



Tablet eEnrollment User Guide

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Introduction

What is the Tablet eEnrollment Application?

The Cigna-HealthSpring eEnrollment form is an online tool that allows Agents to walk an enrollee through a quick, paperless electronic application. The eEnrollment form:

- Is available via laptop and tablet browsers like the iPad;
- Uses a simple, straightforward question process;
- Creates a complete application that can be verified and e-signed before submission;
- Allows the Agent / Enrollee to submit a completed application immediately for processing.

Note: *The eEnrollment form is intended only for face-to-face agent-assisted enrollment.*

Compatibility Check

The eEnrollment form is an internet application accessed through a web browser. It is officially supported on iPads running iOS 6+ and the native Safari web browser OR on Windows computers running Internet Explorer 8+.

Note: *Other devices, operating systems, and browsers MAY be compatible with the eEnrollment form, but Cigna-HealthSpring will not be able to assist in supporting or troubleshooting the device in the event of a failure or error.*

Commissions Requirements

All eEnrollment applications MUST indicate the Type of Sale (In-Home/Face-to-Face or Seminar/Event) in order for the writing Agent to receive commission. For In-Home/Face-to-Face enrollments, the Scope of Appointment ID Number (Broker ID + SOA Date + Military Time) MUST be entered in the eEnrollment form and in the paper SOA Plan Use Only field. You may also use the Telescope Line and enter your Telescope ID in the Scope of Appointment ID Number field on the eEnrollment Form. Use of the eEnrollment form for telephonic enrollments is prohibited.

Enrollment Essentials

In addition to a paper application or the eEnrollment Form, the Enrollee and/or Agent will need:

- Approximately 15-20 minutes of time
- The Enrollee's Red, White, and Blue Medicare Card

Getting Started

Launch the Website

Once you have opened your web browser, enter the following URL to display the eEnrollment Form login page:

<https://broker.hsconnectonline.com>

Cigna HealthSpring

Home

Log In

Please enter your email address and password to log in. [Register](#) if you do not have an account.

Email Address

Password

[Click here if you forgot your password.](#)

Login

Copyright © Cigna HealthSpring U.S.A. 2015.
Cigna HealthSpring HSC Broker Portal
Build Version: 2.0.0.11122
Build Date: 08/09/2015 17:10:07
[Terms & Conditions](#)

Registering

First time users will be required to register before accessing the eEnrollment Form. To register, click on the blue **Register** link in the highlighted green bar to begin the process.

1. To start, users will have to supply the following:
 - Full Name: the Agent of Record name that appears on the application;
 - Email Address: the address to which the registration Confirmation Email will be sent;
 - Agent ID: the Agent ID to which commissions for approved applications will be given.

Note: *Don't know your Agent ID? Contact your Sales Manager or call the HealthSpring Agent Assistance Line (HAAL) at **1-866-442-7516***

2. Users will then have to read and **Accept** the HSC Broker Terms & Conditions.
3. Users are then prompted to set up their Password and three Security Questions. Passwords must comply with the restrictions listed on the page:

Passwords must be a minimum of 7 characters long, must not have been used as one of your past three passwords, and must contain at least three of the following: uppercase alphabet, lowercase alphabet, number, and symbol (non-alphanumeric).

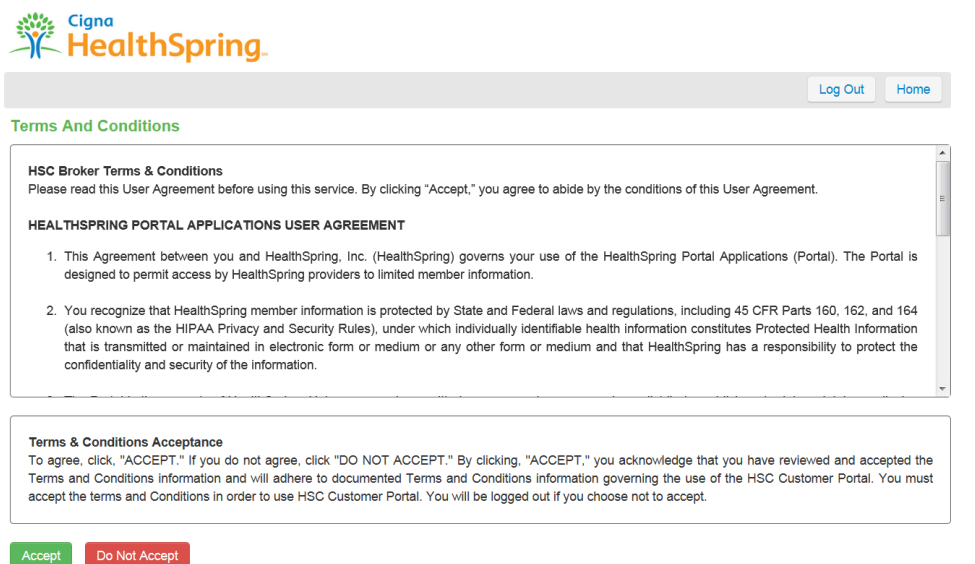
4. After your account is successfully created, you will receive a Verification Email from HealthSpring@healthspring.com. Click the link in the email to activate your account.

