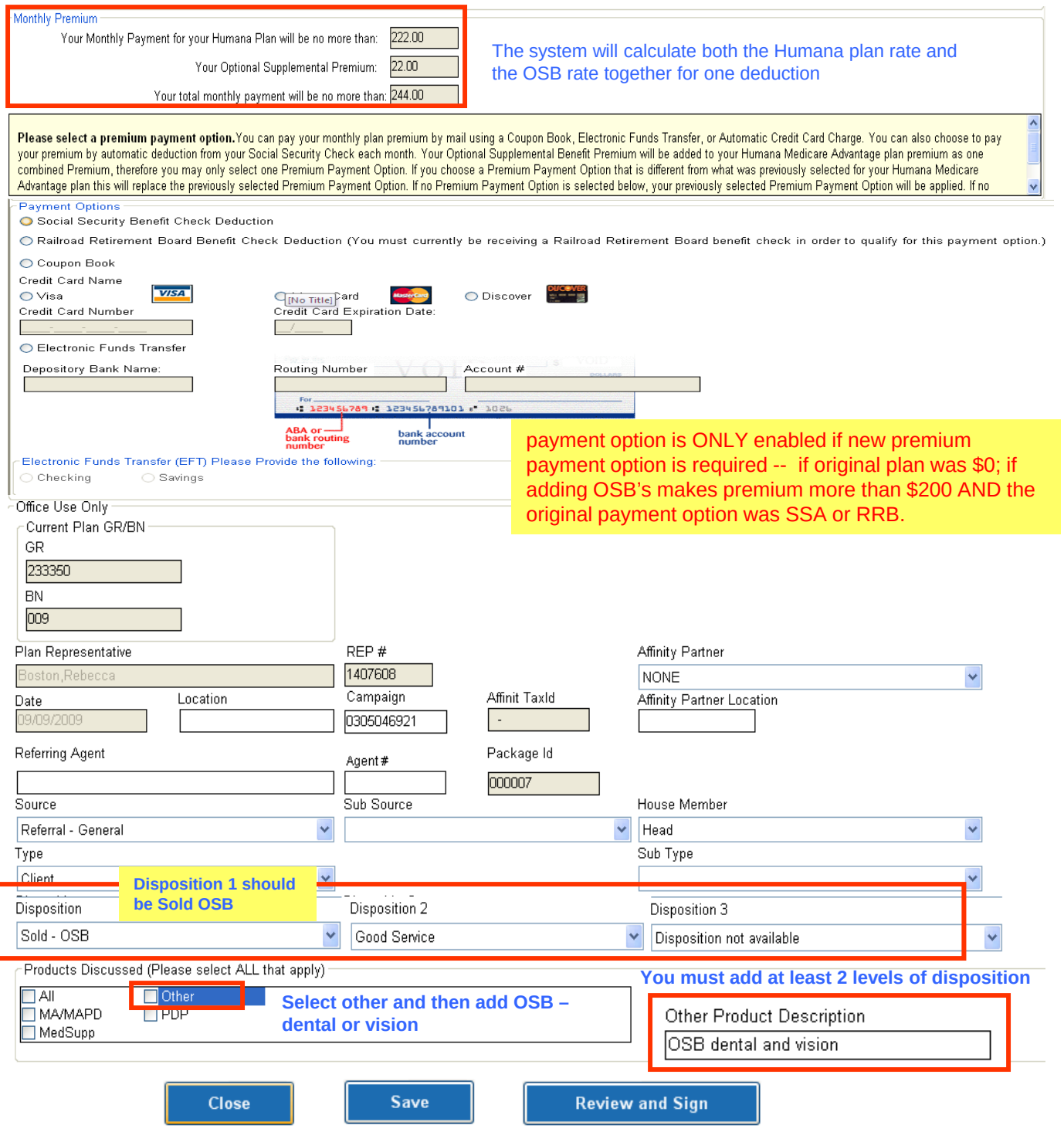
This number must match the Medicare Card. Enter it twice for validation



How the members wants the agent to contact them

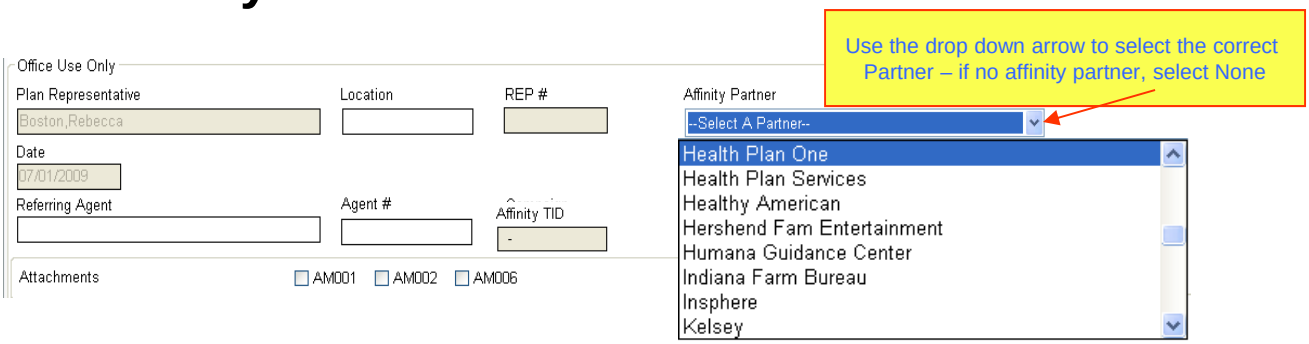
If mailing address is the same as Residential Check the box
If the mailing address is different then the Residential address add the address. Never us NA is this field

Optional Supplemental Benefit Enrollment Form



Click save then review and sign when the application is completed

Affinity Partners:

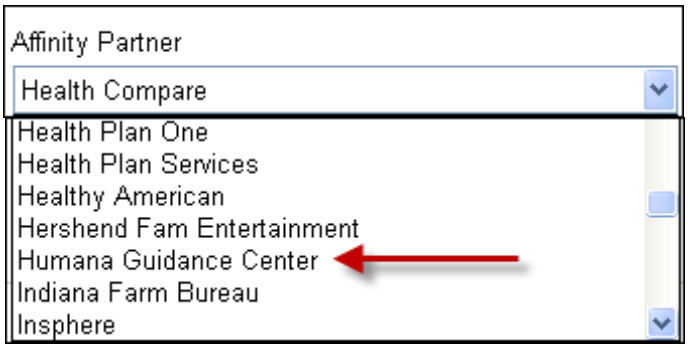


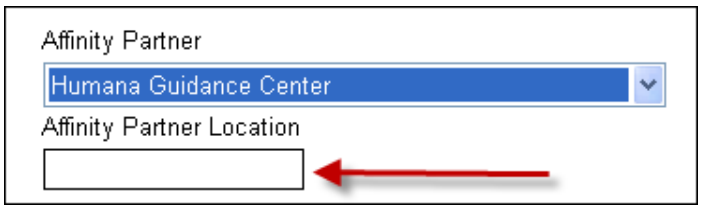
If the affinity partner is Wal mart the store number must be listed

If you don't know the Store ID:

- Click on the Search Store ID button
- Leave ID blank and click Search
- Enter State and City of the store

If the affinity partner is a Humana Guidance Center the location must be entered





STOREID	ADDR1	CITY	STATE
10613	8648 Skillman Street	Dallas	TX
10615	2257 S 108th Street	West Allis	WI
10616	227 Willow Bend	Crystal	MN
10617	11316 Montgomery Road	Cincinnati	OH
10618	7666 Nob Hill Road	Tamarac	FL
10619	12100 E Colonial Dr	Orlando	FL
10620	215 Englewood Road, Suite A	Kansas City	MO
10621	3189 W Vine Street	Kissimmee	FL
10622	7945 S Harlem	Burbank	IL
10623	5943 E McKellips Rd Ste 106	Mesa	AZ
10624	8975 W Charleston Blvd	Las Vegas	NV
10626	7915 N Hale Ave	Peoria	IL
10627	7400 Gall Blvd	Zephyrhills	FL
17673	1000 N Green Valley Parkway, Suite 720	Las Vegas	NV
17674	2025 W. Henderson	Columbus	OH
17693	1915 SNOW ROAD	PARMA	OH
17694	4438 Western Avenue	Knoxville	TN
10614	711 W. Wheatland Road	Duncanville	TX
10625	1000 N Green Valley Parkway, Suite 720	Henderson	NV

Optional Supplemental Benefits

Source Information

Tier 1:

What was the original source of the lead (how did the client learn about Humana)

- Medicare campaign/seminar/ad
- TIPS campaign/seminar/ad
- Veterans campaign/seminar/ad, etc.

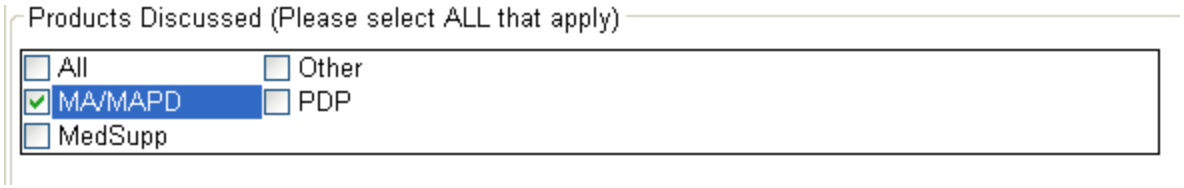
Tier 2:

Where they heard about the plan DMS call, HGC, WLMT, Veteran Referral, Self-Referral, etc.

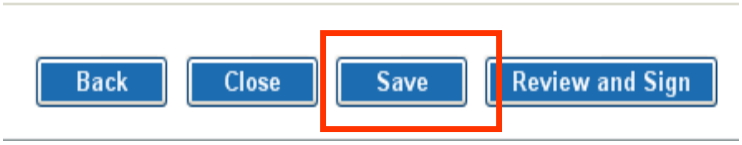
Location:

- where the application was completed.
- may not be where the lead was sent which would be Tier 2
- In home appt was scheduled but directed to WLMT for convenience, etc.

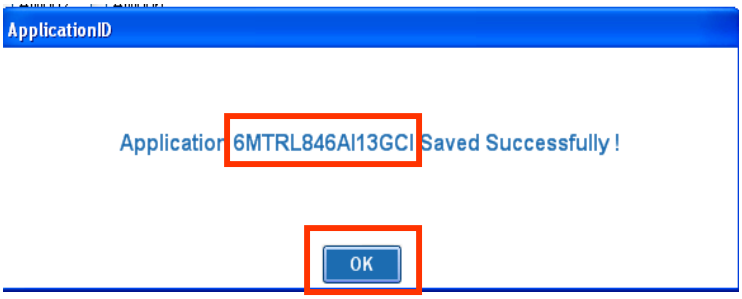
Optional Supplemental Benefit Enrollment Form



This selection is used as a reminder for you. It will **write to the keywords section.** The products discussed should match your SCOPE.

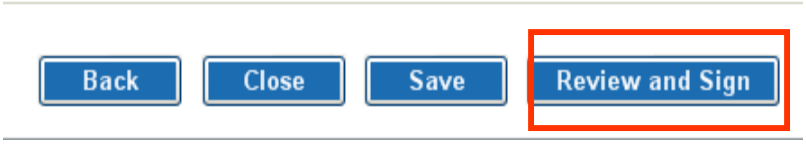


Once you have completed all the fields, **click Save.**



When saved, the **Application number** will appear

Click OK

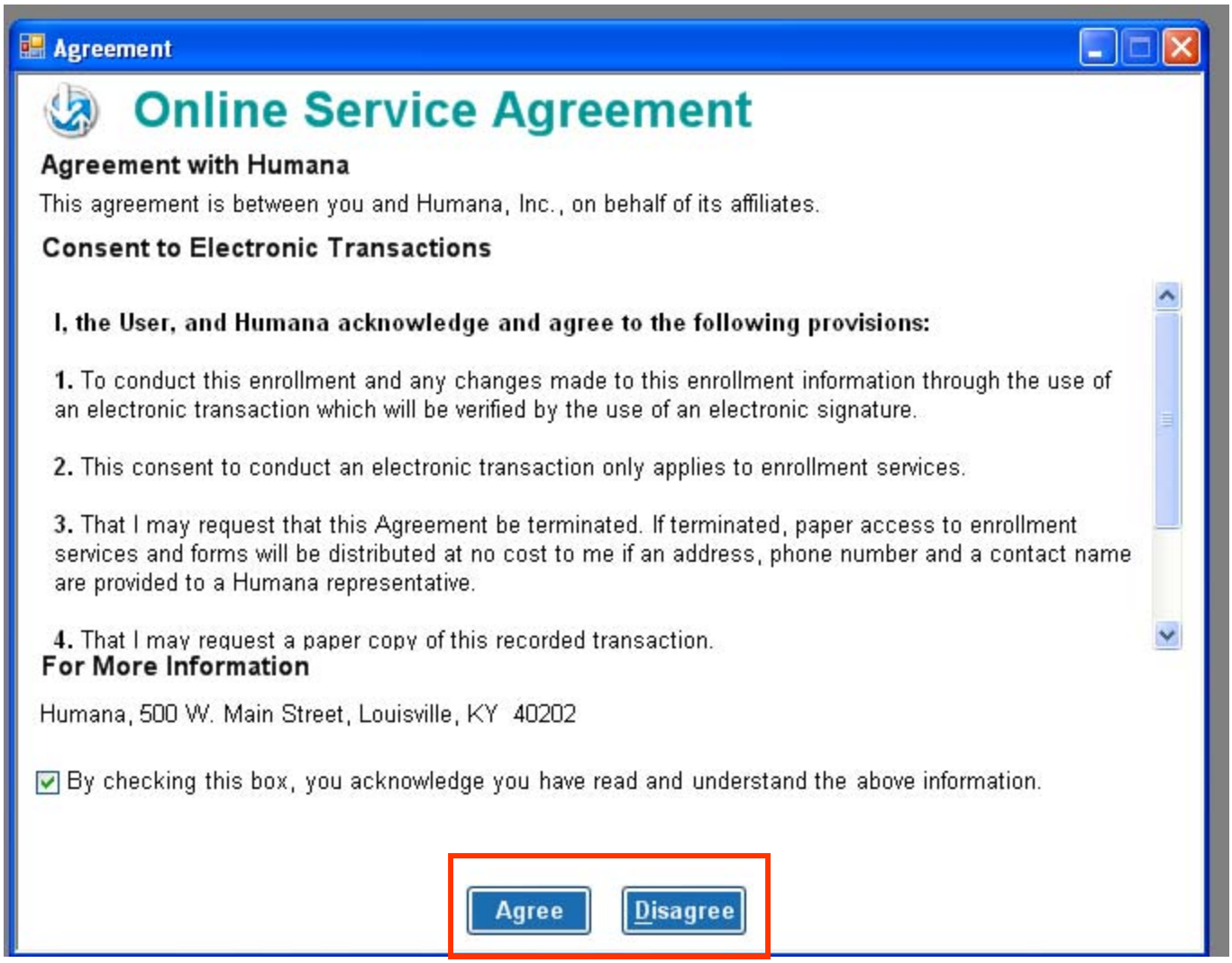


Once you have saved the information, you are ready to Review and Sign.

Every time you click **Review and Sign** you will be asked if this sale originated from **WalMart** – If Yes enter the store ID If No leave ID blank and click no

Online Service Agreement

You must read the agreement to the member and have them
Place a in the box - then click **Next**



Ask the member if they **Agree** or **Disagree** to the service agreement
Click the appropriate box

Note: if the member disagrees you will need to start over with a paper application

Optional Supplementary Benefit Summary

Review and Sign form

Client Information

(Enrollment in a Medicare Advantage Plan is required for Enrollment in a Humana Optional Supplemental Benefit)

Zip Code	County	I am Currently a member of the Humana Plan
40299	BULLITT,KY	HumanaChoicePPO H1806-001

My Current monthly premium is (if applicable)

222.00

Humana Medicare Advantage Effective Date:

10/01/2009

Optional Supplemental Proposed Effective Date:

11/01/2009

Effective date is always the 1st of the following month

Name of Optional Supplemental Benefit you are enrolling in*:

*if you are currently enrolled in an OSB, you must select it on this form to continue receiving this benefit.

OSB Riders

Riders

- ☑ MYOPTION ENHANCED DENTAL
- ☑ MYOPTION VISION

Make sure if they already have an OSB you have both selected on this form

Name of Plan you are Enrolling in:

HumanaChoicePPO H1806-001

Address

Last Name	First Name	MI
Grimlin	Green	

Residential Address 1: No PO box for the address

1212 Slim lane

Address 2/Apt. #

City	State	Zip:	County
Louisville	KY	40299	BULLITT,KY

Phone

(502) 888-8888

Member ID Number (As listed on your Humana Identification card) :

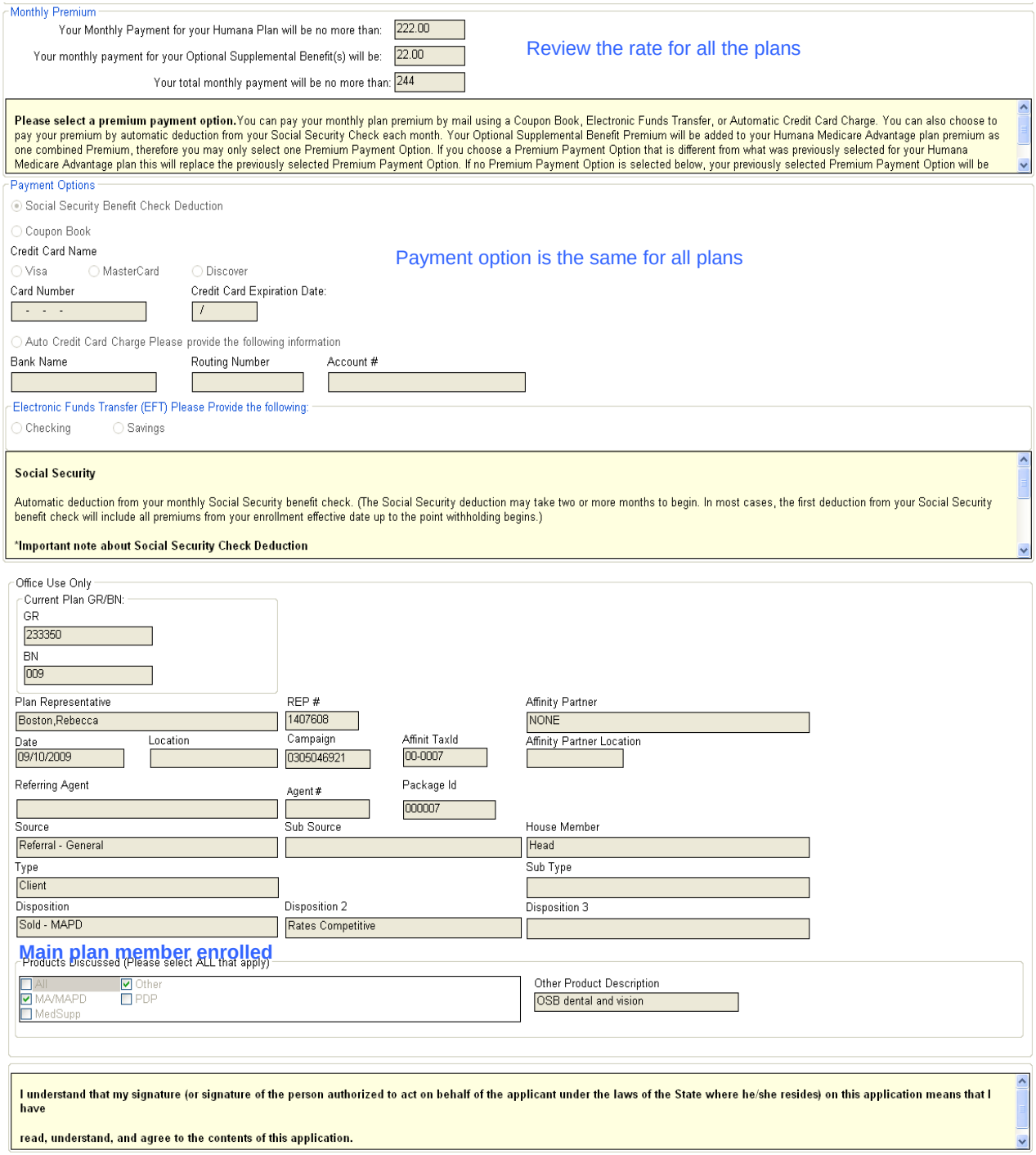
Medicare Claim Number	Re-enter Medicare Number
123456789a	123456789a

Preferred Method of Communication

○ Telephone ○ Email ◉ Mail

Optional Supplementary Benefit Summary

Review and Sign form



Monthly Premium

Your Monthly Payment for your Humana Plan will be no more than: 222.00

Your monthly payment for your Optional Supplemental Benefit(s) will be: 22.00

Your total monthly payment will be no more than: 244

Review the rate for all the plans

Please select a premium payment option. You can pay your monthly plan premium by mail using a Coupon Book, Electronic Funds Transfer, or Automatic Credit Card Charge. You can also choose to pay your premium by automatic deduction from your Social Security Check each month. Your Optional Supplemental Benefit Premium will be added to your Humana Medicare Advantage plan premium as one combined Premium, therefore you may only select one Premium Payment Option. If you choose a Premium Payment Option that is different from what was previously selected for your Humana Medicare Advantage plan this will replace the previously selected Premium Payment Option. If no Premium Payment Option is selected below, your previously selected Premium Payment Option will be

Payment Options

- Social Security Benefit Check Deduction
- Coupon Book

Credit Card Name

- Visa
- MasterCard
- Discover

Payment option is the same for all plans

Card Number - - -

Credit Card Expiration Date: /

- Auto Credit Card Charge Please provide the following information

Bank Name | Routing Number | Account #

Electronic Funds Transfer (EFT) Please Provide the following:

- Checking
- Savings

Social Security

Automatic deduction from your monthly Social Security benefit check. (The Social Security deduction may take two or more months to begin. In most cases, the first deduction from your Social Security benefit check will include all premiums from your enrollment effective date up to the point withholding begins.)

