Tablet eEnrollment User Guide

Apr 06, 2017

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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 be 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:

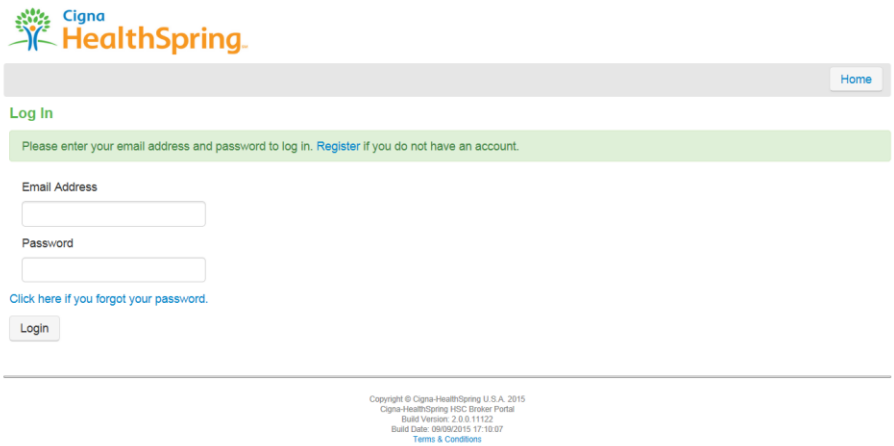
- Approximately 15-20 minutes of time
- The Enrollee's Red, White, and Blue Medicare Card

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



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).

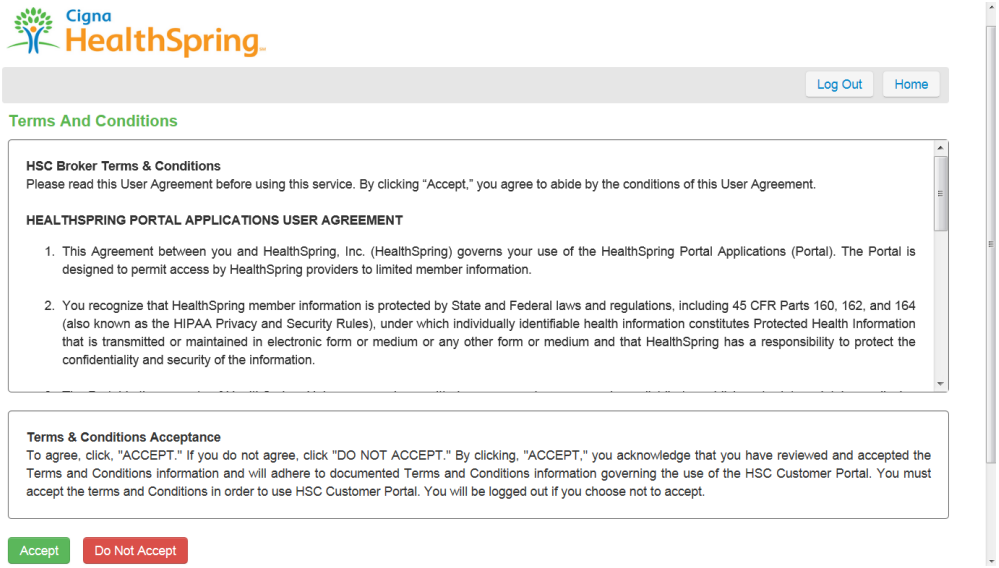
4. After your account is successfully created, you will receive a Verification Email from HealthSpring@healthspring.com. Click the link in the email to activate your account.

Logging In

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

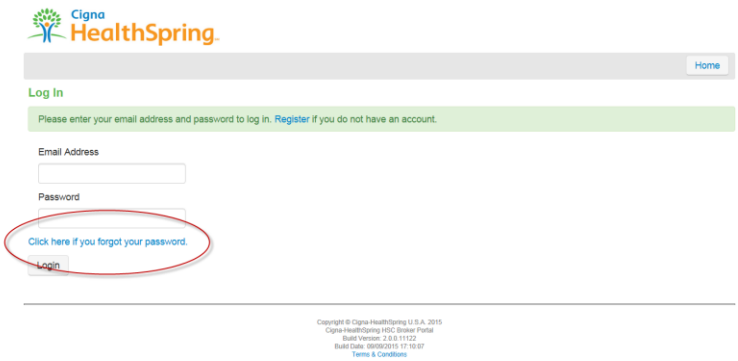
All users will have to reaffirm their agreement to the "Terms & Conditions" each time a login is attempted. Clicking **Do Not Accept** means you do not accept the HSC Broker Terms & Conditions FOR THAT SESSION, and you will be logged out. It is the Agent's responsibility to understand the User Agreement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



Forget Your Password?