Logging In

Type in your email address and password, and press enter or click on the **Login** button at the bottom.

All users will have to reaffirm their agreement to the “Terms & Conditions” each time a login is attempted. Clicking **Do Not Accept** means you do not accept the HSC Broker Terms & Conditions FOR THAT SESSION, and you will be logged out. It is the Agent’s responsibility to understand the User Agreement prior to clicking **Accept** for every session.

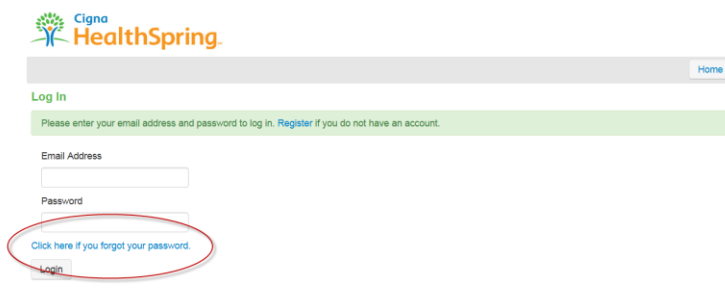
Note: Users that do not agree to the “Terms & Conditions” may still fill out and fax paper applications for processing.



The screenshot shows the Cigna HealthSpring portal's Terms and Conditions page. At the top is the Cigna HealthSpring logo. Below it are 'Log Out' and 'Home' buttons. The main heading is 'Terms And Conditions'. A box titled 'HSC Broker Terms & Conditions' contains a paragraph about the User Agreement and a link to the 'HEALTHSPRING PORTAL APPLICATIONS USER AGREEMENT'. This agreement has two numbered points: 1. Governing use of the HealthSpring Portal Applications (Portal) and 2. Recognition of HIPAA Privacy and Security Rules. Below this is a 'Terms & Conditions Acceptance' section with instructions on how to accept or decline the terms. At the bottom are two buttons: 'Accept' (green) and 'Do Not Accept' (red).

Forget Your Password?

If, at any time, you forget your password, use the **Forgot Password** link on the login page above the **Login** button and follow the instructions on the page.



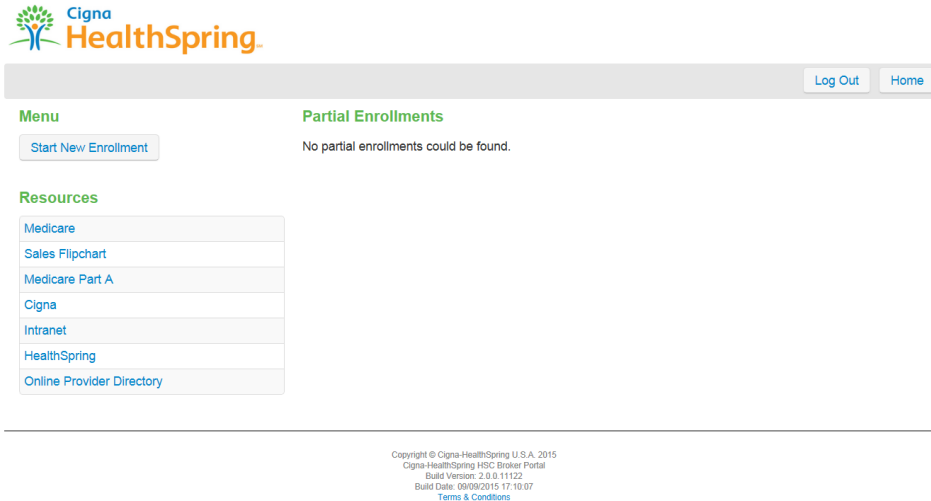
The screenshot shows the Cigna HealthSpring login page. It features the Cigna HealthSpring logo at the top. Below the logo is a 'Home' button. The 'Log In' section has a green box with the instruction: 'Please enter your email address and password to log in. [Register](#) if you do not have an account.' Below this are input fields for 'Email Address' and 'Password'. A red circle highlights a link that says 'Click here if you forgot your password.' located just above the 'Login' button.

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Cigna HealthSpring HSC Broker Portal
Build Version: 2.0.0.11122
Build Date: 08/08/2015 17:18:07
[Terms & Conditions](#)

You are now ready to start using the
eEnrollment Application!

Home Page / Main Menu

After accepting the Terms & Conditions agreement, the user will see the Home screen.