***Important note about Social Security Check Deduction**

Office Use Only

Current Plan GR/BN:

GR: 233350

BN: 009

Plan Representative	REP #		Affinity Partner
Boston,Rebecca	1407608		NONE
Date	**Location**	**Campaign**	**Affinit TaxId**	**Affinity Partner Location**
09/10/2009		0305046921	00-0007	
Referring Agent		**Agent #**	**Package Id**	
			000007	
Source		**Sub Source**		**House Member**
Referral - General				Head
Type				**Sub Type**
Client				
Disposition		**Disposition 2**		**Disposition 3**
Sold - MAPD		Rates Competitive		

Main plan member enrolled

Products Discussed (Please select ALL that apply)

- [ ] All
- [x] Other
- [x] MA/MAPD
- [ ] PDP
- [ ] MedSupp

Other Product Description: OSB dental and vision

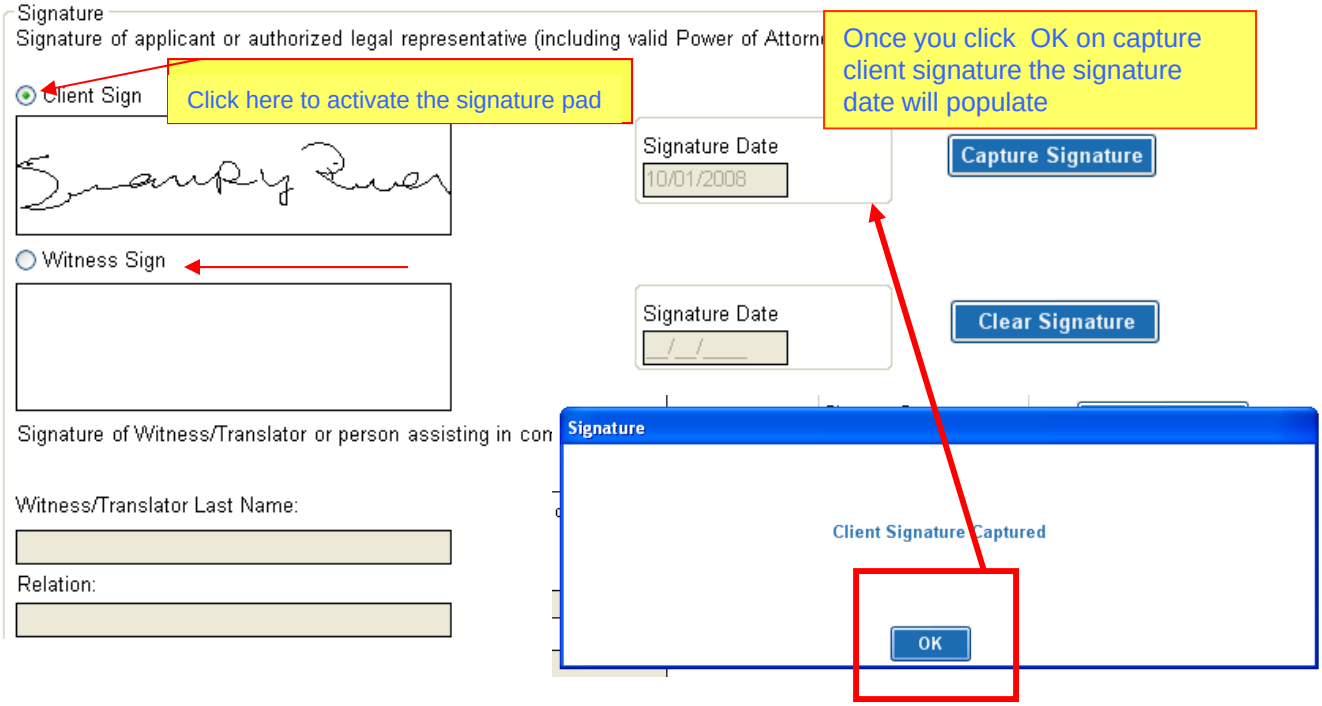
I understand that my signature (or signature of the person authorized to act on behalf of the applicant under the laws of the State where he/she resides) on this application means that I have

read, understand, and agree to the contents of this application.

Capturing Signatures: Client

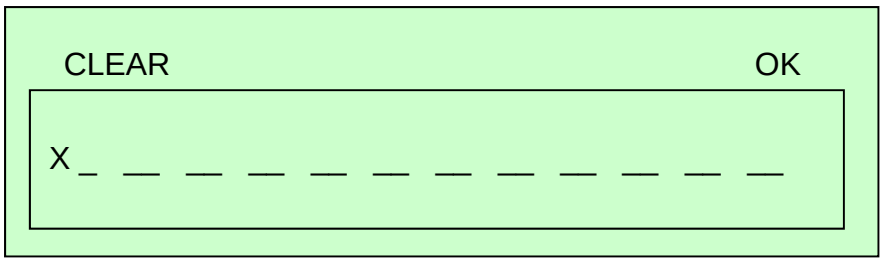
After your client, or someone acting as the Power Of Attorney (POA) for the client, has read and understood the summary of the selected plan, obtain a signature

Click in the circle next to Client Sign to activate the signature pad



Note: If the digital signature pad fails to capture the signature, complete a paper application and contact CSS for a replacement Signature pad.

Put the signature tablet in a position where the **client** can comfortably sign on the tablet screen. The tablet screen will light-up and your client can sign on the tablet using the attached stylus.



Capturing Signatures: Client

As your client signs on the dotted line, his/her signature will appear in the **Signature** window on the laptop screen.

If the client does not like the appearance of their signature, they can try again after the signature on the tablet screen is cleared.

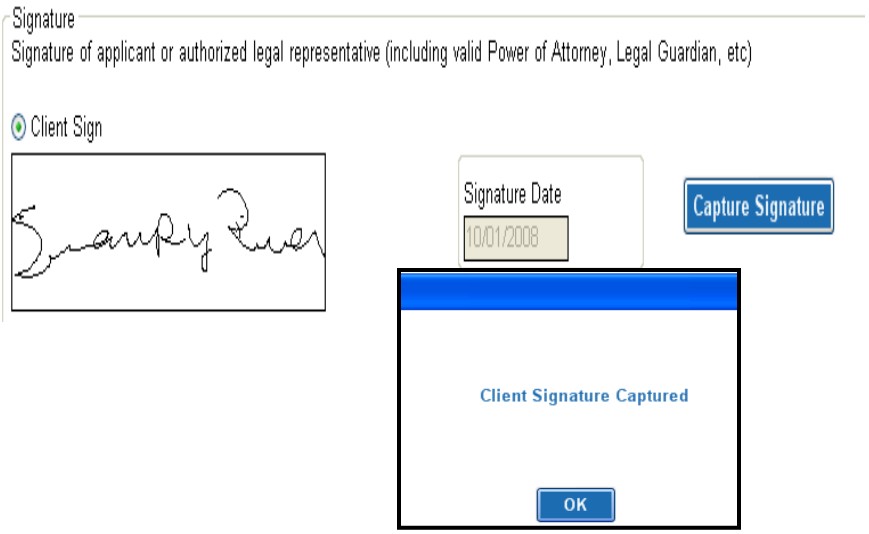
The signature can be cleared in one of two ways:

- The client can tap on **CLEAR** on the tablet, or
- The agent can click on the **Clear Client Signature** button on the laptop

When the client is satisfied with their signature, the signature can be captured in one of two ways:

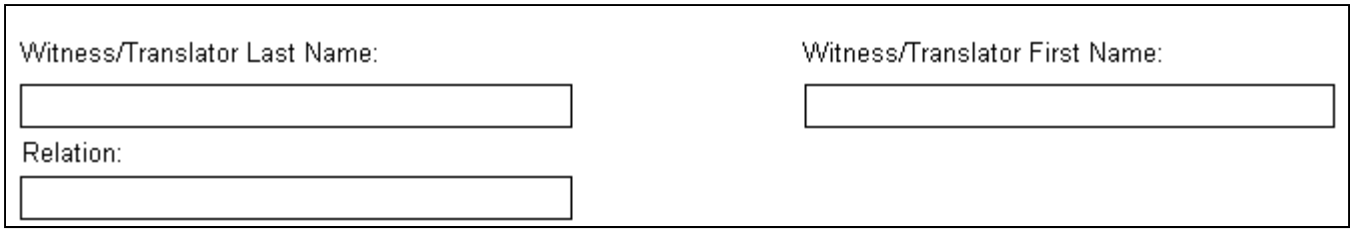
- The client can tap on **OK** on the tablet, or
- The agent can click on the **Capture Client Signature** button on the laptop screen.

Once the signature is captured, a **Client Signature Captured** message will appear and the client's **Signature Date** will automatically be entered into the field. Click on the **OK** button to go to the next step.



Sales agents are not permitted to sign the enrollee's name for them!! This is the equivalent to forging their signature.

You will now be prompted to enter the **Witness First Name**, **Witness Last Name** and **Relation to Applicant** in the fields under the witness' signature.



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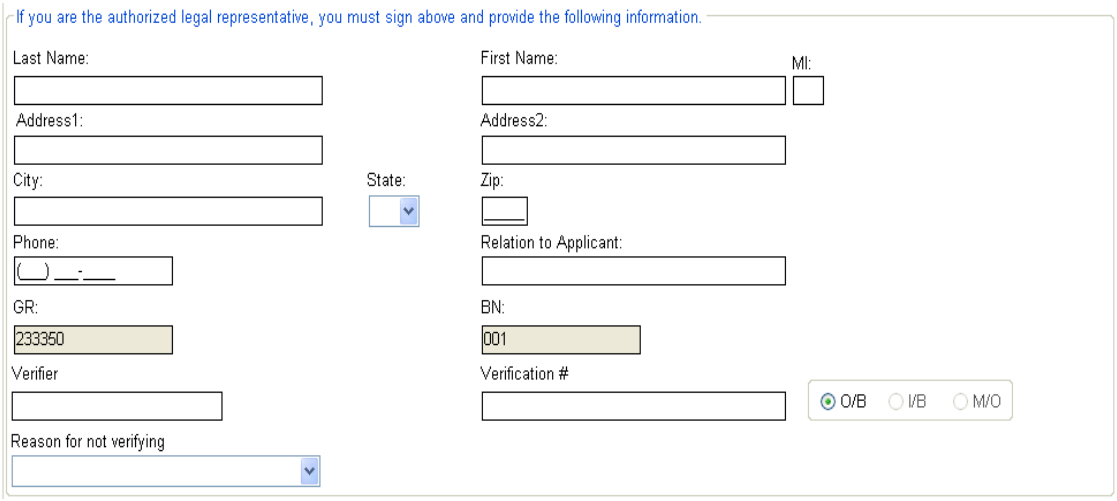
You as the agent are not the authorized representative



When both signatures have been captured and the witness' information has been entered in the appropriate fields, you are ready to call for verification.

Verification

It is Humana policy to **complete a verification on all applications.**

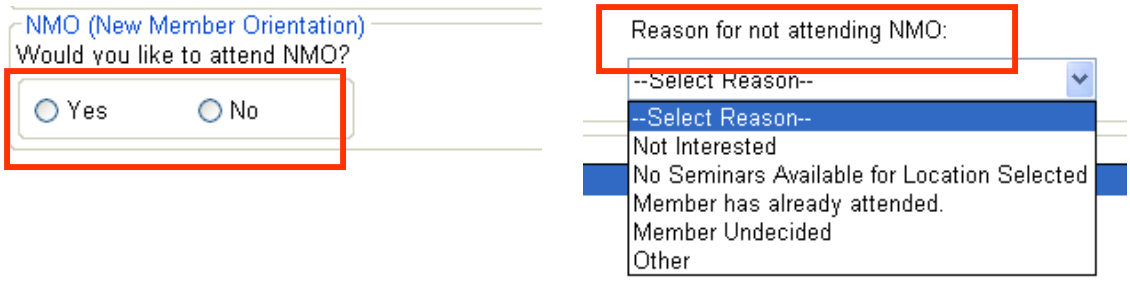
Verification for an OSB application is the **O/B** option and it is automatically selected

New Member Orientation

New member orientation will go into more detail about "how" to use your plan and give valuable info on different programs that we have.

Select **Yes** or **No.** If no you must use the drop down and select a reason why.

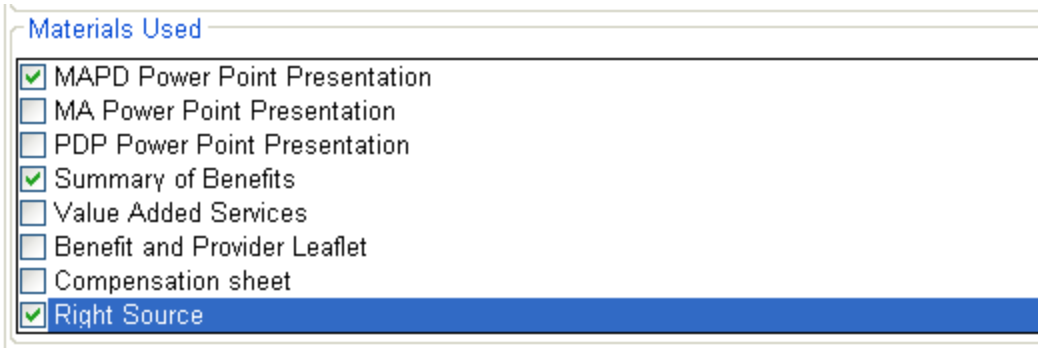
This will write to the Smart Pad in CDS.



Selecting **Yes will not enroll the member** in an orientation class.

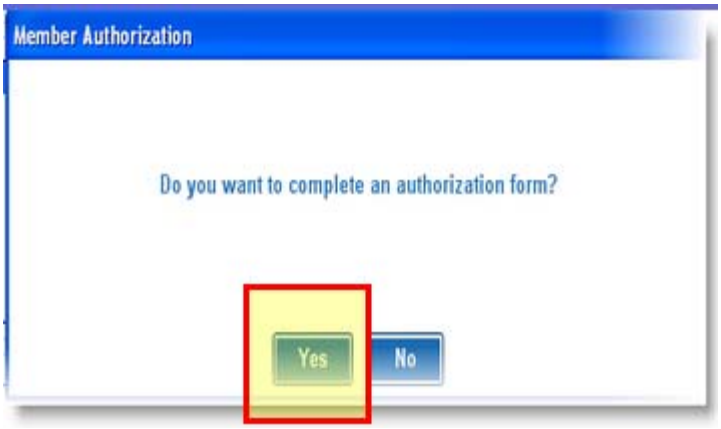
Materials Used

Select all the materials that you used during your Appointment. This information will write to the Smart Pad in CDS



Member Authorization Form

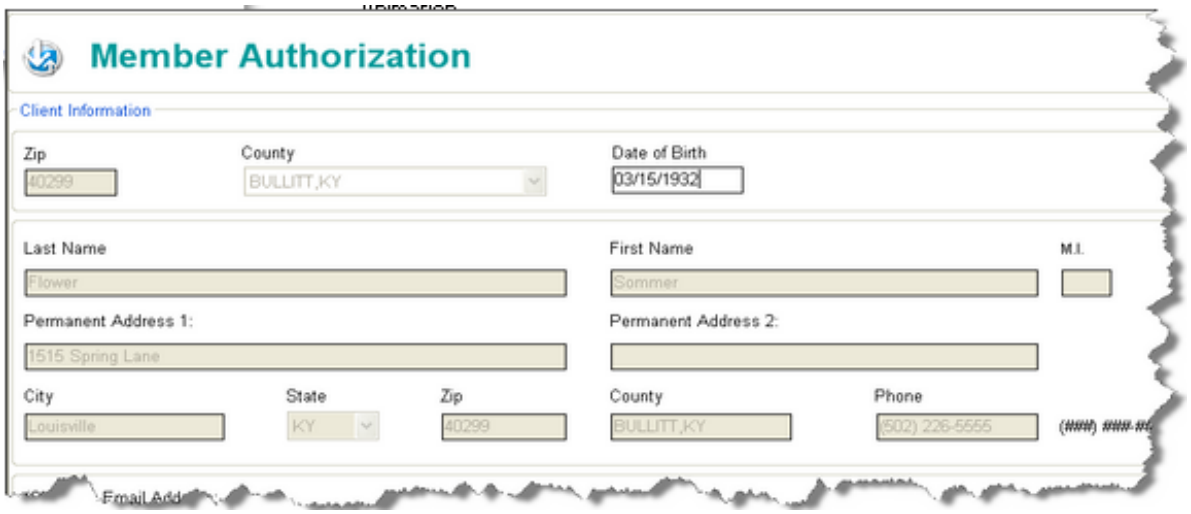
A Member Authorization form can be completed as the last step of the individual application or as a stand alone form.