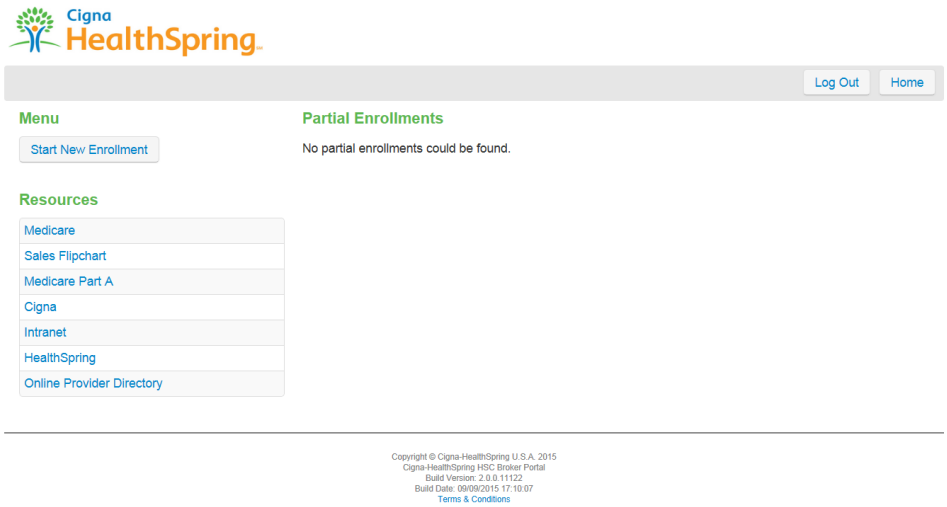
If, at any time, you forget your password, use the **Forgot Password** link on the login page above the **Login** button and follow the instructions on the page.



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.

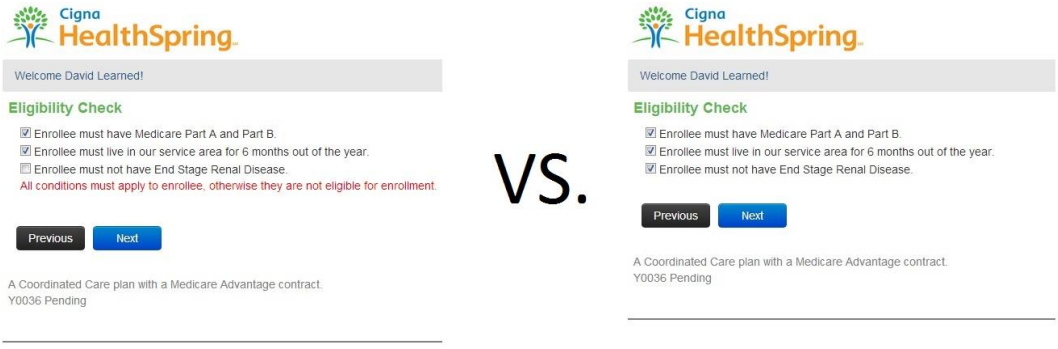
> ***Note***: *Please reference* https://www.usps.com/send/official-abbreviations.htm *for a complete list of official US state abbreviations.*