Here, the user can:

- Start a New Enrollment
- Continue a Partial (Incomplete) Enrollment
- Access the Medicare.gov website
- Open and View the Sales Flipchart
- Access Medicare Part A (medicare.gov Part A webpage)
- Access the Cigna website
- Access the Intranet (IRIS)
- Access the HealthSpring website (Medicaid Plans)
- View the Cigna-HealthSpring Online Provider Directory

Start New Enrollment

Select a Language

The only option is “English.” Please click **Next** to continue.

Effective Date of Coverage

Use the drop-down selection box to select the Effective Date of Coverage. Only valid Effective Dates are available in the drop-down; Effective date MUST be on the 1st of the Month, and the Effective Date must be within the following 90 days of the application sign date. Please click **Next** to continue.

Note: *The actual Effective Date may change based on information submitted in the application or due to Medicare regulations*

Plan Selection

Enter the Enrollee's state abbreviation, and then select the Enrollee's county. If the county is not listed in the dropdown, please verify the correct state abbreviation was entered above.

Note: Please reference <https://www.usps.com/send/official-abbreviations.htm> for a complete list of official US state abbreviations.

If a covered state and county are selected, a list of available plans will display in the dropdown below.



Welcome David Learned!

Plan Selection

Enter the Enrollee's State

TN

Enter the Enrollee's County

CLAIBORNE

There are no plans for this county

Plans based on State & County

Previous Next

VS.



Welcome David Learned!

Plan Selection

Enter the Enrollee's State

TN

Enter the Enrollee's County

DAVIDSON

Plans based on State & County

- Cigna-HealthSpring Preferred (HMO) Tennessee
- Cigna-HealthSpring Preferred (HMO) Tennessee
- Cigna-HealthSpring Premier (HMO-POS) Tennessee
- Cigna-HealthSpring Advantage (HMO) Tennessee
- Cigna-HealthSpring TotalCare (HMO SNP) Tennessee

Previous Next

Eligibility Check

In order for an Enrollee to qualify for Cigna-HealthSpring coverage, he or she must pass the Eligibility Check. ALL THREE statements must be checked in order to proceed with an application.

Note: If the Enrollee has End Stage Renal Disease but DOES NOT require regular dialysis (or if they've had a successful kidney transplant), **CHECK** the box stating "Enrollee must not have End Stage Renal Disease." Later, the Enrollee will receive instructions for submitting a letter or records from their doctor within 48 hours as proof.



Welcome David Learned!

Eligibility Check

- ☒ Enrollee must have Medicare Part A and Part B.
- ☒ Enrollee must live in our service area for 6 months out of the year.
- ☐ Enrollee must not have End Stage Renal Disease.

All conditions must apply to enrollee, otherwise they are not eligible for enrollment.

Previous Next

A Coordinated Care plan with a Medicare Advantage contract.
Y0036 Pending

VS.



Welcome David Learned!

Eligibility Check

- ☒ Enrollee must have Medicare Part A and Part B.
- ☒ Enrollee must live in our service area for 6 months out of the year.
- ☒ Enrollee must not have End Stage Renal Disease.

Previous Next

A Coordinated Care plan with a Medicare Advantage contract.
Y0036 Pending

Enrollment Period Type

Select the Enrollment Period Code for the applicant's enrollment:

- **ICEP** (Initial Coverage Election Period)
- **IEP** (Initial Enrollment Period)
- **AEP** (Annual Election Period)
- **OEPI** (Open Enrollment Period for Institutionalized Individuals)
- **SEP** (Special Enrollment Period)
- **SNP New Enrollment** (Special Needs Plan)

Note: Selecting a wrong Enrollment Period Type may cause the Application to be rejected.

When the "SEP" code is selected, an appropriate secondary SEP code type must be selected. Some SEP codes will also require you to specify the qualifying date of the SEP code type.

The screenshot shows the Cigna HealthSpring website interface for selecting an enrollment period. At the top, the Cigna HealthSpring logo is displayed. Below the logo, a navigation bar includes a welcome message "Welcome Test User!" and links for "Log Out" and "Home". The main heading is "Enrollment Period". A light blue instruction box states: "Select the Enrollment Period Code that corresponds with the user's enrollment:". Below this, a row of radio buttons allows selection between ICEP, IEP, AEP, OEPI, and SEP, with SEP currently selected. Another light blue instruction box says: "Select the appropriate SEP Code:". This is followed by a list of radio buttons, each paired with a description of a qualifying event for a Special Enrollment Period (SEP). The options include: NMC (I am new to Medicare), MSA (I recently moved outside of the service area...), MSA2 (I recently returned to the U.S. after living permanently outside of the U.S.), MMM (I have both Medicare and Medicaid...), MPC (I get Extra Help paying for Medicare prescription drug coverage), NQM (I no longer get Extra Help to pay my Medicare prescription drugs...), MLT (I am moving into, live in, or recently moved out of a Long-Term Care Facility...), RLP (I recently left a PACE program on...), ICP (I recently involuntarily lost my creditable prescription drug coverage...), LEU (I am leaving employer or union coverage on...), PAS (I belong to a pharmacy assistance program provided by my State), TOP (My plan is ending its contract with Medicare; or, Medicare is ending its contract with my plan), and IDS (I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification needed to be in that plan...). The MSA2 option is selected. Below the list, a light blue instruction box says: "Enter the date for the corresponding SEP Code:". A date input field shows "09/01/2014". At the bottom, there are "Previous" and "Next" buttons.