At the end of the Individual application a pop up box will appear

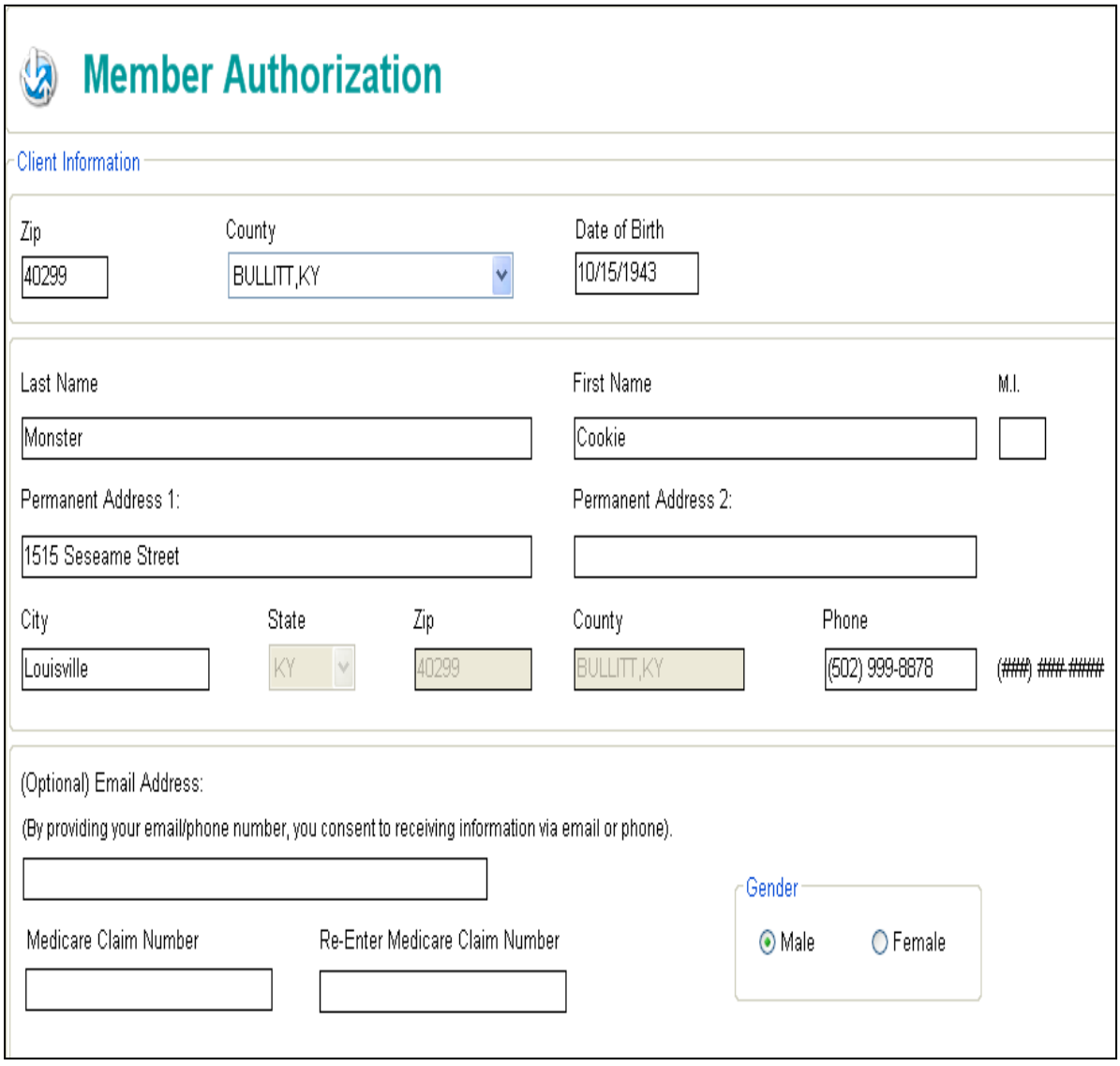
Select **YES**

The Member Authorization form will open with all the member information pre filled



Member Authorization Form

- If the member is over 65 enter the name the same way it would appear on the Medicare ID card.
- The address must be a residential address not a PO box.
- The Medicare claim number field is optional. If you enter the Medicare claim number you must enter it twice for validation.
- If an e-mail address is add the member is agreeing to receive Information about other products via email.

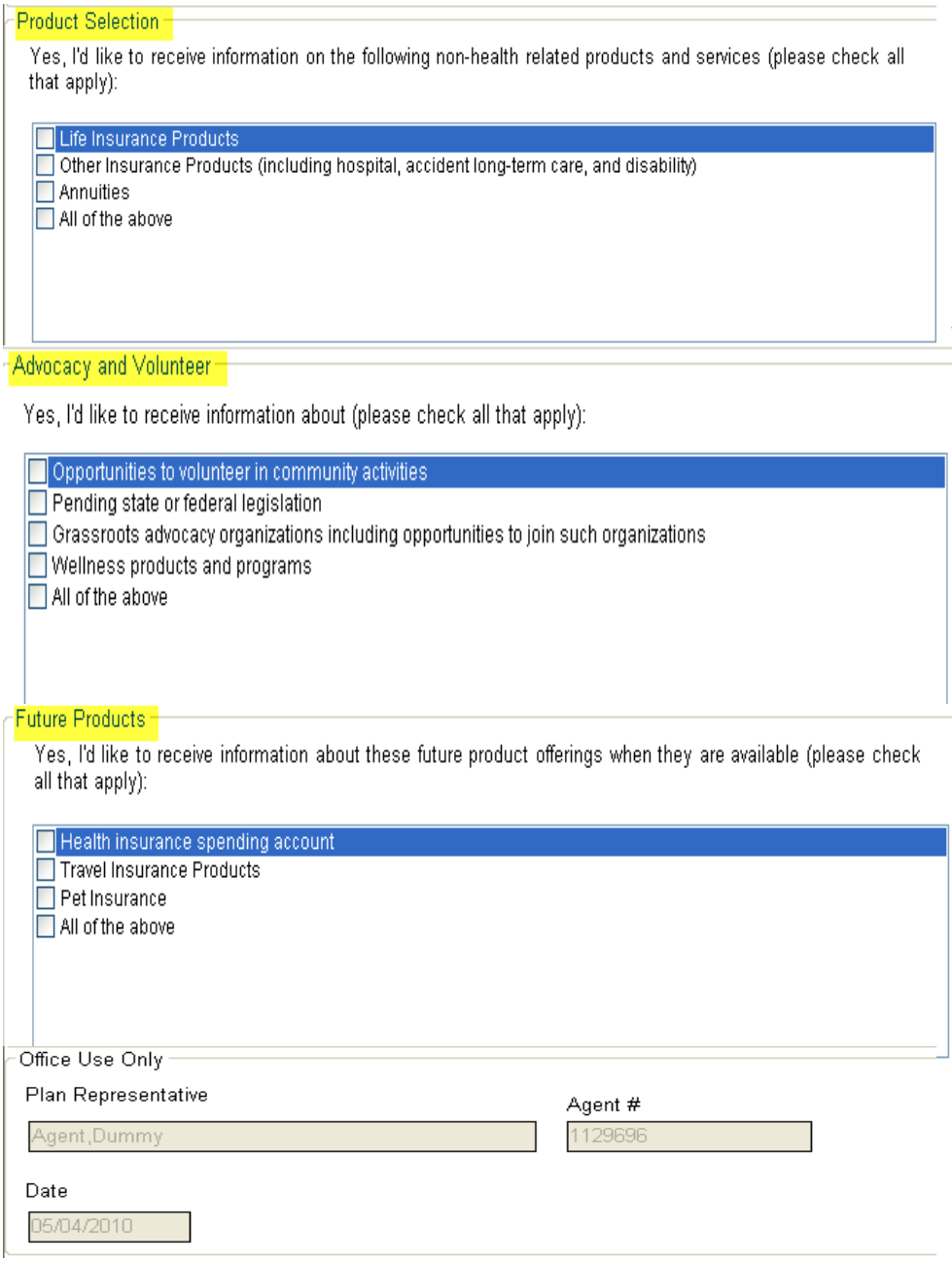


Member Authorization Form

There are 3 sections that the client can request information on.

- Product Selection
- Advocacy and Volunteer
- Future Products

Note: the client is required to select at least one, but not limited to just one. They can select as many as they like.



Put a ✓ next to the options the member would like Information about .

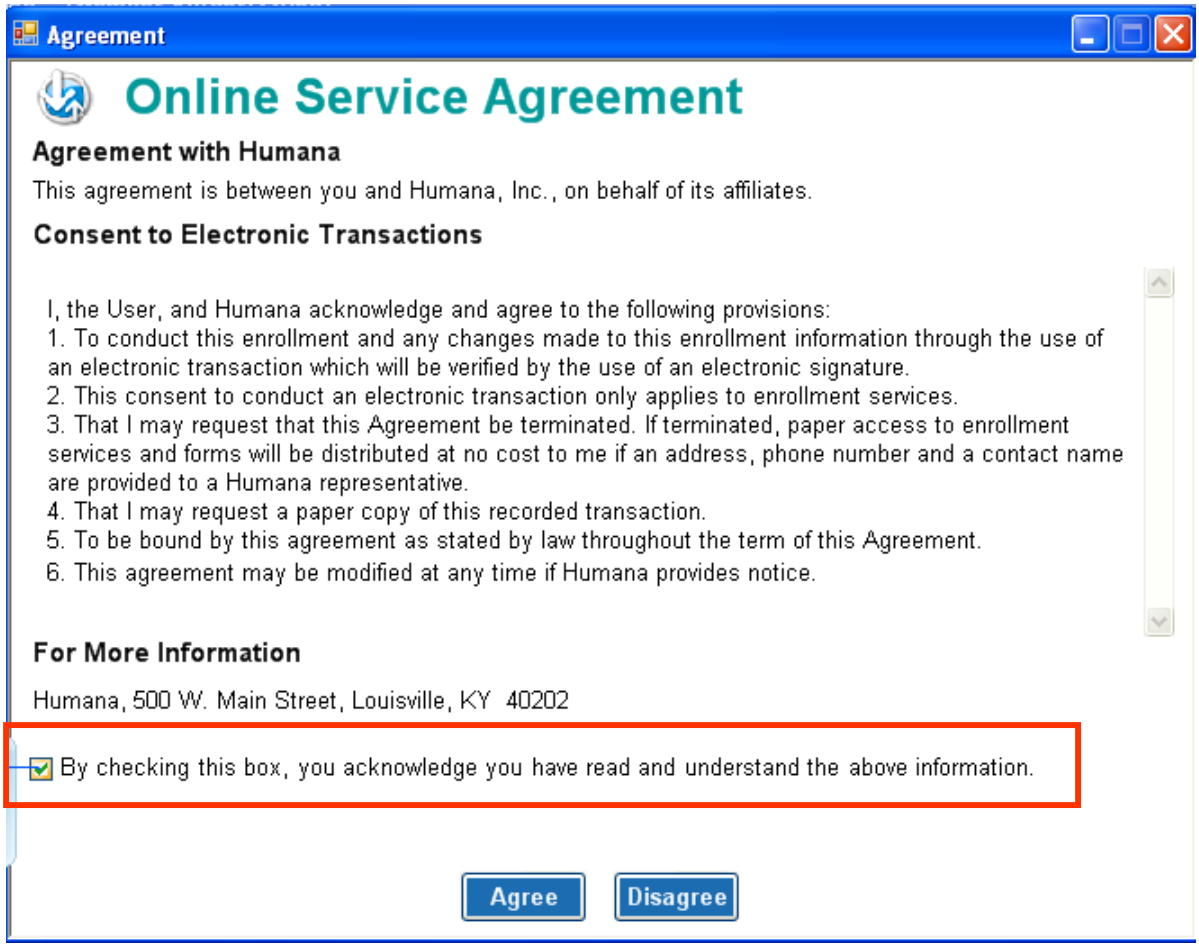
Humana can only contact the client about topics selected on the form.

The agent information will pre fill.

Member Authorization Form

Review and Sign

The client will be asked to acknowledge that they are in agreement to the electronic signature and submission

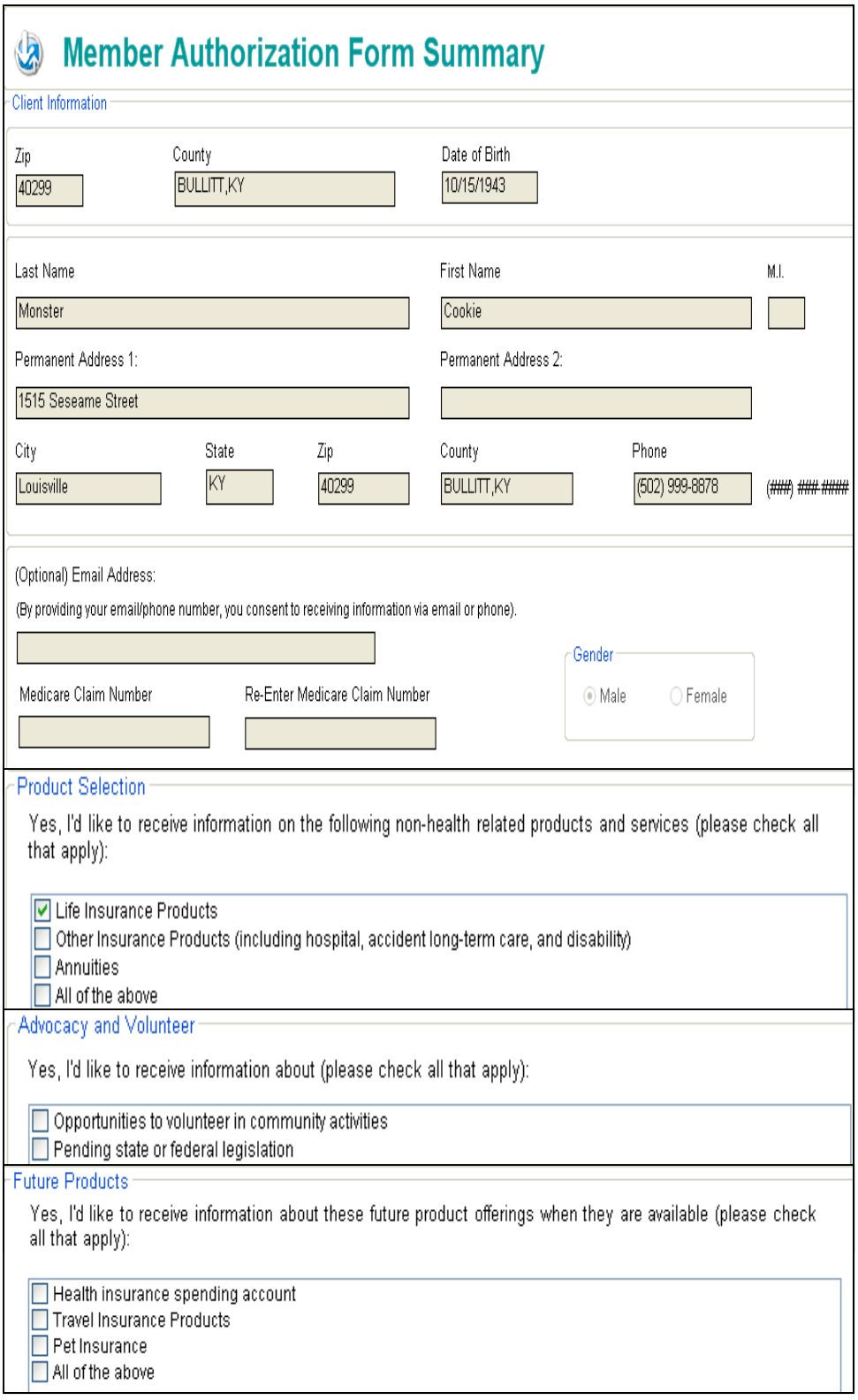


Member Authorization Form

Review and Sign

Review the demographic Information.

Make sure at least one selection is made to receive Information on.



Member Authorization Form Summary

Client Information

Zip: 40299 | County: BULLITT,KY | Date of Birth: 10/15/1943

Last Name: Monster | First Name: Cookie | M.I.:

Permanent Address 1: 1515 Seseame Street | Permanent Address 2:

City: Louisville | State: KY | Zip: 40299 | County: BULLITT,KY | Phone: (502) 999-8878 (###) ### ####

(Optional) Email Address:

(By providing your email/phone number, you consent to receiving information via email or phone).

Medicare Claim Number | Re-Enter Medicare Claim Number

Gender: Male | Female

Product Selection

Yes, I'd like to receive information on the following non-health related products and services (please check all that apply):

- [x] Life Insurance Products
- [ ] Other Insurance Products (including hospital, accident long-term care, and disability)
- [ ] Annuities
- [ ] All of the above

Advocacy and Volunteer

Yes, I'd like to receive information about (please check all that apply):

- [ ] Opportunities to volunteer in community activities
- [ ] Pending state or federal legislation

Future Products

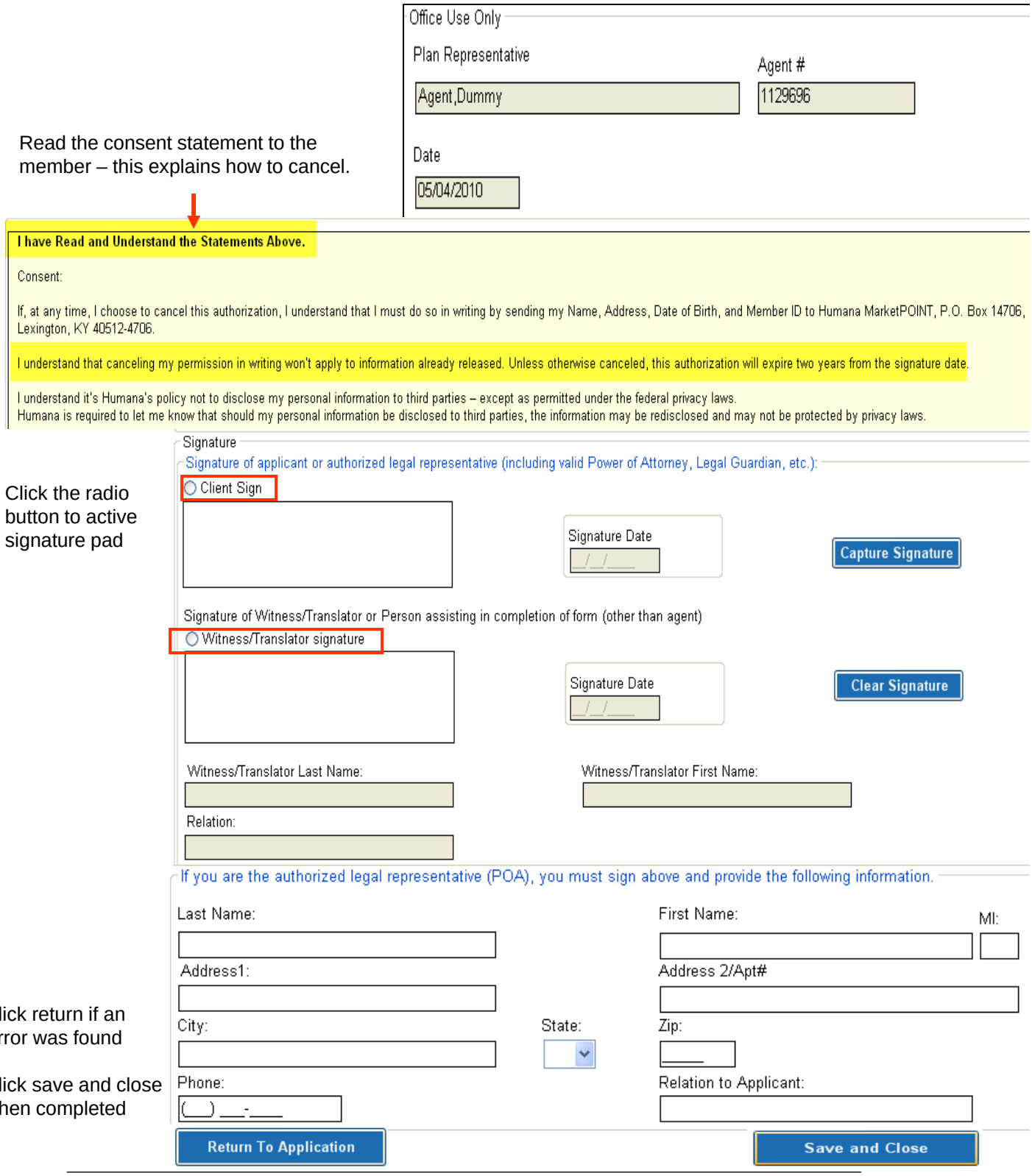
Yes, I'd like to receive information about these future product offerings when they are available (please check all that apply):

- [ ] Health insurance spending account
- [ ] Travel Insurance Products
- [ ] Pet Insurance
- [ ] All of the above

Member Authorization Form

Review and Sign

Read the consent statement to the member – this explains how to cancel.