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

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.*



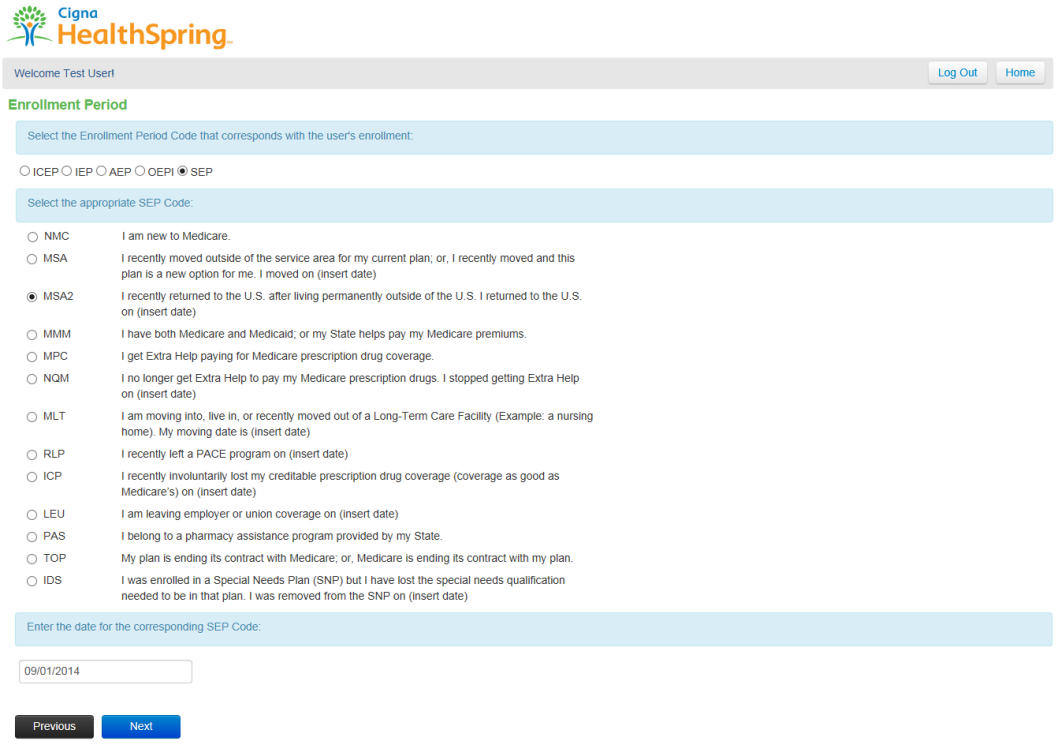
Enrollment Period Type

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)

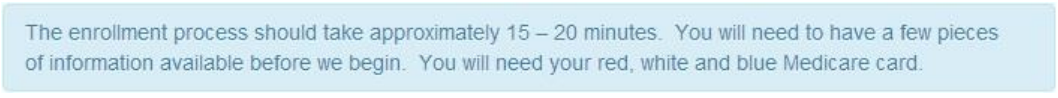
Note: *Selecting a wrong Enrollment Period Type may cause the Application to be rejected.*

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.



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.



Personal Information

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

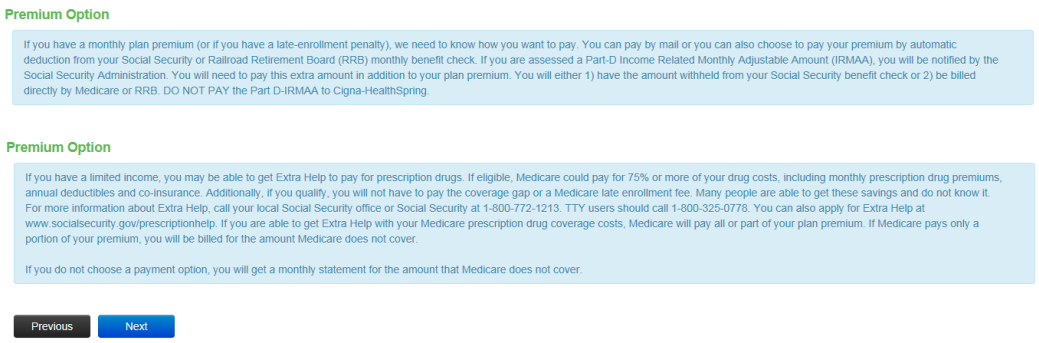
- Name as it appears on the Medicare Card;
- Permanent Home Address (must be a physical street address);
- Mailing Address (if different from the Permanent Home Address);
- *Date of Birth and Gender
- **Home Phone Number, **Alternate Phone Number, Email Address (all optional)
- **Medicare Claim Number,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

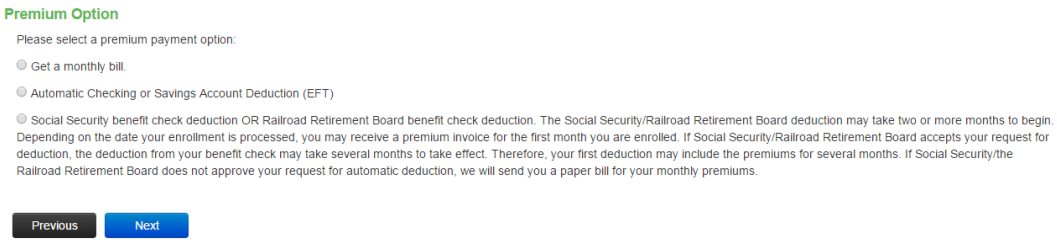
Premium Option

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.