Welcome Test User! [Log Out](#) [Home](#)

Enrollment Period

Select the Enrollment Period Code that corresponds with the user's enrollment:

☐ ICEP ☐ IEP ☐ AEP ☐ OEPI ☒ SEP

Select the appropriate SEP Code:

☐ NMC I am new to Medicare.

☐ MSA I recently moved outside of the service area for my current plan; or, I recently moved and this plan is a new option for me. I moved on (insert date)

☒ MSA2 I recently returned to the U.S. after living permanently outside of the U.S. I returned to the U.S. on (insert date)

☐ MMM I have both Medicare and Medicaid; or my State helps pay my Medicare premiums.

☐ MPC I get Extra Help paying for Medicare prescription drug coverage.

☐ NQM I no longer get Extra Help to pay my Medicare prescription drugs. I stopped getting Extra Help on (insert date)

☐ MLT I am moving into, live in, or recently moved out of a Long-Term Care Facility (Example: a nursing home). My moving date is (insert date)

☐ RLP I recently left a PACE program on (insert date)

☐ ICP I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's) on (insert date)

☐ LEU I am leaving employer or union coverage on (insert date)

☐ PAS I belong to a pharmacy assistance program provided by my State.

☐ TOP My plan is ending its contract with Medicare; or, Medicare is ending its contract with my plan.

☐ IDS I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification needed to be in that plan. I was removed from the SNP on (insert date)

Enter the date for the corresponding SEP Code:

09/01/2014

[Previous](#) [Next](#)

Introduction

Ensure the Enrollee has 15-20 minutes of time to complete the application process. The Enrollee also needs his or her Red, White, and Blue Medicare card on hand.

The enrollment process should take approximately 15 – 20 minutes. You will need to have a few pieces of information available before we begin. You will need your red, white and blue Medicare card.

Personal Information

Follow the on-screen instructions to enter the Enrollee's:

- Name as it appears on the Medicare Card;
- Permanent Home Address (must be a physical street address);
- Mailing Address (if different from the Permanent Home Address);
- *Date of Birth and Gender
- **Home Phone Number, **Alternate Phone Number, Email Address (all optional)
- **Medicare Claim Number, *Hospital Part A Effective Date, *Medical Part B Effective Date

Note: *When entering dates above, use the full 8-character format without special characters (e.g., 01/01/2013 would be entered as 01012013) – the form will automatically format the dates appropriately.

Note: **When entering other numeric values such as Phone Number and Medicare Claim Number, DO NOT use special characters such as hyphens, dashes, or slashes – the information will automatically be formatted during verification.

Premium Option

Ensure the Enrollee understands their Premium options, including payment types and late enrollment penalties. Have them read the two (2) blue informational boxes (each on separate pages) and confirm their understanding by clicking the **Next** button at the bottom.

Premium Option

If you have a monthly plan premium (or if you have a late-enrollment penalty), we need to know how you want to pay. You can pay by mail or you can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) monthly benefit check. If you are assessed a Part-D Income Related Monthly Adjustable Amount (IRMAA), you will be notified by the Social Security Administration. You will need to pay this extra amount in addition to your plan premium. You will either 1) have the amount withheld from your Social Security benefit check or 2) be billed directly by Medicare or RRB. DO NOT PAY the Part D-IRMAA to Cigna-HealthSpring.

Premium Option

If you have a limited income, you may be able to get Extra Help to pay for prescription drugs. If eligible, Medicare could pay for 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles and co-insurance. Additionally, if you qualify, you will not have to pay the coverage gap or a Medicare late enrollment fee. Many people are able to get these savings and do not know it. For more information about Extra Help, call your local Social Security office or Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help at www.socialsecurity.gov/prescriptionhelp. If you are able to get Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of your premium, you will be billed for the amount Medicare does not cover.

If you do not choose a payment option, you will get a monthly statement for the amount that Medicare does not cover.

Previous

Next

Then, have the Enrollee select their premium payment option:

- Get a Monthly Bill;
- Automatic Checking or Savings Account Deduction (EFT)
- Automatic deduction from your monthly Social Security benefit check.