Click the radio button to active signature pad

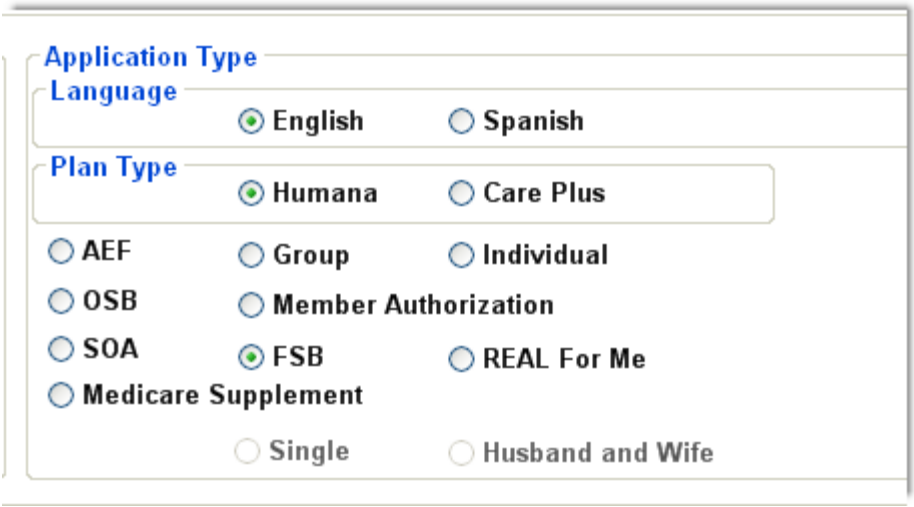
Click return if an Error was found

Click save and close when completed

Free Standing Benefits - FSB

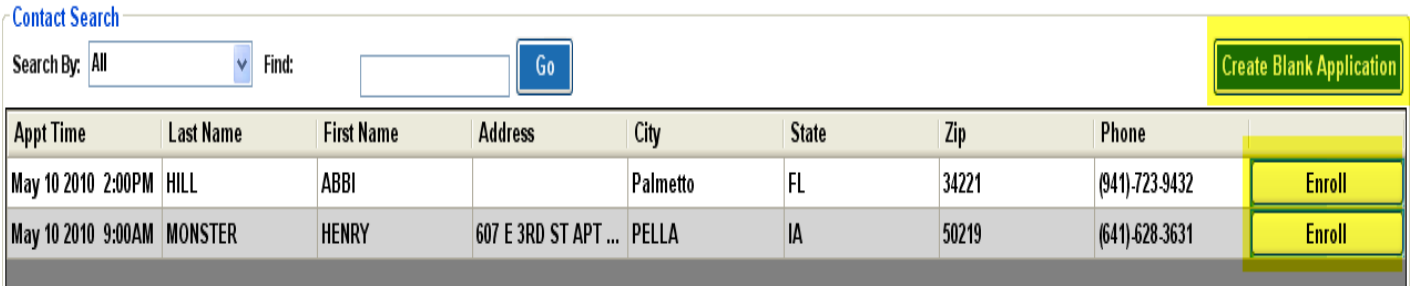
A free standing benefit is a benefit that does not require enrollment to a Mediocre Advantage plan.

Select the Plan Type
The select the FSB radio button to enroll in a free standing benefit



Click **Create Blank Application** to enroll a new member (someone not downloaded)

Click **Enroll** next to the name of the down loaded contact to get the application to pre fill.



Free Standing Benefits - FSB

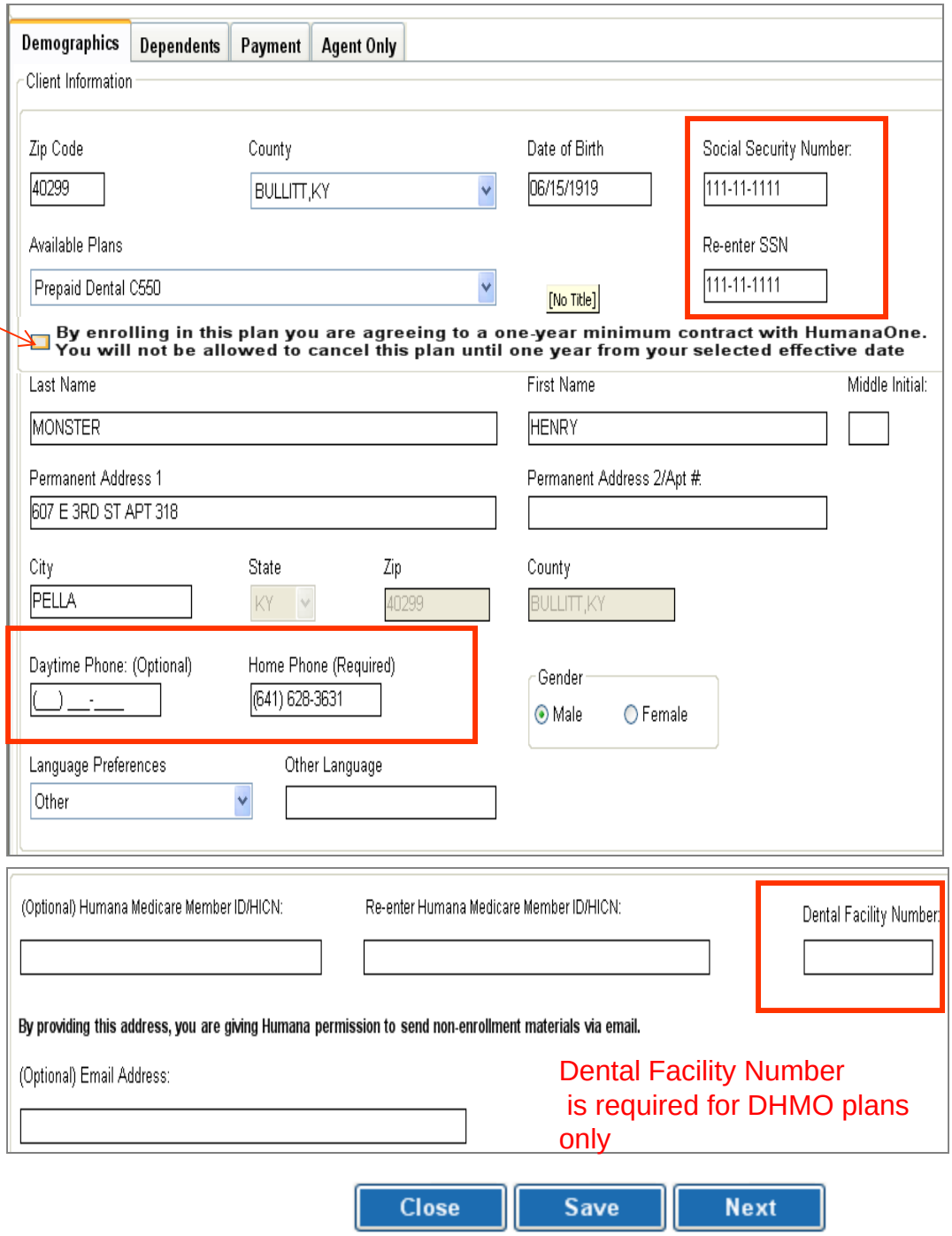
Demographics

Social security is required.

The member must agree to these terms

Address: a PO Box can be used

There are phone number fields one is optional the other required.

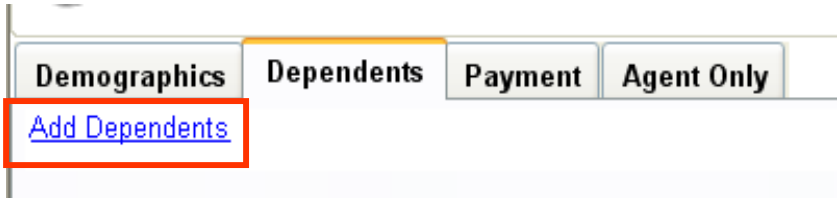


Dental Facility Number is required for DHMO plans only

Free Standing Benefits - FSB

Dependents

To add a dependent click the blue link Add Dependents.



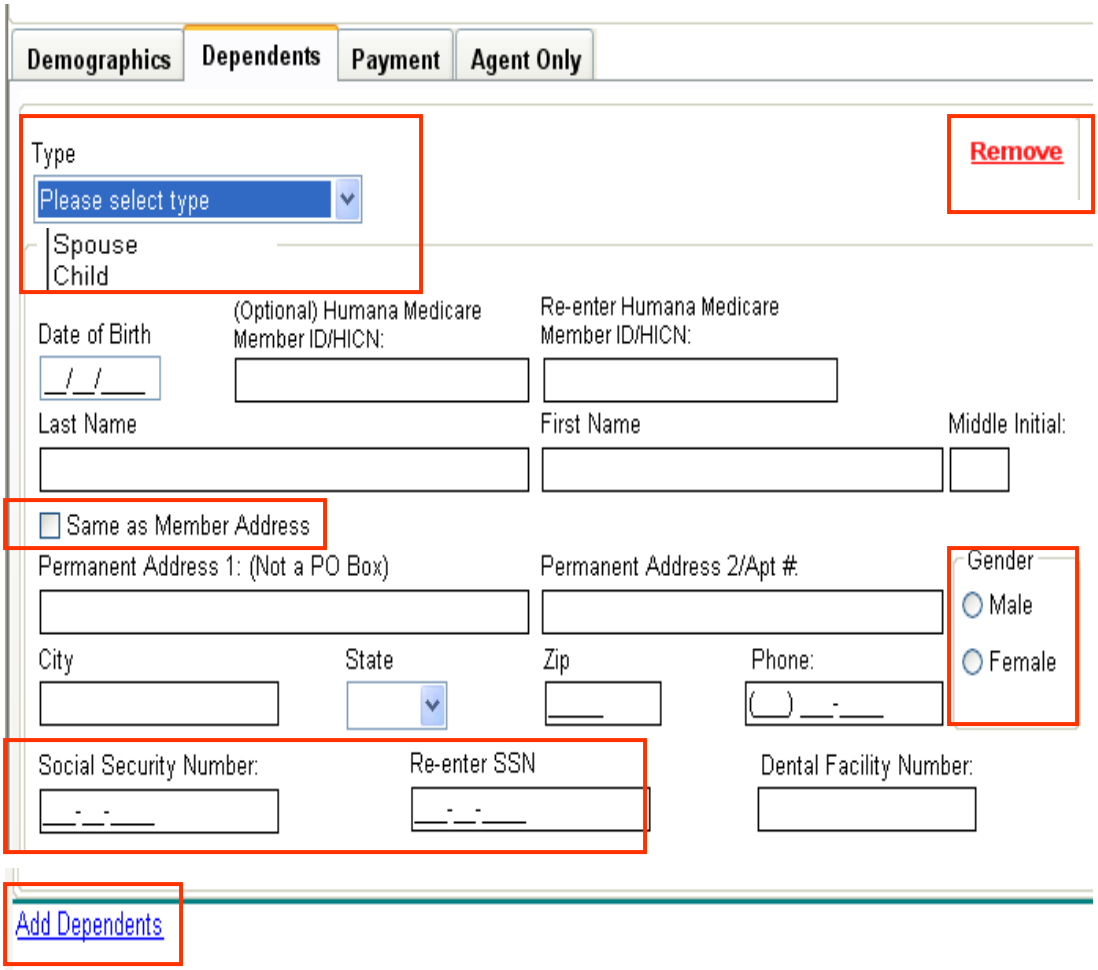
Dependent added in error: click the red Remove link

Select Type : spouse or child

Address same as primary insured check same as member box.

Gender will pre fill once name is added

Social Security number is not required for the spouse or child



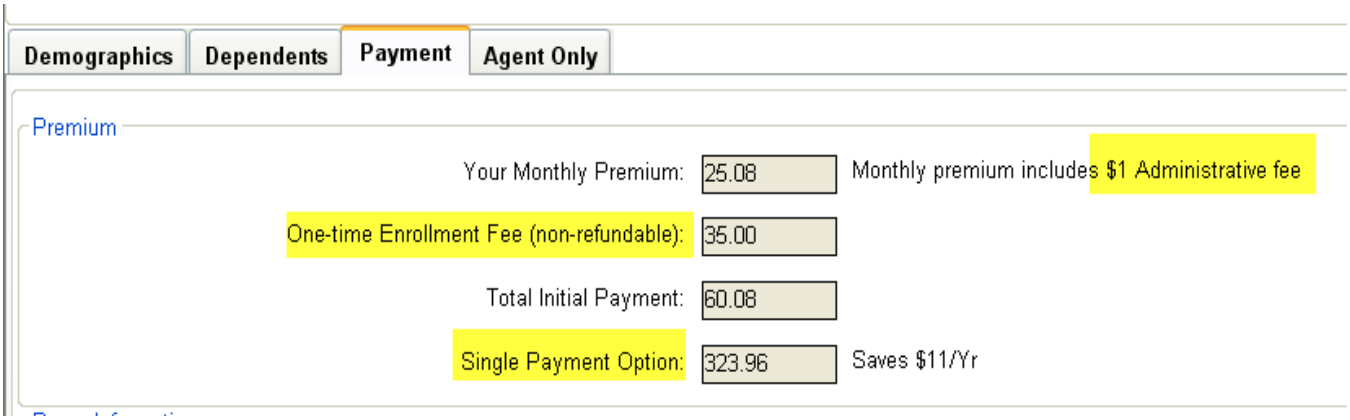
To add a new dependent click Add dependents again

Free Standing Benefits - FSB

Payment

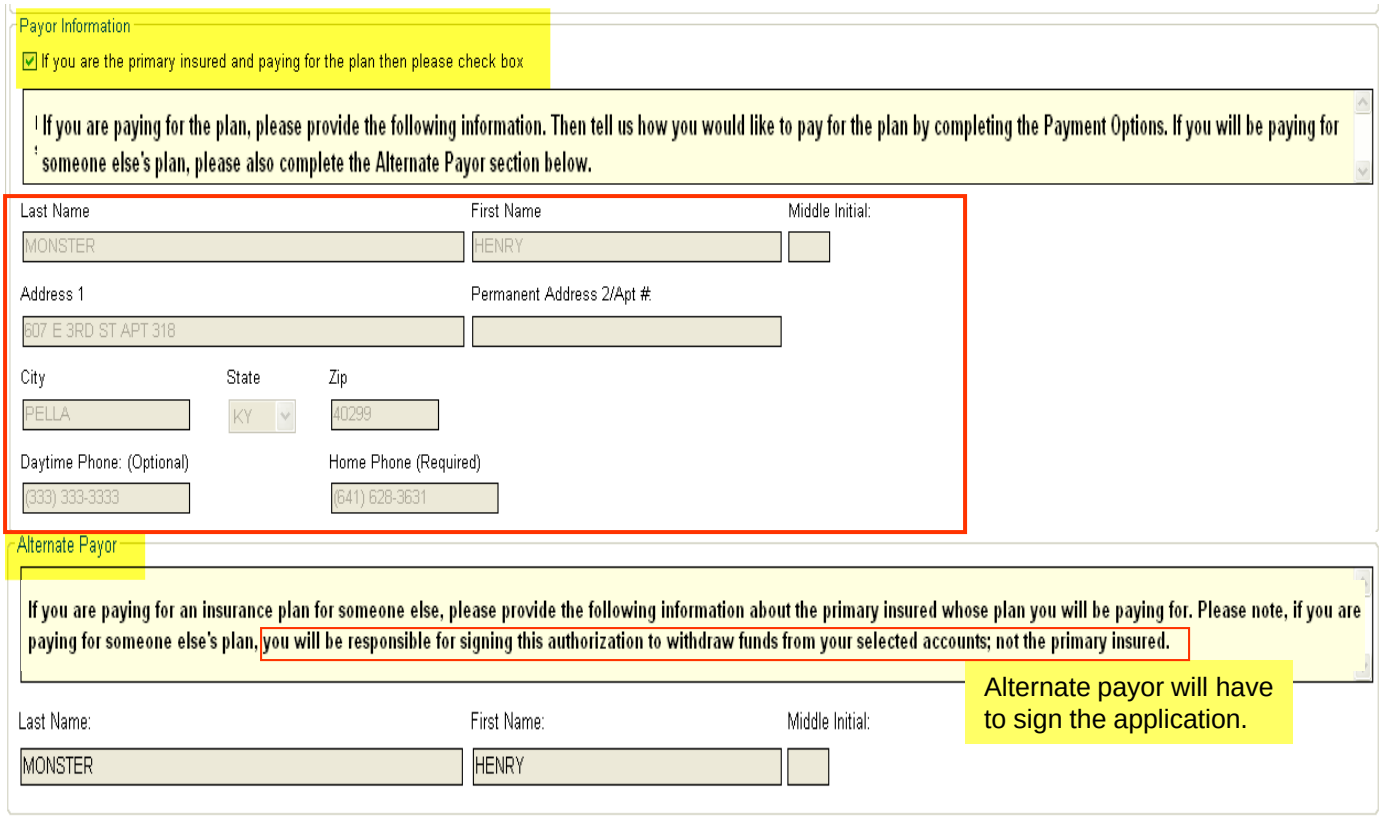
Premium

- There is a $1 Administrative fee
- One time enrollment fee
- Single payment option



Payor: Same as insured click the box and information will pre fill

Alternate Payor – primary insured not paying for the plan
add demographic information



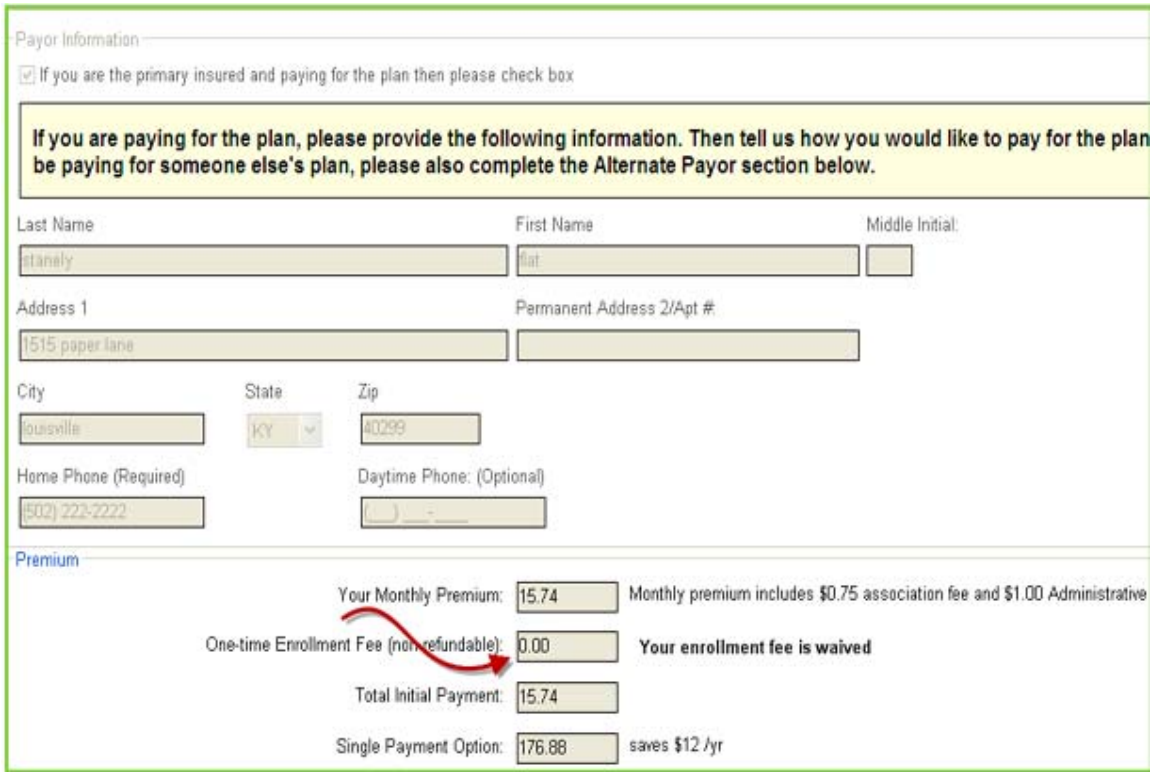
Free Standing Benefits - FSB

Payment

Important things to remember

The standard enrollment fee can be waived when:

- The enrollment fee is only waived on Dental and Vision benefits
- The enrollees must live in the same state
- The payor must be the same on both applications

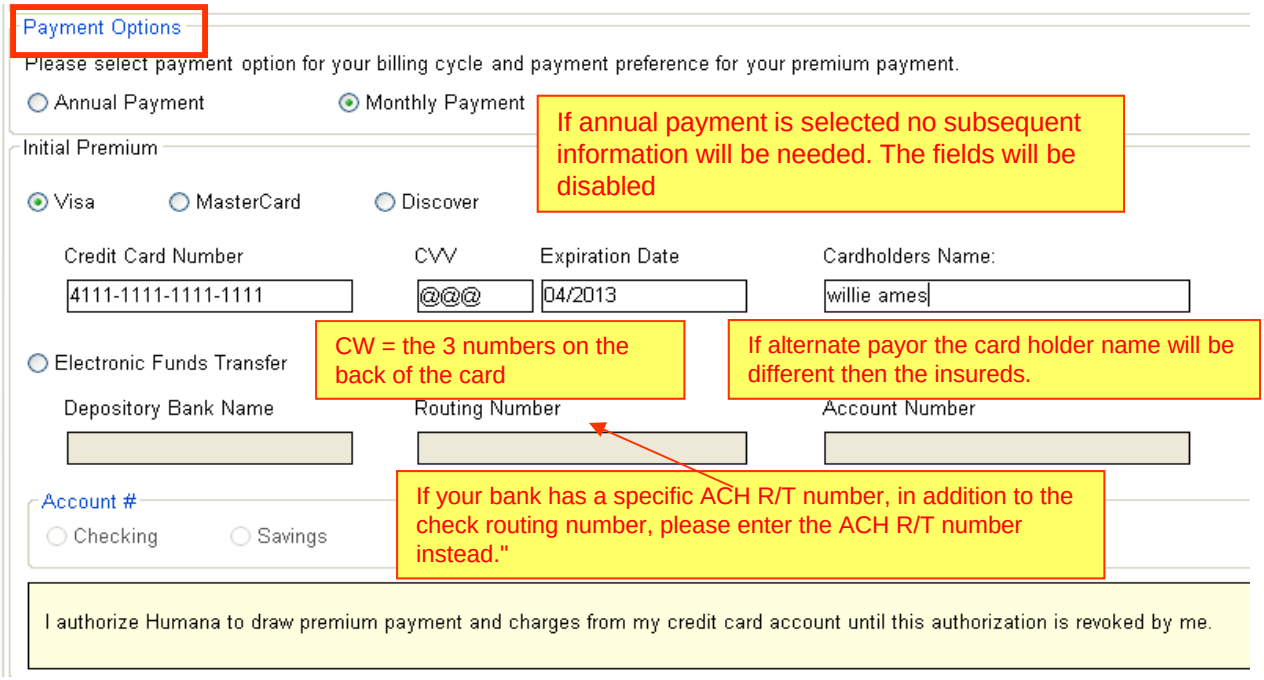


Free Standing Benefits - FSB

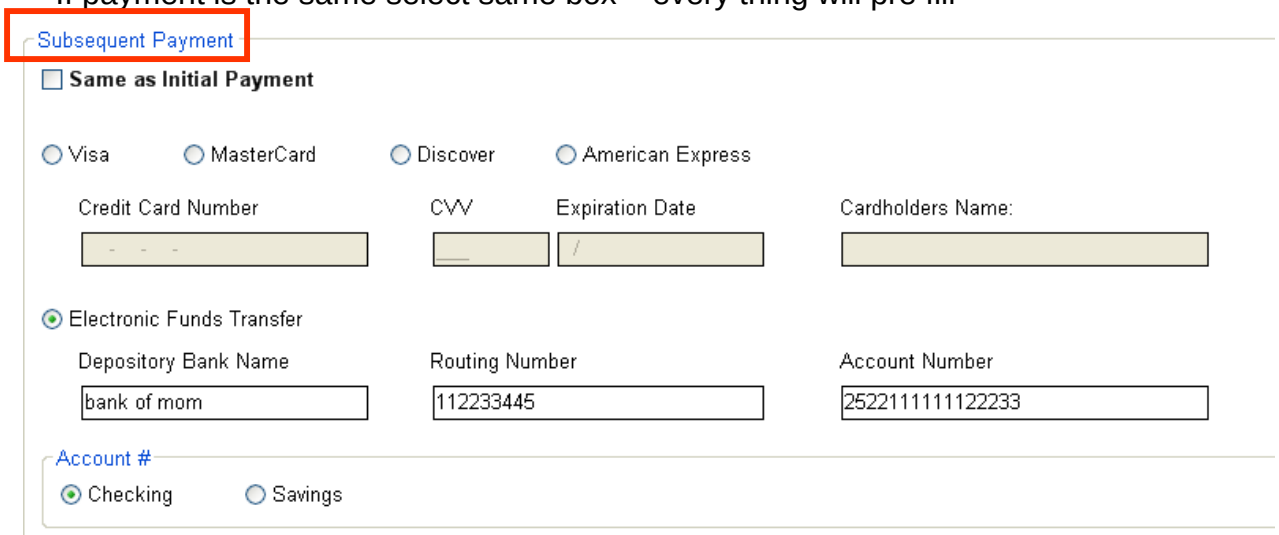
Payment

- Select payment option for billing cycle
- There are only 2 payment options for the initial payment
  Credit card
  Electronic Transfer

  Note: each option requires bank information



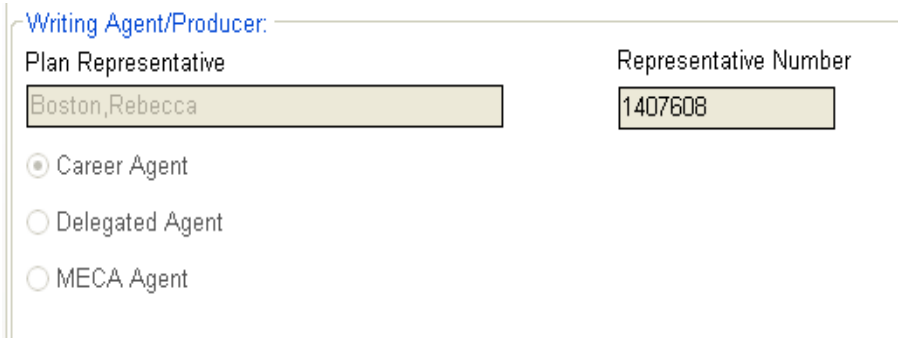
- Subsequent payment can be made differently then the initial.
- Make selection and enter information required.
- If payment is the same select same box – every thing will pre fill



Free Standing Benefits - FSB

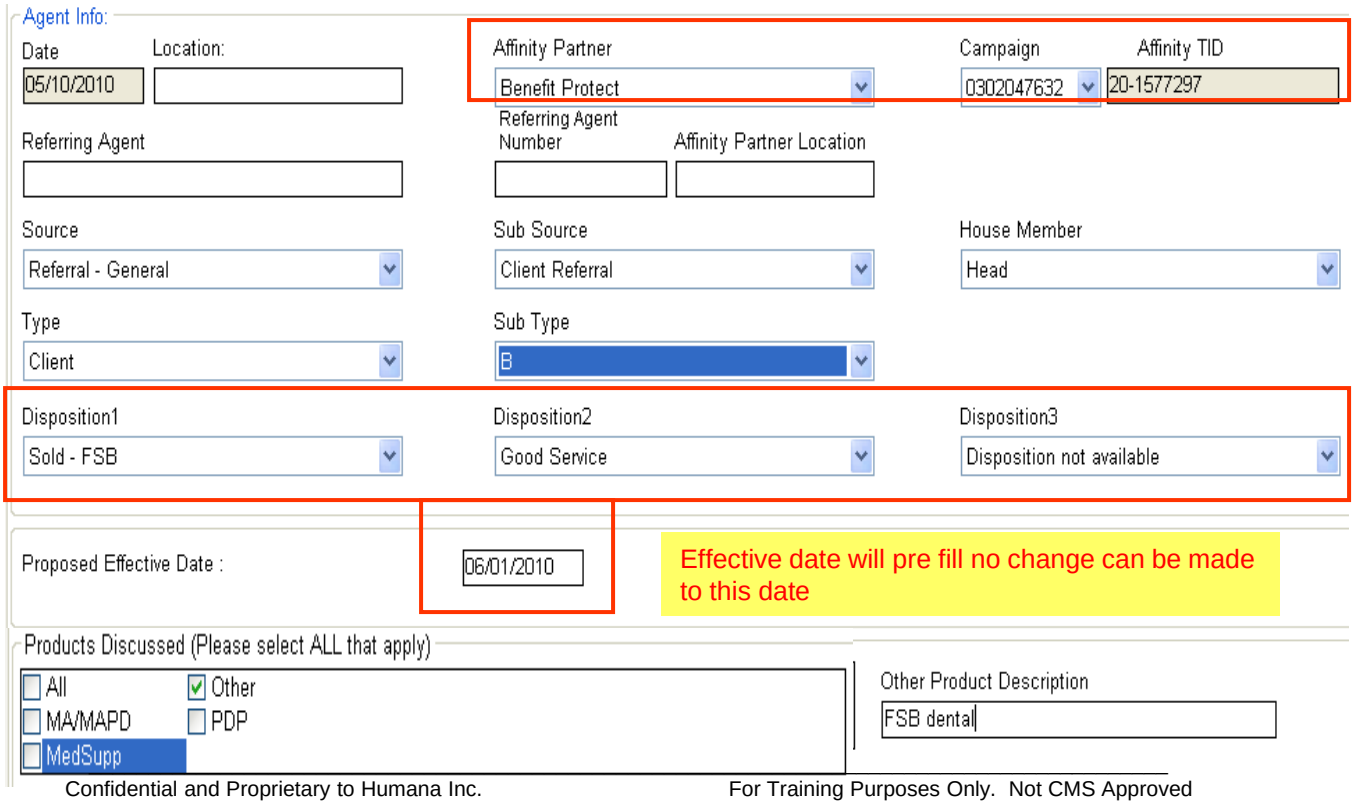
Agent Only

Plan Representative:
- Writing agent
- Information will pre fill

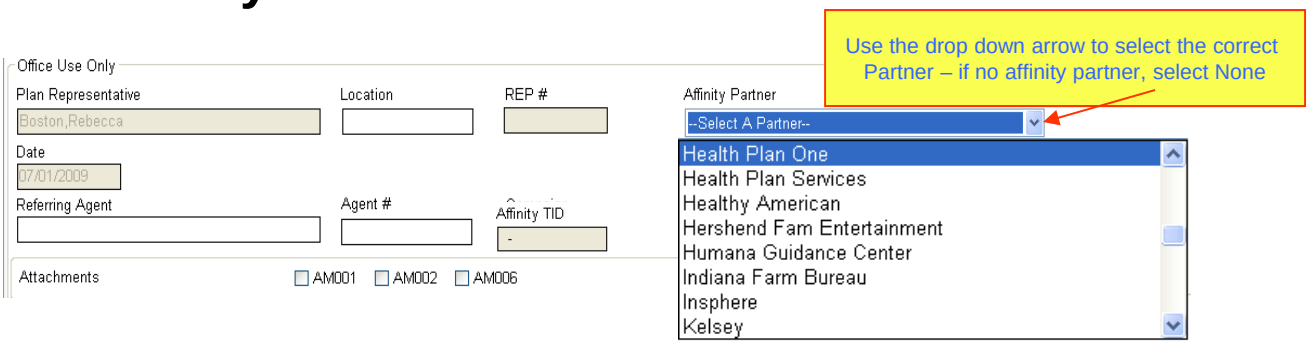


- Affinity Partner, campaign and Affinity TID will pre fill if downloaded contact
- If no affinity partner select None

- Disposition 1 will be FSB
- Disposition 2 why they wanted the FSB
- Disposition 3 depends on disposition 2 and not always needed



Affinity Partners:

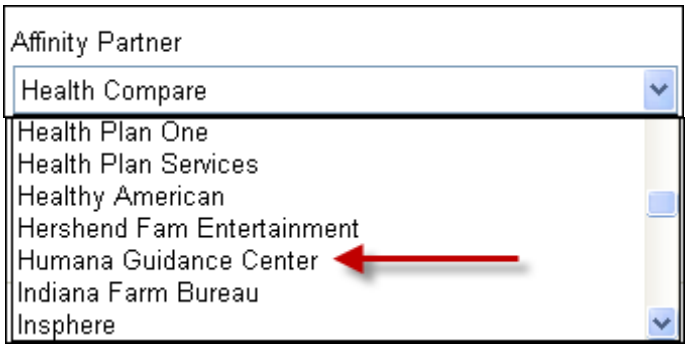


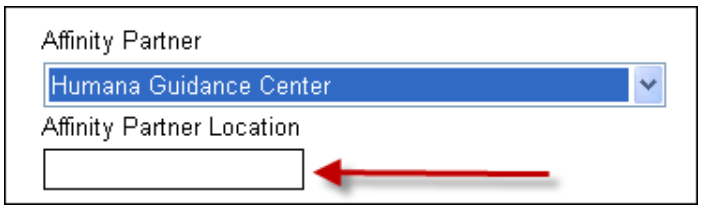
If the affinity partner is Wal mart the store number must be listed

If you don't know the Store ID:

- Click on the Search Store ID button
- Leave ID blank and click Search
- Enter State and City of the store

If the affinity partner is a Humana Guidance Center the location must be entered





STORE ID (AFFINITY PARTNER LOCATION)	ADDRESS	CITY	STATE
10613	8648 Skillman Street	Dallas	TX
10615	2257 S 108th Street	West Allis	WI
10616	227 Willow Bend	Crystal	MN
10617	11316 Montgomery Road	Cincinnati	OH
10618	7666 Nob Hill Road	Tamarac	FL
10619	12100 E Colonial Dr	Orlando	FL
10620	215 Englewood Road, Suite A	Kansas City	MO
10621	3189 W Vine Street	Kissimmee	FL
10622	7945 S Harlem	Burbank	IL
10623	5943 E McKellips Rd Ste 106	Mesa	AZ
10624	8975 W Charleston Blvd	Las Vegas	NV
10626	7915 N Hale Ave	Peoria	IL
10627	7400 Gall Blvd	Zephyrhills	FL
17673	1000 N Green Valley Parkway, Suite 720	Las Vegas	NV
17674	2025 W. Henderson	Columbus	OH
17693	1915 SNOW ROAD	PARMA	OH
17694	4438 Western Avenue	Knoxville	TN

Free Standing Benefits

Source Information

Tier 1:

What was the original source of the lead (how did the client learn about Humana)

- Medicare campaign/seminar/ad
- TIPS campaign/seminar/ad
- Veterans campaign/seminar/ad, etc.

Tier 2:

Where they heard about the plan DMS call, HGC, WLMT, Veteran Referral, Self-Referral, etc.

Location:

- where the application was completed.
- may not be where the lead was sent which would be Tier 2
- In home appt was scheduled but directed to WLMT for convenience, etc.

Free Standing Benefits - FSB

Dental C550 DHMO effective dates are calculated as follows:

- If application is received between the 1st and 15th of the month, the policy effective date will be the 1st of the next month.
- If application is received between the 16th and end of the month, the policy effective date will be the 1st of the 2nd following month.

Example: App. received May 18th for processing; policy effective date will be July 1st.

The reason for the difference in effective dates is due to the member having to select a primary care dentist and being included in the monthly membership rosters sent to providers.

Dental Preventive Plus PPO and VCP or Focus Vision plan effective dates are calculated as follows:

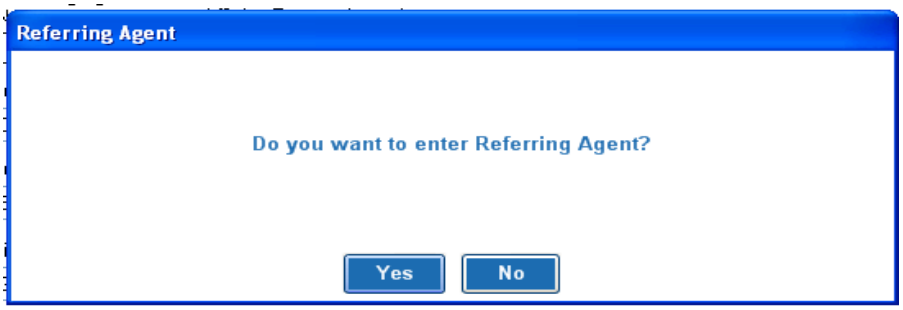
- Applications received between the 1st and end of any month will have a policy effective date of the 1st of the following month.
- If application is received between the 1st and 15th of the month, the policy effective date can be the 1st of the current month, **if it is requested and indicated on the application.**

  Note: if paying monthly a double deduction will be taken for the first payment

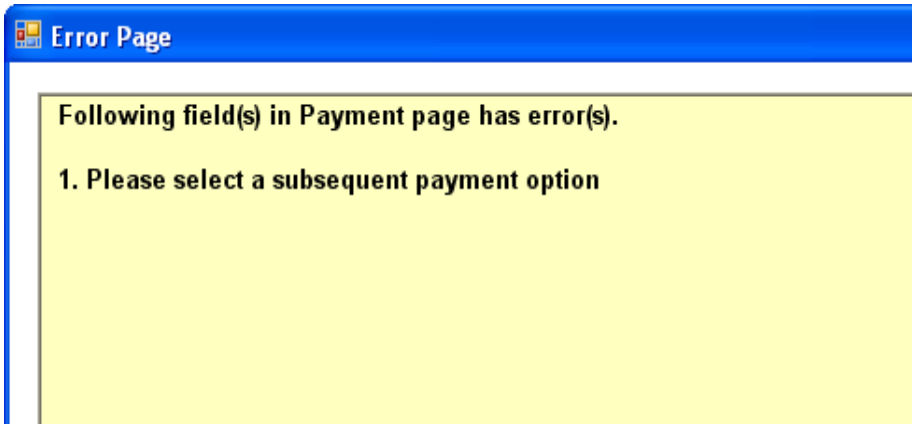
Free Standing Benefits - FSB

Review and Sign

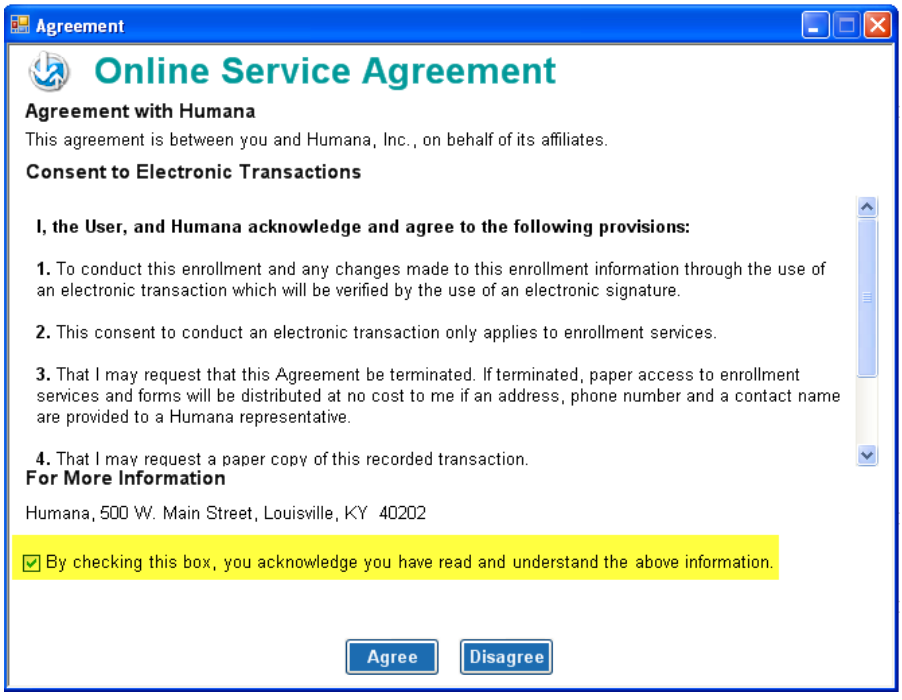
- If lead came from broker referral the agent needs to be added.