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.



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.

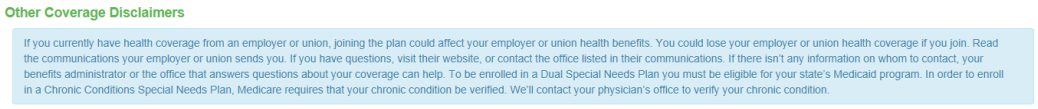
Authorized Legal Representative

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.



Verify Entered Data

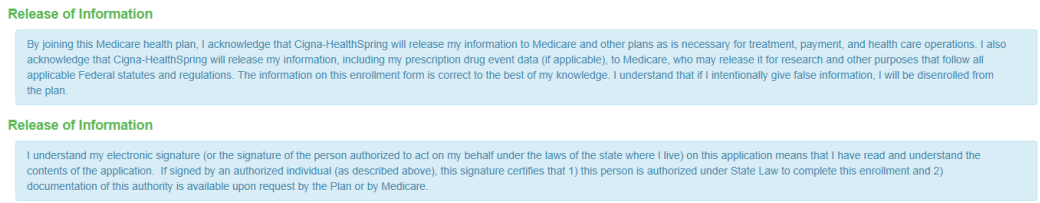
With the Enrollee, review and confirm all information that has been entered thus far on the application.

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.

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.



Signatures

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

BOTH THE ENROLLEE'S SIGNATURE AND THE AGENT'S SIGNUATURE 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:

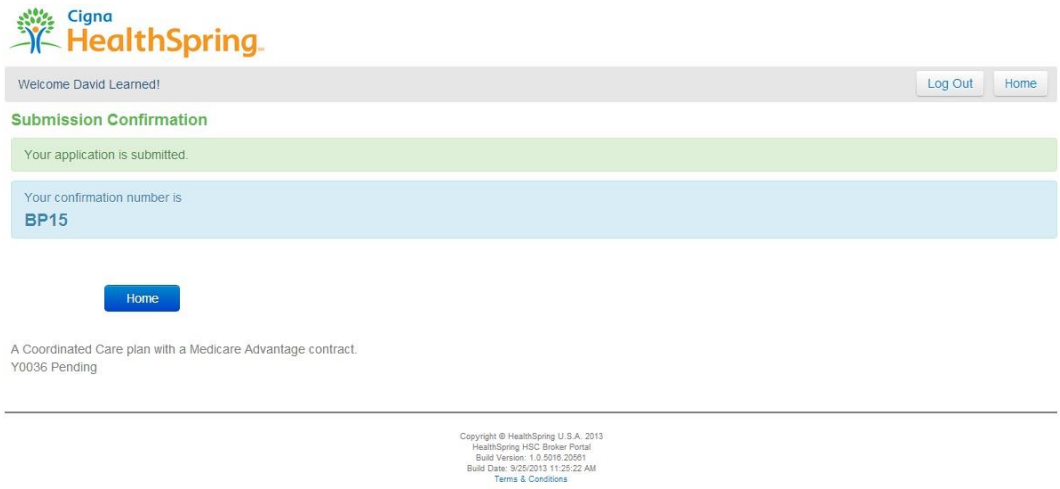
- **Phone Number**
- **Appointment Type** – In-Home/Face-to-Face or Seminar Event
- **Scope of Appointment ID Number** – Required for In-Home/Face-to-Face Appointment Type. Enter the Telescope ID or Broker ID + Paper SOA Date + Military Time. The Scope of Appointment ID Number entered on the eEnrollment 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.