Premium Option

Please select a premium payment option:

- ☐ Get a monthly bill.
- ☐ Automatic Checking or Savings Account Deduction (EFT)
- ☐ Social Security benefit check deduction OR Railroad Retirement Board benefit check deduction. The Social Security/Railroad Retirement Board deduction may take two or more months to begin. Depending on the date your enrollment is processed, you may receive a premium invoice for the first month you are enrolled. If Social Security/Railroad Retirement Board accepts your request for deduction, the deduction from your benefit check may take several months to take effect. Therefore, your first deduction may include the premiums for several months. If Social Security/the Railroad Retirement Board does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

Previous

Next

Other Questions

Indicate whether the Enrollee:

- Has End Stage Renal Disease;
- Is a resident in a long-term care facility such as a nursing home;
- Has a spouse who works;
- Will have other prescription drug coverage in addition to Cigna-HealthSpring's coverage;
- Is enrolled in a state Medicaid program;
- Will have other medical health coverage where they are the Subscriber or are covered as a Spouse/Dependent.

Note: *If the Enrollee answered "yes" to **End Stage Renal Disease** and they no longer need regular dialysis, or if they have had a successful kidney transplant, the Enrollee must fax a letter or records from their doctor as proof. They must be faxed to record submissions at 1-877-818-9299 within 48 hours so the records can be associated to the application.*

Primary Care Physician (PCP)

Type the name of the Enrollee's Primary Care Physician (PCP).

Note: *At this point, please exit the Application (you can resume it shortly) by using the **Home** button in the top right corner to get to the **Online Provider Directory** Resource, or open a new tab and go to <https://providersearch.hsconnectonline.com/BrokerSales> to look up and confirm the PCP is in-network. This is the ONLY CHS approved Provider Directory.*

Communication & Language Needs

Indicate whether the Enrollee would prefer future plan information in Spanish, Braille, or Large Print. If the Enrollee requires a format other than those listed, have the Enrollee call Toll-Free at 1-800-668-3813 any day of the week, 8am – 8pm CST. TTY users should call 711.

Translation Services

Indicate whether the Enrollee requires Translation Services.

Authorized Legal Representative

Indicate whether the Enrollee has an Authorized Legal Representative. If so, take down the Representative's information on the eEnrollment form.

Note: *When entering the Phone Number, DO NOT use special characters such as hyphens, dashes, or slashes. The information will automatically be formatted during verification.*

Other Coverage Disclaimers

Ensure the Enrollee understands the Coverage Disclaimers in case the Enrollee currently has health coverage from an employer or union. Have them read the blue informational box and confirm their understanding by clicking the **Next** button at the bottom.

Other Coverage Disclaimers

If you currently have health coverage from an employer or union, joining the plan could affect your employer or union health benefits. You could lose your employer or union health coverage if you join. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help. To be enrolled in a Dual Special Needs Plan you must be eligible for your state's Medicaid program. In order to enroll in a Chronic Conditions Special Needs Plan, Medicare requires that your chronic condition be verified. We'll contact your physician's office to verify your chronic condition.

Verify Entered Data

With the Enrollee, review and confirm all information that has been entered thus far on the application.

Agreement

Ensure the Enrollee understands the Cigna-HealthSpring coverage agreement. Have them read the four (4) blue informational boxes and confirm their understanding by clicking the **Next** button at the bottom.

Agreement

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

Cigna-HealthSpring is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time. I understand that my enrollment in this plan will end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to tell Cigna-HealthSpring about any prescription drug coverage that I have or may get in the future.

For MA only Plans: I understand that if I do not have Medicare prescription drug coverage, or creditable prescription drug coverage (coverage as good as Medicare's), I may have to pay a late enrollment fee if I get Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I join, I may leave this plan or make changes only at certain times of the year during an Enrollment Period (Example: October 15 – December 7 of every year), or under special circumstances.

Agreement - Continued

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

Cigna-HealthSpring serves a specific service area. If I move out of the area that Cigna-HealthSpring serves, I need to tell the plan so I can leave the program and find a new plan in my new area. Once I am a member of Cigna-HealthSpring, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Cigna-HealthSpring when I get it. I will read what rules I need to follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare are not usually covered under Medicare traveling outside the U.S. except for limited coverage near the U.S. border.

Agreement - Continued

Non PPO plans: I understand that on the date Cigna-HealthSpring coverage begins, I must get all of my health care from Cigna-HealthSpring, except for emergency services, urgently needed services or out-of-area dialysis services. Services approved by Cigna-HealthSpring and other services contained in my Cigna-HealthSpring Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without approval, NEITHER MEDICARE NOR CIGNA-HEALTHSPRING WILL PAY FOR THE SERVICES.

For PPO plans: I understand that beginning on the date Cigna-HealthSpring coverage begins, using services in network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, Cigna-HealthSpring provides refunds for all covered benefits, even if I get services out of network.

Agreement - Continued

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

I understand that if I get help from a sales agent, broker, or other people employed by or contracted with Cigna-HealthSpring, they may be paid based on my joining Cigna-HealthSpring.

Release of Information

Ensure the Enrollee understands the Cigna-HealthSpring Release of Information agreement. Have them read the two (2) blue informational boxes and confirm their understanding by clicking the **Next** button at the bottom.