- The system will scan the application to look for missing information.
- If something is missing an error page will appear showing what needs to be corrected.



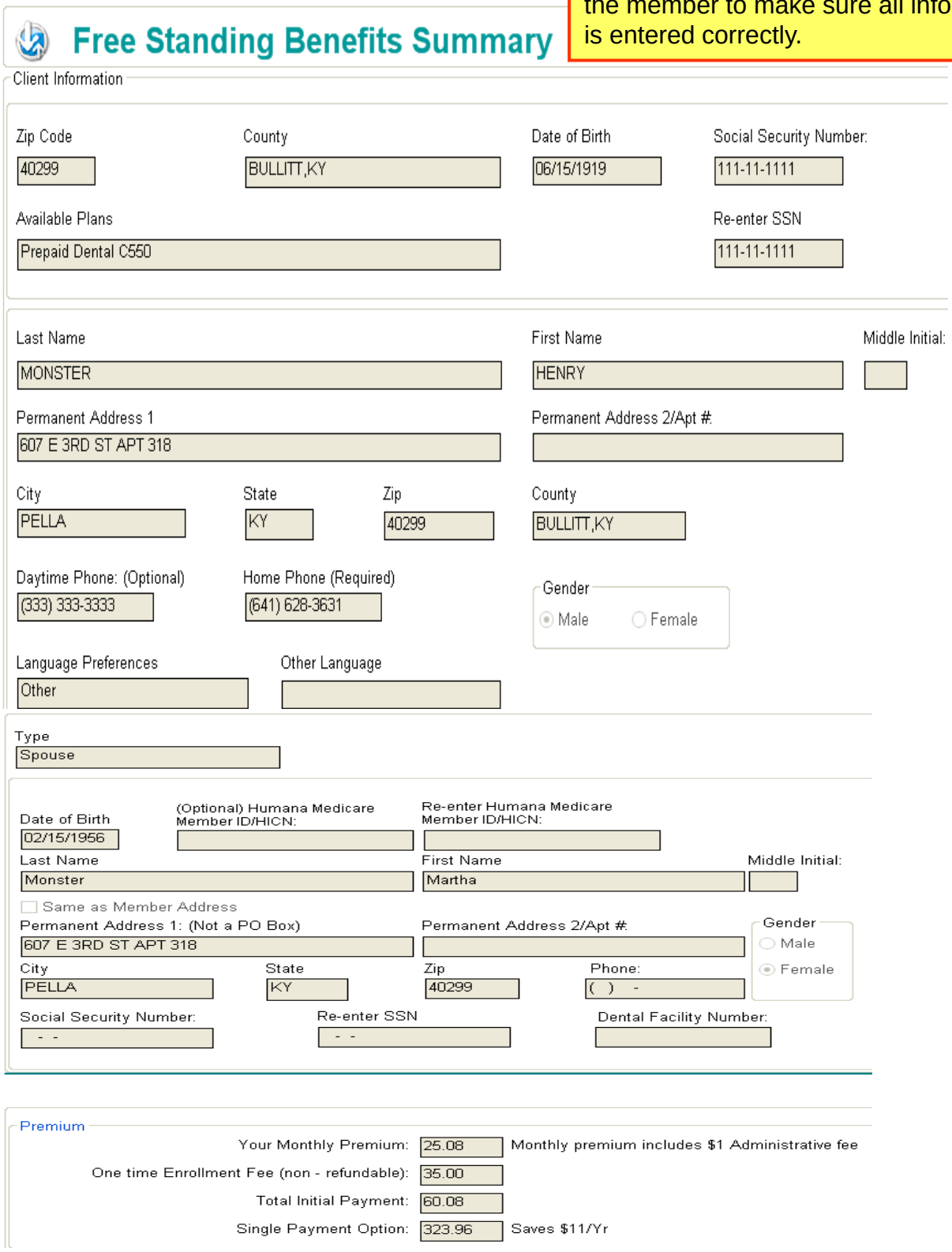
- The Online Service Agreement states the member agrees to the only enrollment the box must be checked.



Free Standing Benefits - FSB

Review and Sign

Review the entire application with the member to make sure all information is entered correctly.



Free Standing Benefits Summary

Client Information

Zip Code	County	Date of Birth	Social Security Number:
40299	BULLITT,KY	06/15/1919	111-11-1111

Available Plans: Prepaid Dental C550

Re-enter SSN: 111-11-1111

Last Name	First Name	Middle Initial:
MONSTER	HENRY	

Permanent Address 1: 607 E 3RD ST APT 318

Permanent Address 2/Apt #:

City	State	Zip	County
PELLA	KY	40299	BULLITT,KY

Daytime Phone: (Optional)	Home Phone (Required)	Gender
(333) 333-3333	(641) 628-3631	Male / Female

Language Preferences	Other Language
Other	

Type: Spouse

Date of Birth	(Optional) Humana Medicare Member ID/HICN:	Re-enter Humana Medicare Member ID/HICN:
02/15/1956		

Last Name	First Name	Middle Initial:
Monster	Martha	

Same as Member Address

Permanent Address 1: (Not a PO Box): 607 E 3RD ST APT 318

Permanent Address 2/Apt #:

Gender: Male / Female

City	State	Zip	Phone:
PELLA	KY	40299	( ) -

Social Security Number:	Re-enter SSN	Dental Facility Number:
- -	- -	

Premium

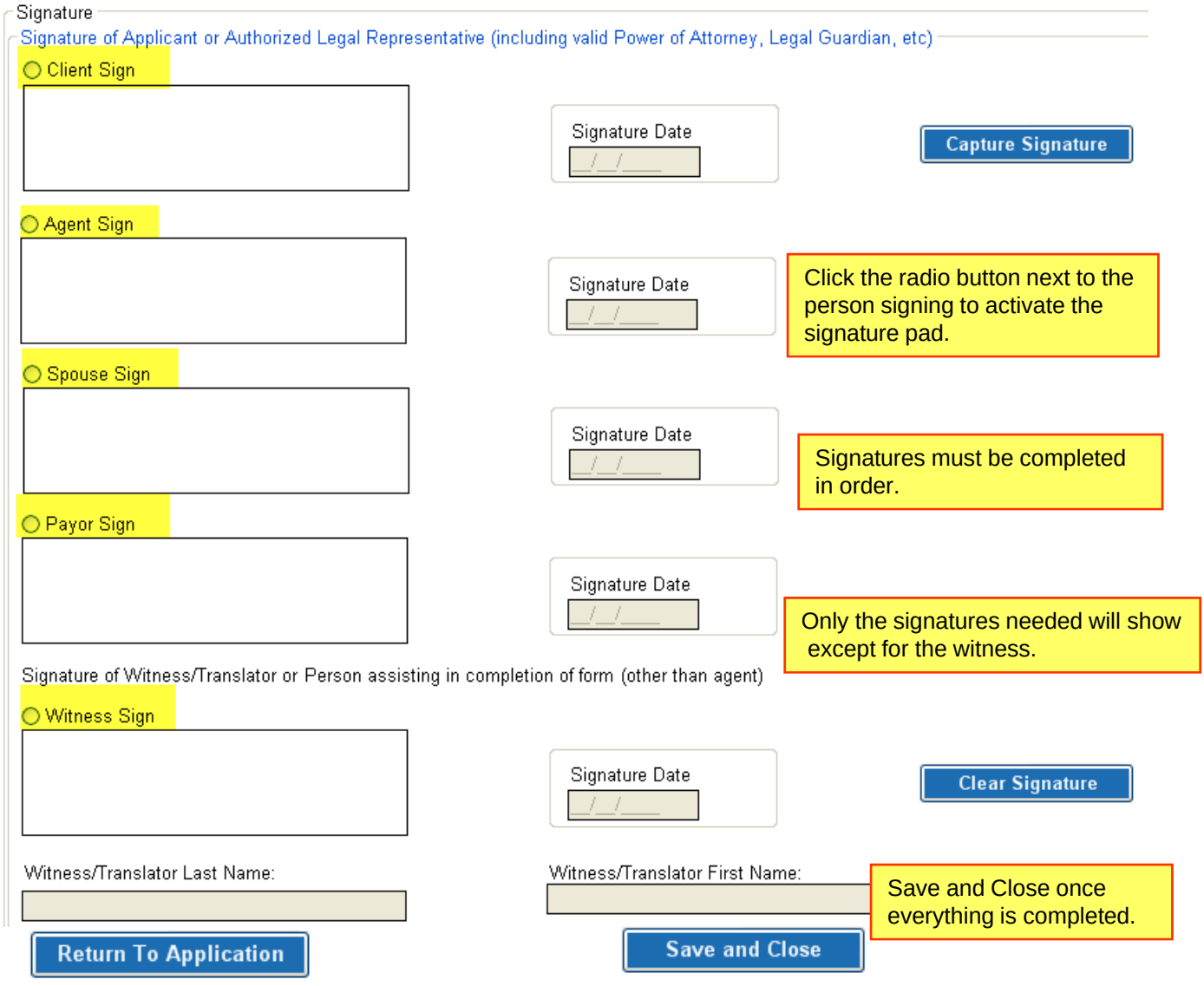
Your Monthly Premium:	25.08	Monthly premium includes $1 Administrative fee
One time Enrollment Fee (non - refundable):	35.00	
Total Initial Payment:	60.08	
Single Payment Option:	323.96	Saves $11/Yr

Free Standing Benefits - FSB

Review and Sign

The FSB application could require up to 5 signatures

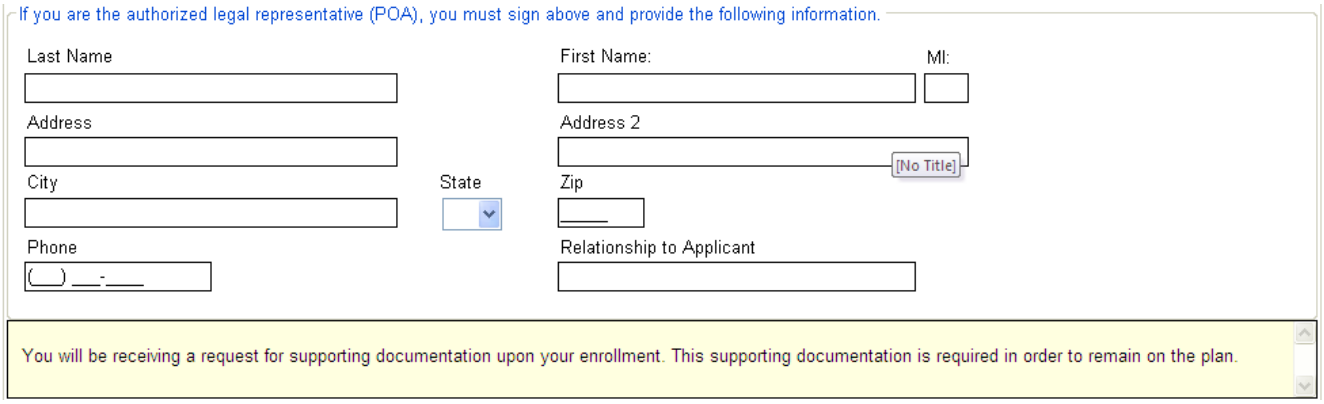
- The Client and Agent will always sign
- Spouse will have to sign if being insured
- Payor will sign only if someone other then the primary insured is paying the premium.
- Witness/Translator will sign if the application needed to be translated or a witness was present for the signature of the client.



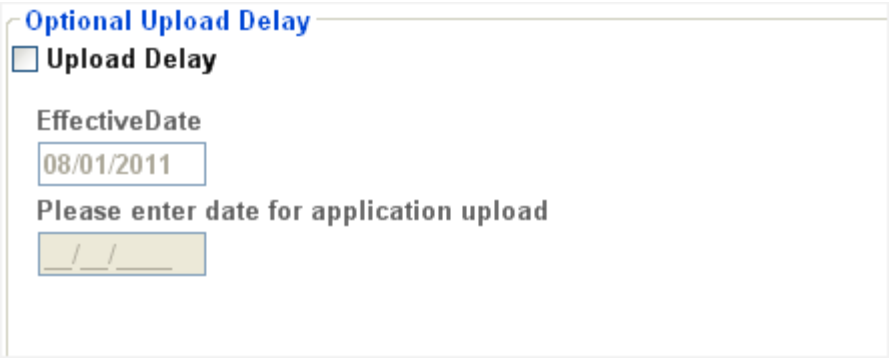
Review and Sign

Power Attorney signing the application :

- must provide demographic information for them
- They must send supporting documents to billing and enrollment to stay in the plan.



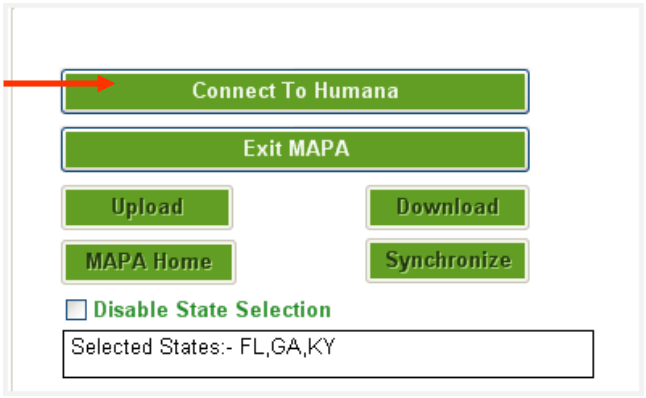
The FSB application allows the upload to be delay
Upload must be completed before effective date

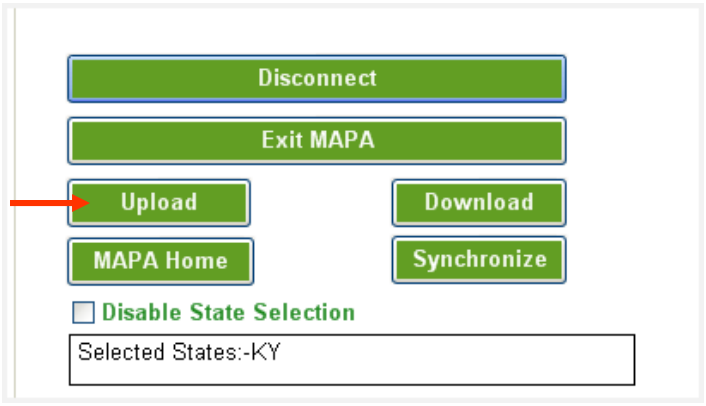


Example: application written and signed on 7/10/2011
Upload Delay set to 7/29/2011.
On 7/29/11 when an upload is completed this application will be sent

Uploading

To upload completed applications follow the previous process **Connect to Humana** and select **Upload** from the Agent Self Service Center page.





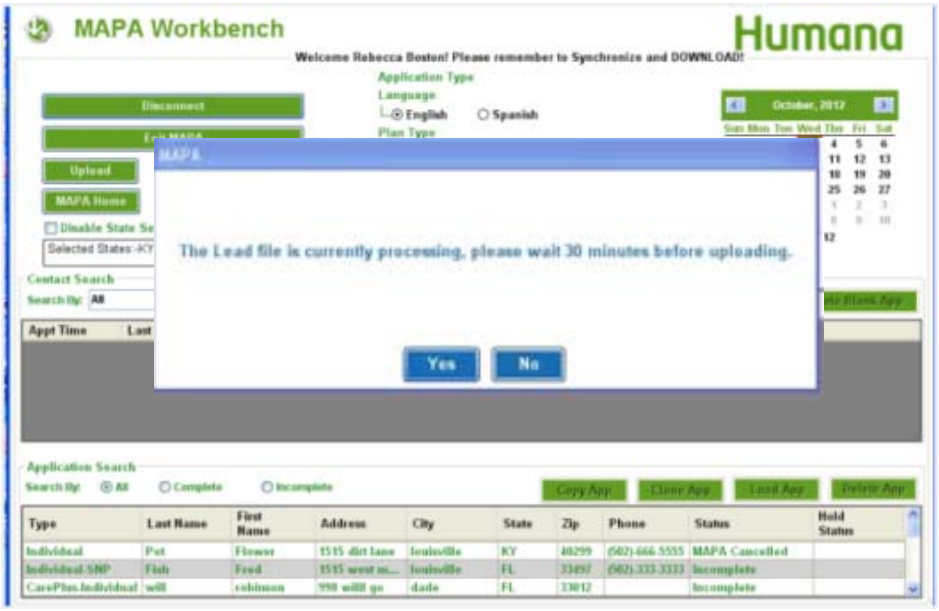
Applications must be uploaded at the end of everyday

You must upload completed applications everyday.