Release of Information

By joining this Medicare health plan, I acknowledge that Cigna-HealthSpring will release my information to Medicare and other plans as is necessary for treatment, payment, and health care operations. I also acknowledge that Cigna-HealthSpring will release my information, including my prescription drug event data (if applicable), to Medicare, who may release it for research and other purposes that follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally give false information, I will be disenrolled from the plan.

Release of Information

I understand my electronic signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the contents of the application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under State Law to complete this enrollment and 2) documentation of this authority is available upon request by the Plan or by Medicare.

Signatures

The Agent should use a stylus or a finger (or, if a laptop is used, the mouse) to sign the Enrollment Application first. Then, direct the Enrollee to sign within the signature box before submitting the Enrollment Application.

BOTH THE ENROLLEE'S SIGNATURE AND THE AGENT'S SIGNATURE ARE REQUIRED.

If a mistake is made, use the **Clear** button to erase the signature box and sign again.



Agent Information

Following the Agent Signature page, the Agent should provide his/her:

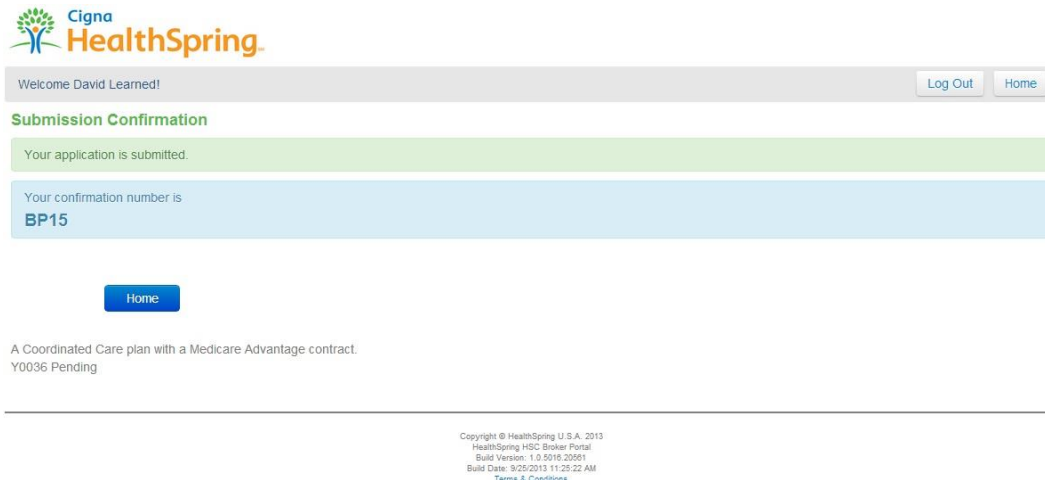
- **Phone Number**
- **Appointment Type** – In-Home/Face-to-Face or Seminar Event
- **Scope of Appointment ID Number** – Required for In-Home/Face-to-Face Appointment Type. Enter the Telescope ID or Broker ID + Paper SOA Date + Military Time. The Scope of Appointment ID Number entered on the eEnrollment Form should also be entered in the **Plan Use Only** field on Paper SOAs for quick and accurate enrollment to SOA marrying.

Submission Confirmation

After submitting the Enrollee's signature, the eEnrollment Application is submitted for processing, and a Confirmation Number will be displayed. Agents should keep records of ALL Confirmation Numbers.

Note: *All eEnrollment applications MUST meet all of the Agent Information requirements list above to receive commissionable credit. There are absolutely NO exceptions.*

Note: *After clicking the final **Submit** button, the Application is SUBMITTED. No further changes can be made to the application after this point, and it will disappear from the Pending Enrollments list on the **Home** Page.*



It is essential that Agents record the Submission Confirmation Number IMMEDIATELY, as it will not be retrievable or viewable again after navigating away from the page. A confirmation email will be sent to the Agent's provided email address, but it is **HIGHLY SUGGESTED** that you do not rely solely on this for your records due to potential system outages or glitches.

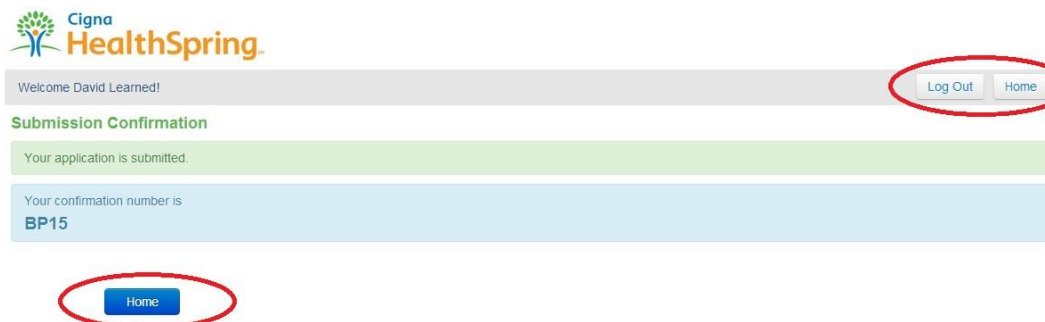
TIP: iPad owners can take a screen capture of this page for quick and easy recordkeeping. To do this, hold down the **Lock** button on the top side of your iPad and simultaneously press the **Home** button. The screen will flash, and the image will appear in your Photos.

Note: The Submission Confirmation is only an indication that application submission was successful. This is **NOT** a confirmation of enrollment or application approval.

IMPORTANT!

After the Application is submitted and you see the Submission Confirmation screen, **DO NOT** click the **Back** button in the browser. This **WILL NOT** allow you to edit the previous Application.

Instead, use the **Home** or **Log Out** options to return to the Home Page or end your session.



For Paper Scope of Appointments:

Write the Submission Confirmation Number ***and*** the eEnrollment Form Scope of Appointment ID Number (Broker Number + SOA Date + Military Time) in the **Plan Use Only** field on the paper Scope of Appointment form IN ADDITION to maintaining your own records of Submission Confirmation Numbers.

TO BE COMPLETED BY AGENT	
Agent Name:	Beneficiary Name:
Agent Phone:	Beneficiary Phone (Optional):
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	Beneficiary Address (Optional):
Agent's Signature:	Date Appointment Completed:
Plan(s) the agent represented during this meeting:	Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting: <input type="checkbox"/> Immediate Appointment Requested <input type="checkbox"/> Unplanned Prospect <input type="checkbox"/> Telescope Line Closed / After Hours <input type="checkbox"/> Children / Caregivers Have Limited Time
Plan Use Only:	
If applicable, confirmation number:	

For Telescopes:

Maintain a careful and accurate record of all Submission Confirmation Numbers for completed applications.

For Non-Cigna-HealthSpring Scopes of Appointment (or a Prior Year's Form):

Write the Submission Confirmation Number ***and*** the eEnrollment Form Scope of Appointment ID Number (Broker Number + SOA Date + Military Time) in the top right area of the form IN ADDITION to maintaining your own records of Submission Confirmation Numbers.

Partial Enrollments

The **Partial Enrollments** section on the Home Page displays all Enrollments that have been started but not submitted. Completed Enrollments that have been submitted will not be available for viewing or editing through this portal.

To resume an open Enrollment, simply click on the **Enrollment ID** in the table (circled in red). This will resume the application process from last submission page in the eEnrollment (i.e., the last section in which the **Next** button was clicked).



The screenshot shows the Cigna HealthSpring portal interface. At the top, there is a header with the Cigna HealthSpring logo, a 'Welcome' message, and 'Log Out' and 'Home' buttons. Below the header, there is a 'Menu' section with a 'Start New Enrollment' button and a 'Resources' section with a 'Broker Sales Online Provider Directory' button. The main content area is titled 'Partial Enrollments' and contains a table with three columns: 'Enrollment ID', 'Enrollee Name', and 'Last Updated'. The table has one row with the following data: Enrollment ID '14' (circled in red), Enrollee Name 'Morgan, Dexter', and Last Updated '10/4/2013 12:46:03 PM'. At the bottom of the page, there is a small copyright notice: 'Copyright © HealthSpring U.S.A. 2013. HealthSpring HSC Broker Portal. Build Version: 1.0.2010.20091. Build Date: 9/25/2013 11:25:22 AM. Terms & Conditions'.

Enrollment ID	Enrollee Name	Last Updated
14	Morgan, Dexter	10/4/2013 12:46:03 PM

Medicare

This provides a link to the Medicare.gov website.

Sales Flipchart

This provides a link to the Sales Flipchart where you can open and view the materials from the iPad.

Medicare Part A

This provides a link to the medicare.gov Medicare Part A webpage.

Cigna

This provides a link to the Cigna website.

Intranet

This provides a link to the company intranet (IRIS).

HealthSpring

This provides a link to the HealthSpring website for viewing Medicaid Plans.

Online Provider Directory

This displays a link to the Cigna-HealthSpring **Broker Sales Online Provider Director**. You can use this tool to look up Cigna-HealthSpring approved Primary Care Physicians or Specialists by Network, County, Zip, Specialty, and Plans Accepted.