Uploading

An error message has been added to advise you when the lead files are running

When error received wait 30 minutes then try again

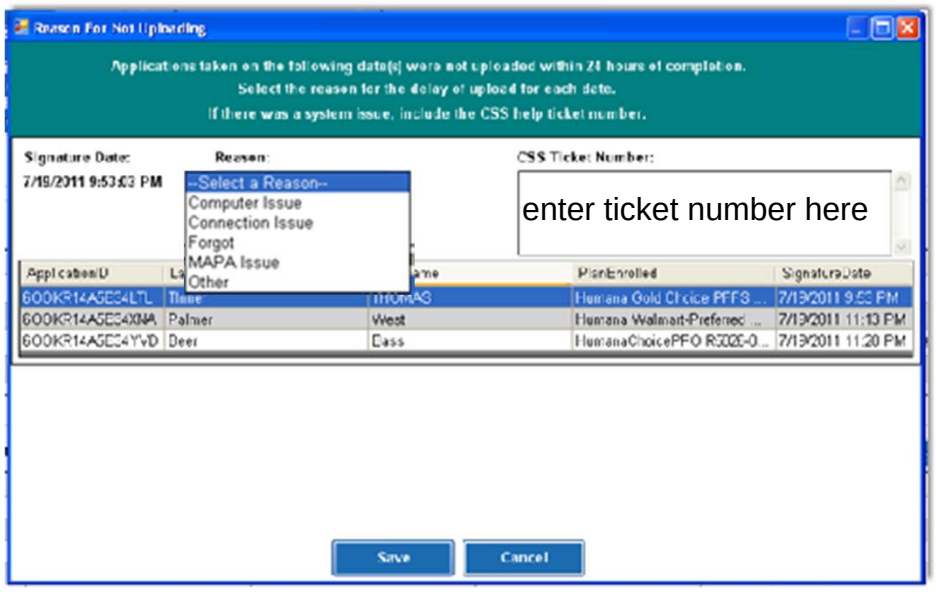


Upload justification

Applications must be uploaded every night

A 24 hour upload justification section has been added

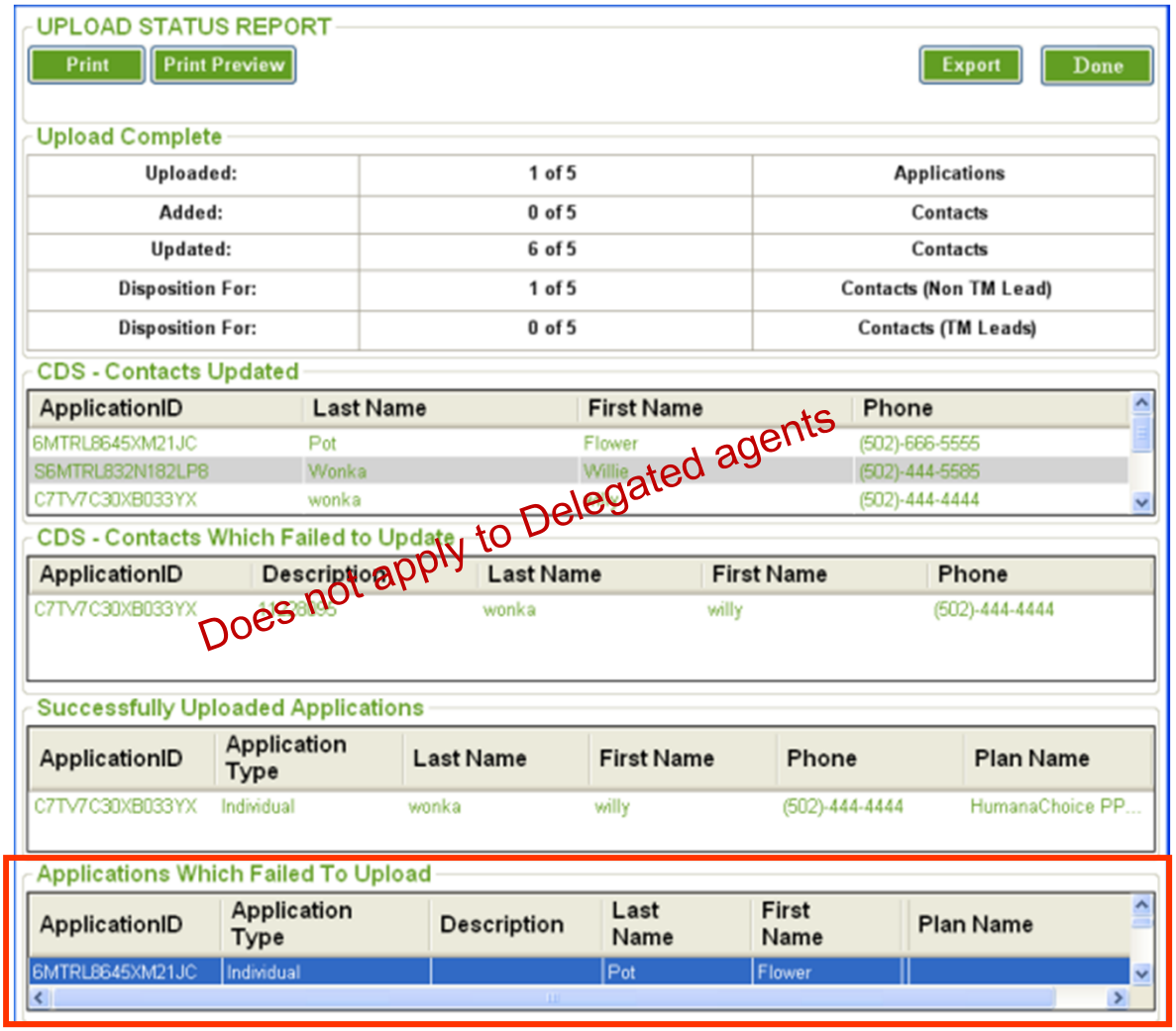
If an application is not uploaded 24 hours from the time signed justification must be provided



Uploading

Upload Completed Applications

Below is an example of a upload summary.



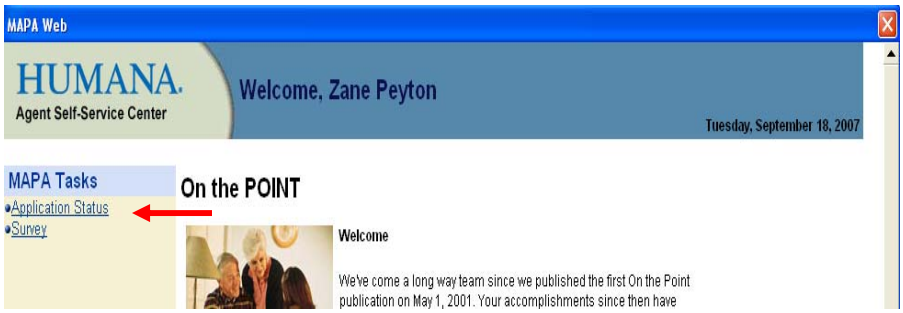
Application Failed to Upload"" or "Application Stuck on Machine" or "Application is Missing".

You should **contact CSS** – At the time of the call you must be at your computer and have internet access. CSS will take a snap shot of the application and send to IT to find out the issue.

They will need– Member Name
Member Medicare ID
Application ID
Date application was taken

Application Status

The application status report will allow you to keep track of all your submitted applications.

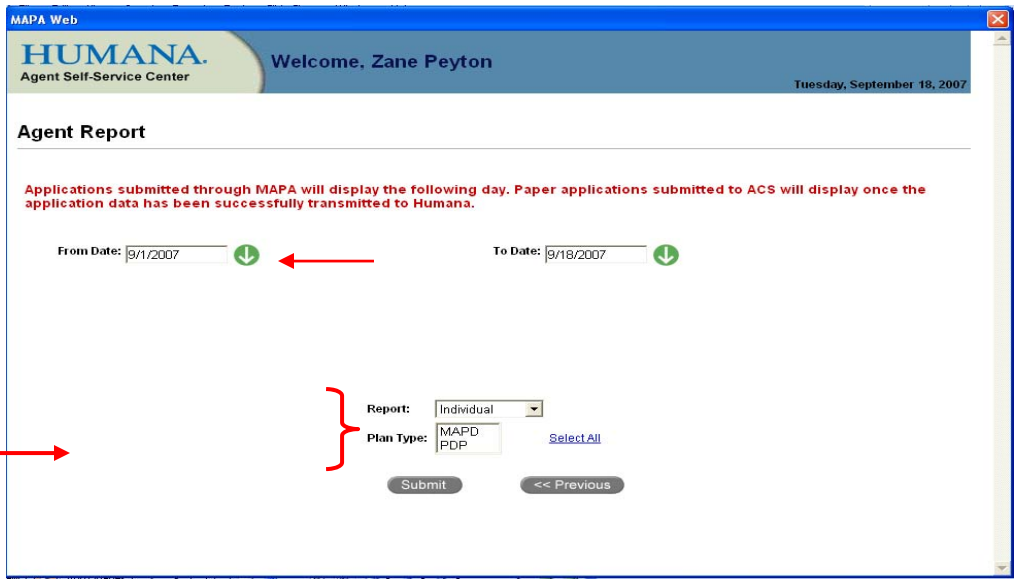


Click on
Application Status.

Use the green down arrows and enter the **From Date** and **To Date.**

Select the **Plan Type** And **Report Type** you want to search on.

Click **SUBMIT.**



MAPA reporting now offers verification reports

Printer Friendly Version Export Previous

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08/01/2009 - 09/06/2009

Source	Application ID	Last Name	First Name	Middle Initial	Plan Name	Verification Date	Verification Number	Verifier's Name	Reason for Not Verifying
Digital	6OOKR14XIFT3C09	Smith	Meaghan	A	HumanaChoice PPO H1806-001	08/31/2009			Verification System Down
Digital	6OOKR15DL559QI	Martin	Betty	A	Humana Gold Plus HMO SNP-DB H1036-117	09/03/2009	3434235334	Adrey	
Digital	6OOKR15DL55N91	Brown	Bella mapa	M	HumanaChoicePPO R5826-066	09/03/2009			Seminar Enrollment

MAPA reporting now ties OSB's and SOA's to applications

AE Pend Code Legend Printer Friendly Version Export Previous D

The data contained in this report is for administrative use only and may not be used for marketing purposes of any kind or to solicit disenrolled members. Failure to comply is a violation of federal privacy laws and will result in legal action and disciplinary action up to and including termination.

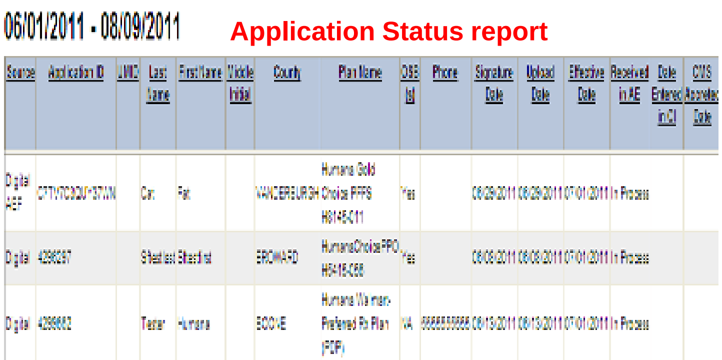
08/01/2009 - 02/01/2010

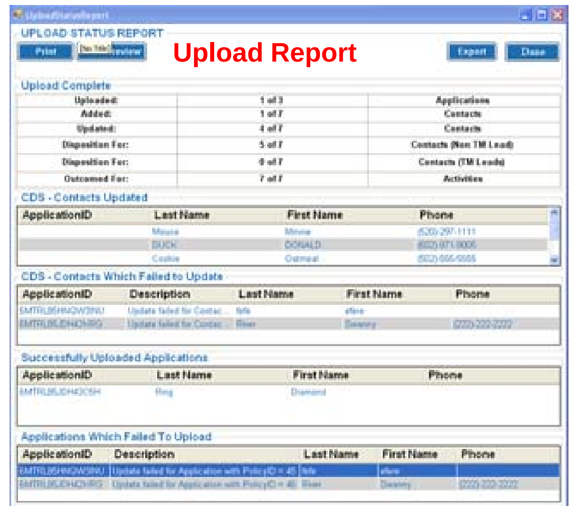
Source	Application ID	Last Name	First Name	Middle Initial	Plan Name	OSB (s)	Signature Date	Upload Date	Effective Date	Date Entered in CI	CMS Accreted Date	Scope of Appointment ID	Scope of Appointment Product	AE Pend Code	Disenrol Dat
Digital	9TYQMB4W0FD33NY	Marker	Sharpie		HumanaChoicePPO R5826-008	Yes	08/21/2009	08/21/2009	09/01/2009	03/07/2008	03/07/2008	VPND4W0FD3055	MAPD		
Digital	9TYQMB4W0FD37TI	Sub	Way		Humana Gold Choice PFFS H1804-185	Yes	08/21/2009	08/21/2009	09/01/2009	02/03/2008		VPND4W0FD3055	MAPD	AE0362BQ	
Digital	9TYQMB4W0FD3HV1	Patterson	Barbara		Humana Gold Choice PFFS H1804-193	Yes	08/21/2009	08/21/2009	09/01/2009	02/03/2008					
Digital	9TYQMB4WNKP2NDE	Crane	Scott		HumanaChoicePPO H0623-001	Yes	08/24/2009	08/24/2009	09/01/2009	02/11/2008					
Digital	9TYQMB4WNKP2NS6	Amos	Tori		HumanaChoicePPO H0623-001	Yes	08/24/2009	08/24/2009	09/01/2009	02/11/2008	01/07/2009				01/07/20
Digital	9TYQMB4WNKP2O0H	Hunter	Wayne		HumanaChoicePPO H1806-001	Yes	08/24/2009	08/24/2009	09/01/2009	02/20/2008	03/01/2008				
Digital	9TYQMB4X30931IQ	Mapatested	Gjaubhyi	A	HumanaChoicePPO R5826-008	Yes	08/31/2009	08/31/2009	09/01/2009	02/20/2008	03/01/2008				
Digital	9TYQMB4XAQ13HCR	Turner	Rebecca	A	HumanaChoice PPO H1806-001	Yes	08/31/2009	08/31/2009	09/01/2009	02/19/2008	03/18/2008				

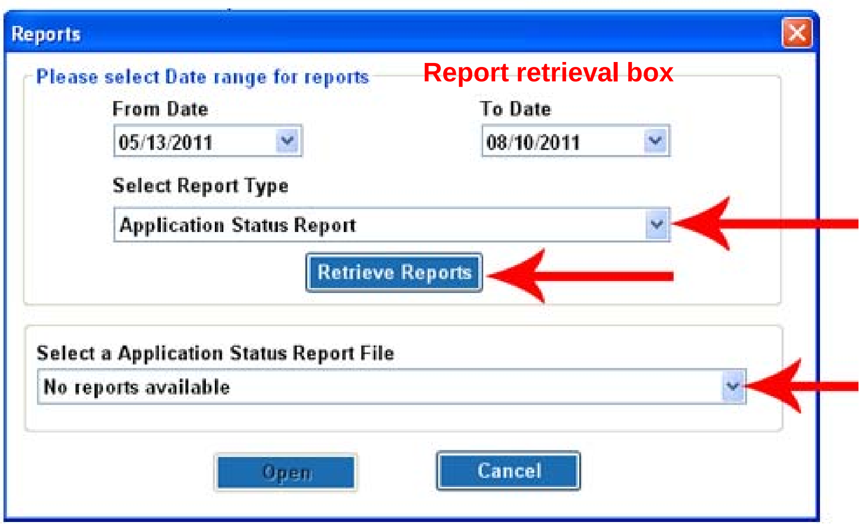
Reporting

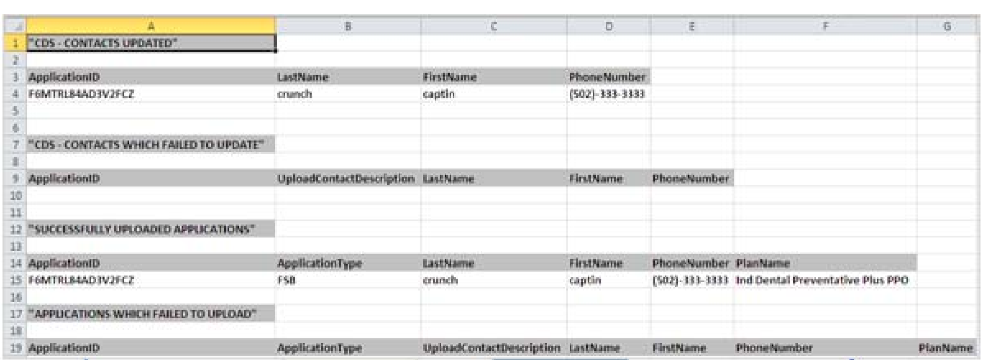
A report retrieval option has been added to the MAPA Workbench

1. Run the report
2. Close the report
3. retrieve the report at a later date
4. Click Reports
5. Enter the date of the report needed
6. select Report TYPE
7. Click Retrieve Reports
8. Select the report file



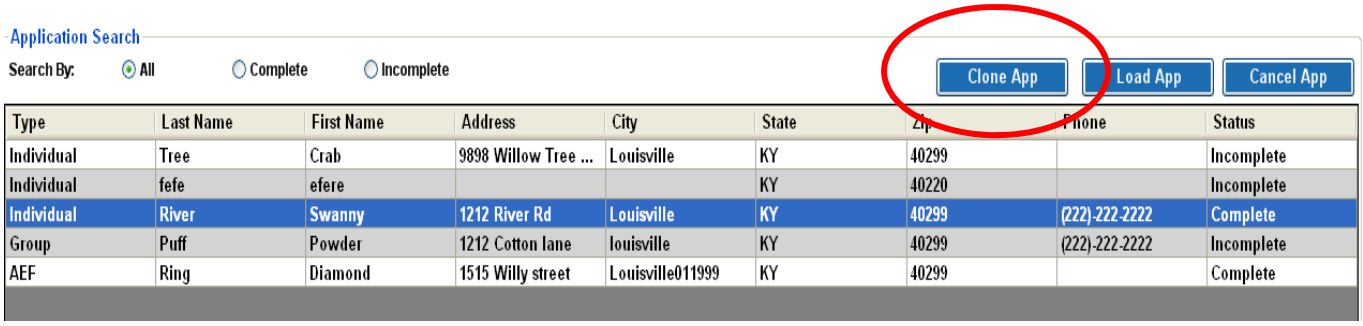



Reports
Please select Date range for reports
Report retrieval box
From Date
05/13/2011
To Date
08/10/2011
Select Report Type
Application Status Report
Retrieve Reports
Select a Application Status Report File
No reports available
Open
Cancel


"CDS - CONTACTS UPDATED"
ApplicationID LastName FirstName PhoneNumber
F6MTRL84AD3V2FCZ crunch captin (502)-333-3333
"CDS - CONTACTS WHICH FAILED TO UPDATE"
ApplicationID UploadContactDescription LastName FirstName PhoneNumber
"SUCCESSFULLY UPLOADED APPLICATIONS"
ApplicationID ApplicationType LastName FirstName PhoneNumber PlanName
F6MTRL84AD3V2FCZ FSB crunch captin (502)-333-3333 Ind Dental Preventative Plus PPO
"APPLICATIONS WHICH FAILED TO UPLOAD"
ApplicationID ApplicationType UploadContactDescription LastName FirstName PhoneNumber PlanName

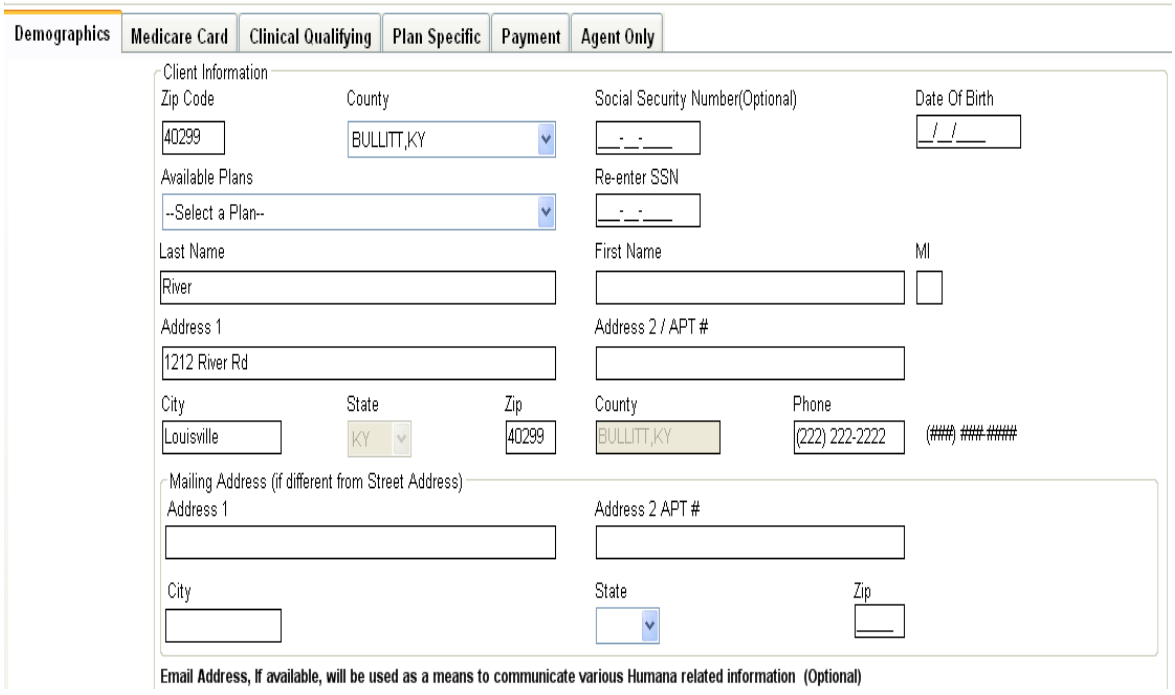
Clone an Application

Sometimes, you will be working with a client and need to complete another application for a related family member. To keep from having to start with a blank application, you can create a **Clone** (a copy) of the client's application that is stored on your laptop, make the necessary changes for the client's relative, and save the new member's application. You create a clone of an application by **clicking the application record** (this will highlight the record and make the **Clone Application** button accessible) and then clicking on the **Clone Application** button.