Provider Search

* Search Type:

* State of Residence:

* County of Residence:

* Market:

* Required Fields

Additional Search Filters

Last Name:

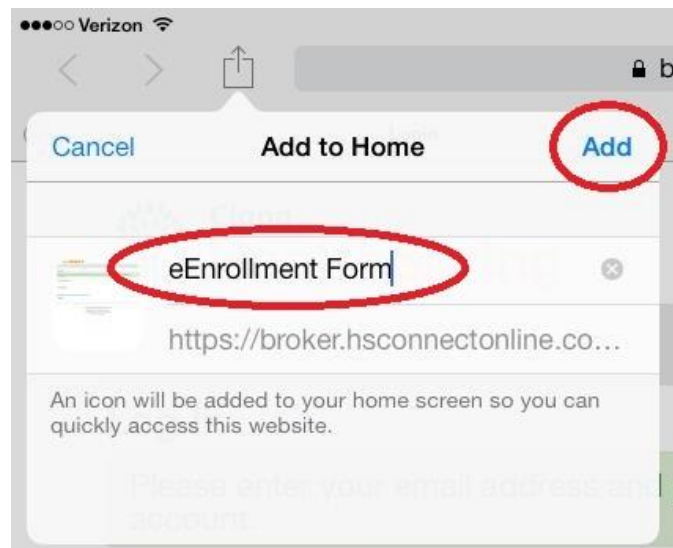
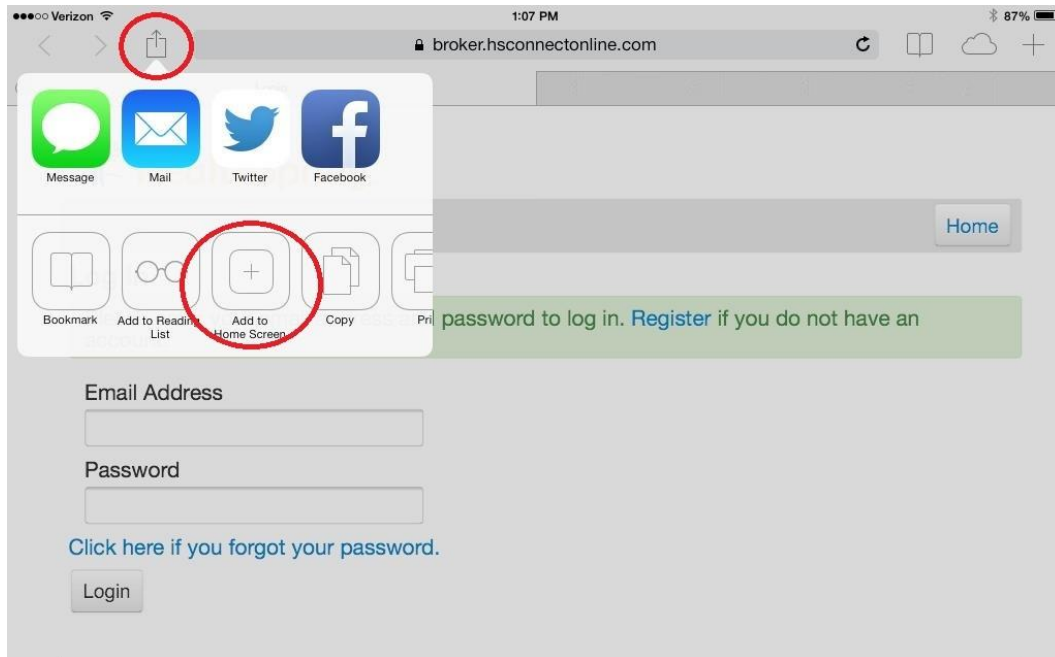
Network	County	ZIP	Panel	Specialty	Plans Accepted
Baptist St. Thomas Medical Netw	Bedford	37012	Closed	Family Practice	HMO
Clarksville Medical Network IPA	Cannon	37013	Existing	General Practice	
CORE Physicians IPODS	Cheatham	37015	Open	Geriatrics	
DeKalb Medical Network Premier	Clay	37025		Internal Medicine	
HCA-TriStar Medical Network	COFFEE	37027		Internal Medicine & Pediatrics	
Middle TN Independents Preferre	CUMBERLAND	37030		Primary Care Clinic	
Middle TN Independents Premier	DAVIDSON	37033			
Midstate Medical Network, Inc	Dekalb	37034			
Nashville North Network	DICKSON	37040			
North POD - Preferred	Fentress	37042			

Use **Ctrl+Left-Click** to select / deselect additional search filters

Adding a Shortcut to the iPad

To add the eEnrollment Form link to your iPad home page, first open the Safari web browser on your device, and go to <https://broker.hsconnectonline.com>.

Once the page has loaded, tap the Share button to the left of your URL bar. Tap Add to Home Screen in the ensuing Share Options dropdown. Name the Shortcut however you like (e.g., eEnrollment Form) and click Add.



Enabling Java

In order for the eEnrollment form to display properly on the iPad, JavaScript must be enabled under Settings.

To make sure JavaScript is enabled, open the **Settings** app on the iPad. Scroll down and click on **Safari**. Then click on **Advanced** at the bottom to find and enable JavaScript

Security Functions

Sign Off

When you are finished using the eEnrollment form, you can click the **Log Out** button in the top right-hand corner of every page. This will require an email address and password to be entered again before accessing the application.



Inactivity

The eEnrollment Form has a built-in feature that terminates your login after approximately 10 minutes of inactivity. After extended inactivity, if you try to resume the session by clicking on one of the navigation buttons, you will automatically be directed back to the main Login screen.