Type	Last Name	First Name	Address	City	State	Zip	Phone	Status
Individual	Tree	Crab	9898 Willow Tree ...	Louisville	KY	40299		Incomplete
Individual	fefe	efere			KY	40220		Incomplete
Individual	River	Swanny	1212 River Rd	Louisville	KY	40299	(222)-222-2222	Complete
Group	Puff	Powder	1212 Cotton lane	louisville	KY	40299	(222)-222-2222	Incomplete
AEF	Ring	Diamond	1515 Willy street	Louisville011999	KY	40299		Complete

A copy of the application will appear containing the members demographic information just as it was stored in the original. You can now make any necessary additions/changes to the application and process it in the same way as you did for the client.



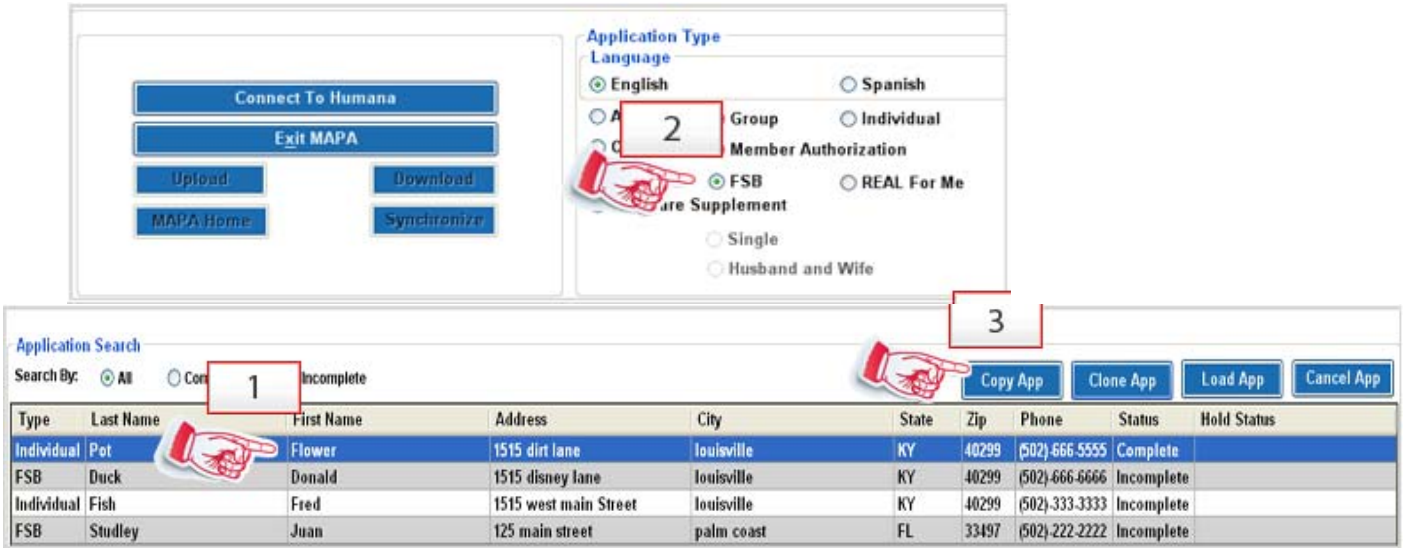
Copy an Application

Copy Application: will allow an agent to create one application and auto fill a different application with the data

Note: The review and sign page will not copy

Steps:

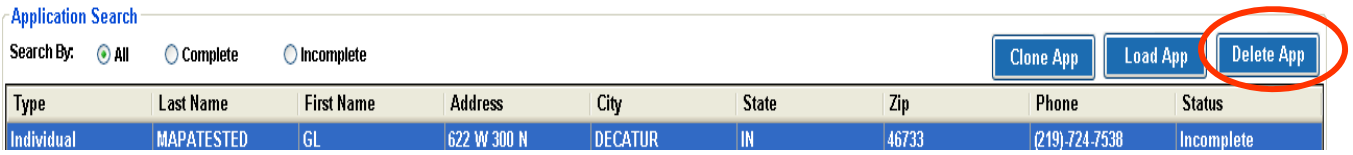
1. Select the member application to copy
2. Click on the new application type to complete
3. Click Copy App



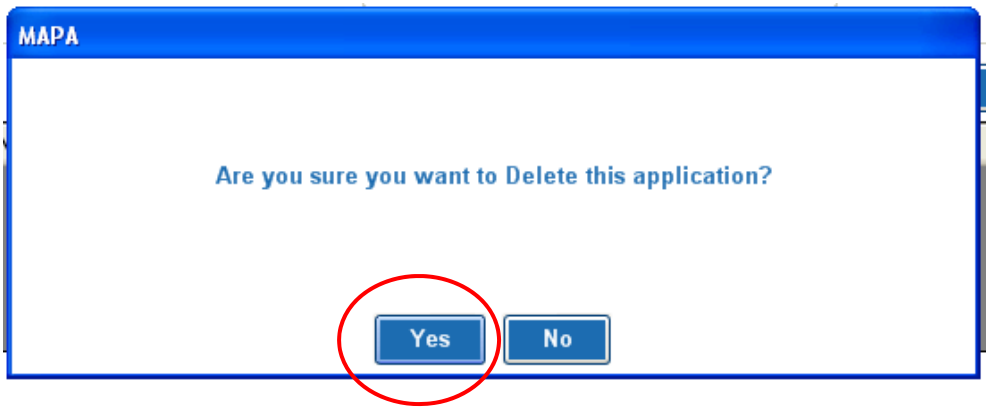
Deleting an Application

You can **delete incomplete applications** that are stored on your laptop by clicking the application record (this will highlight the record and make the **Delete Application** button accessible) and then clicking on the **Delete Application** button.

You are never to delete a signed application!!

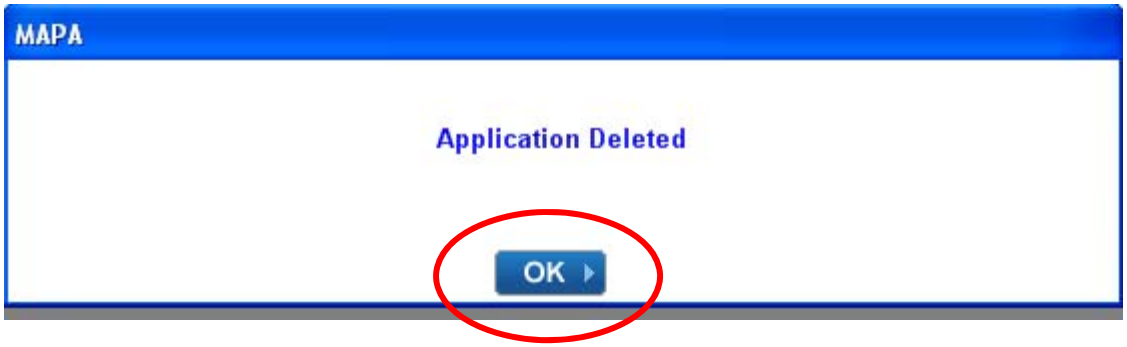


1) Highlight the application needed and click Delete App



2) Click yes

3) A message box will confirm the application has been deleted. Click OK to close the message boxes.

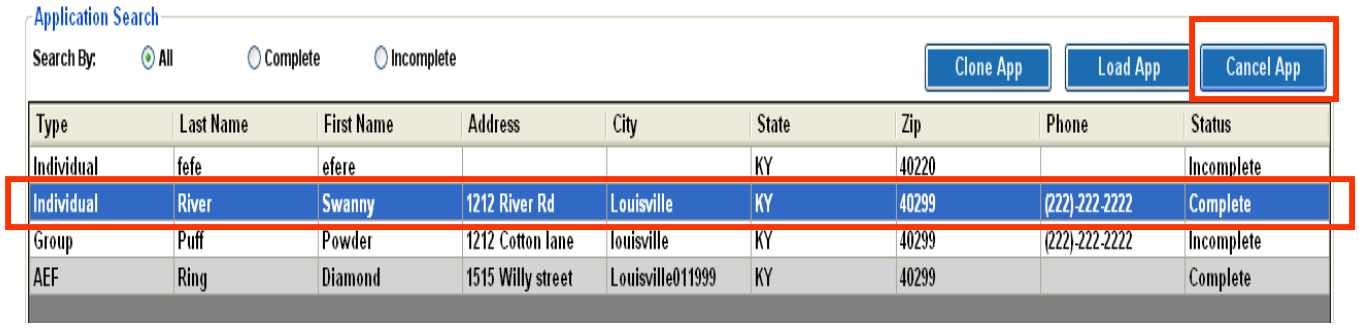


Canceling an Application

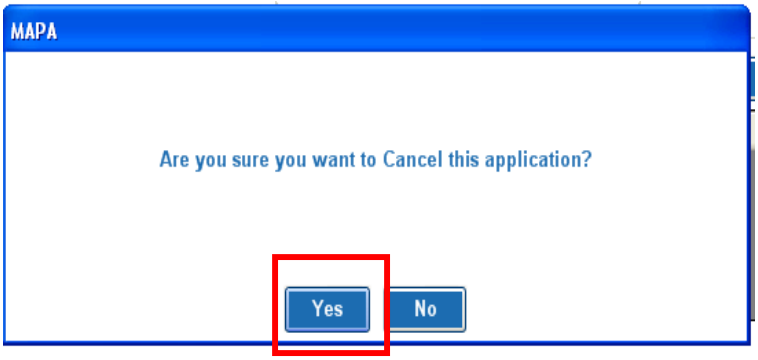
The cancel App button is only used for **COMPLETED** applications.

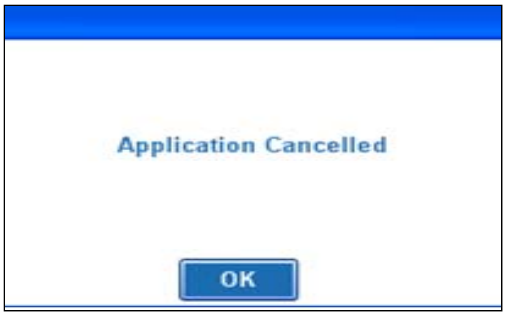
If the member calls the agent to cancel before the agent has uploaded the application, they are to mark it **MAPA cancelled** which passes an error code to Enrollment

Click on the application you want to cancel
Then click the Cancel APP button



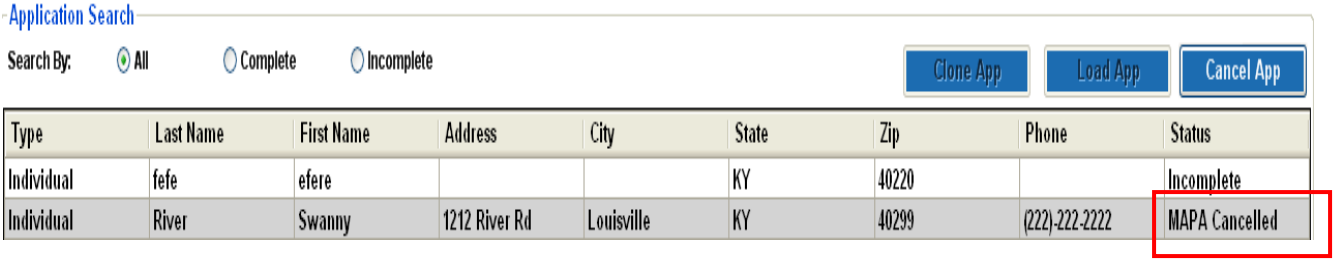
You will have to select YES to Confirm you want to cancel this application





Once you say YES the application is canceled

The status will change to MAPA cancelled
And upload as a cancelled application



Member Receipt

All the information you need to complete the receipt is on the application this receipt is used when you write a MAPA or Fast APP application.

NEVER add PHI (e.g. SSN,DOB) information to a receipt

Temporary Proof of Membership in Humana's Medicare Plans

Application ID Number: 6MTRL85JDH42KRG

Member Name: Bugs Bunny

Proposed Effective Date: 04/01/2009

Plan Name: Humana PPO Enhanced

Primary Care Physician (PCP):

PCP Phone (if applicable):

Copayment: PCP_____ Specialist_____ ER_____

Rebecca Boston 03/02/09

Agent Signature Date

Humana Medicare Plans

New Member Services: 1-888-839-7316
Monday-Friday, 8 a.m. – 6 p.m.
TDD# (for hearing impaired): 1-800-833-3301
24-Hour Precertification: 1-800-523-0023
Doctor and Hospital: Preadmission certification is required for all nonemergency and nonurgent services for HMO plans; however, it is requested for PPO and PFFS plans.
Providers can call Provider Relations at 1-866-291-9714 for PFFS plan terms and conditions.

Medicare Plan: GR: 240673 Rx Plan: PCN: 03200000
BN: 001 BN: 610649

Bugs Bunny 03/02/09

Member Signature Date

GN85023DRR 0206 Medicare approved HMO, PPO, PDP and PFFS plans.

Member Receipt For OSB

All the information you need to complete the receipt is on the application this receipt is used when you write an OSB application.

Note: At this time we do not have specialized receipts for the OSB applications, below is an example of how to modify the MA receipts for the OSB.

NEVER add PHI (e.g. SSN,DOB) information to a receipt

Temporary Proof of Membership in Humana's Medicare Plans

Application ID Number: 6MTRL85JDH42KRG

Member Name: Bugs Bunny

Proposed Effective Date: 04/01/2009

Plan Name: Enter name of OSB plan

Primary Care Physician (PCP): Dental HMO dentist name

PCP Phone (if applicable): Number of HMO dentist

Copayment: PCP_____ Specialist_____ ER_____

Rebecca Boston 03/02/09

Agent Signature Date

Humana Medicare Plans

New Member Services: 1-888-839-7316
Monday-Friday, 8 a.m. – 6 p.m.
TDD# (for hearing impaired): 1-800-833-3301
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Medicare Plan: GR: 240673 Rx Plan: PCN: 03200000
BN: 001 BN: 610649

Bugs Bunny 03/02/09

Member Signature Date

GN85023DRR 0206 Medicare approved HMO, PPO, PDP and PFFS plans.

Troubleshoot MAPA

What is Troubleshoot MAPA?

Many times agents are not able to perform various operations through MAPA: such as Upload applications, download etc.

The Troubleshoot option in MAPA will resolve all such issues. It will also fix missing database objects or issues related to troubleshoot.

Troubleshoot will not erase any data from agent's machine.

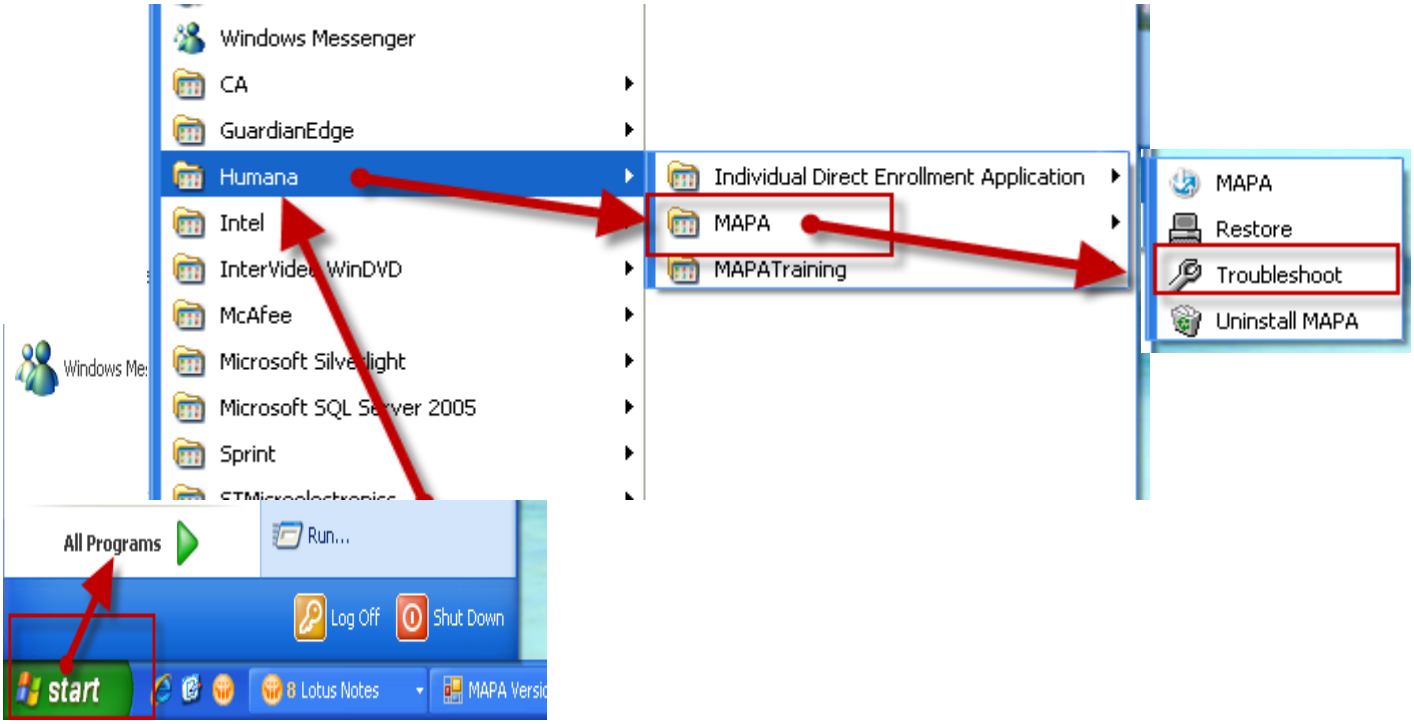
When to Troubleshoot MAPA?

Troubleshoot option can be used while agents are facing following issues

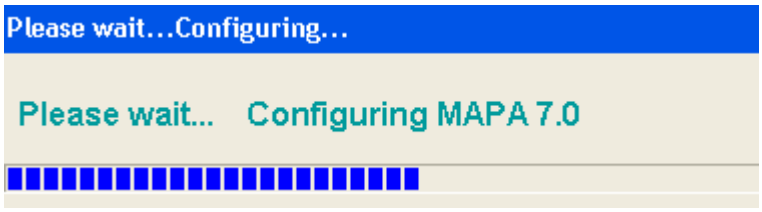
1. Unable to Sync or Download
2. Unable to upload applications.
3. Applications upload issue
4. Agent has certification and is unable to see the plans
5. MAPA fails to load an application

How to Troubleshoot MAPA

Go to Start->All Programs->Humana->MAPA-> Troubleshoot



When you Click on Troubleshoot. MAPA will configure on Agent's machine.



After Troubleshooting MAPA:
Log into MAPA
Create a new UserId and Password for MAPA.
Log into MAPA again
Connect to Humana and Synchronize then Download MAPA.