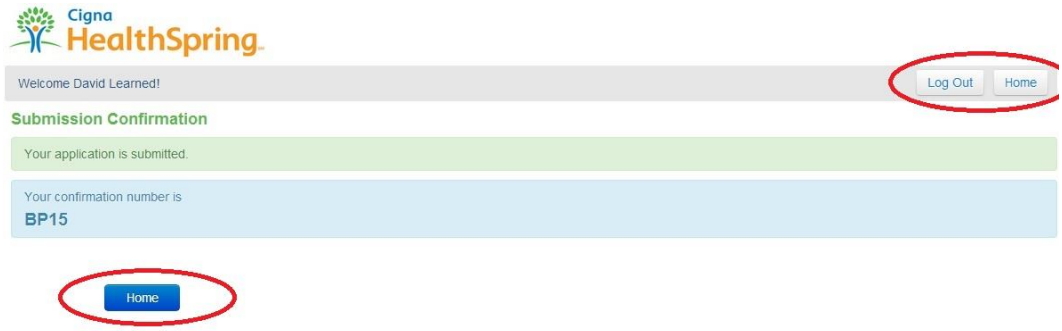
TIP: *iPad owners can take a screen capture of this page for quick and easy recordkeeping. To do this, hold down the **Lock** button on the top side of your iPad and simultaneously press the **Home** button. The screen will flash, and the image will appear in your Photos.*

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

IMORTANT!

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: ❑ Immediate Appointment Requested ❑ Unplanned Prospect ❑ Telescope Line Closed / After Hours ❑ 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.

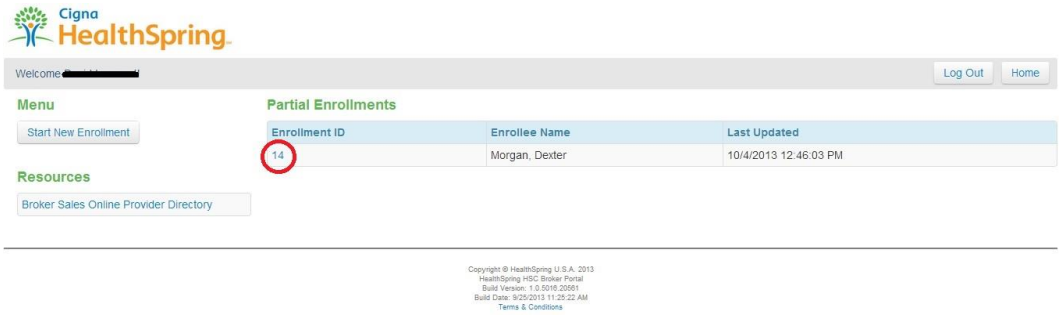
For Non-Cigna-HealthSpring Scopes of Appointment (or a Prior Year's Form):

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).



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

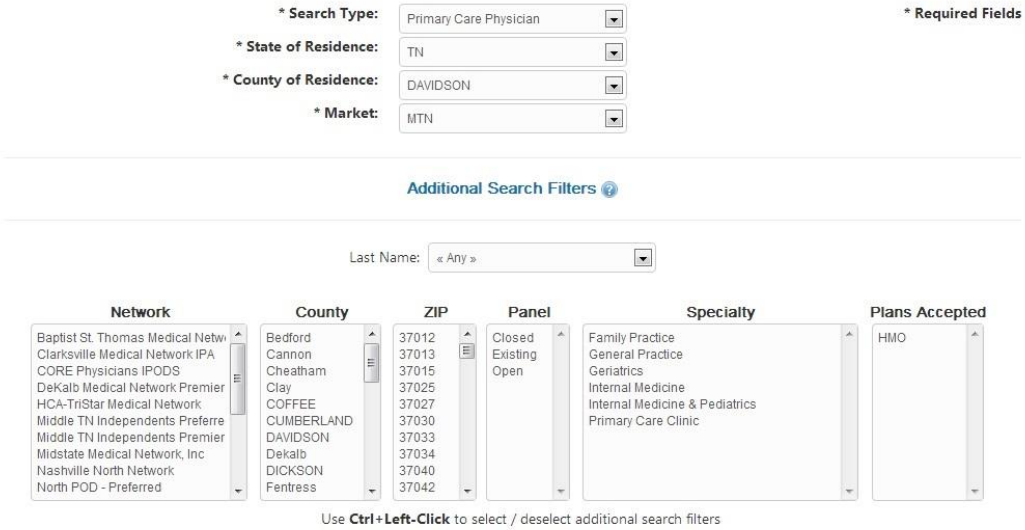
This provides a link to the company intranet (IRIS).

HealthSpring

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

Online Provider Directory

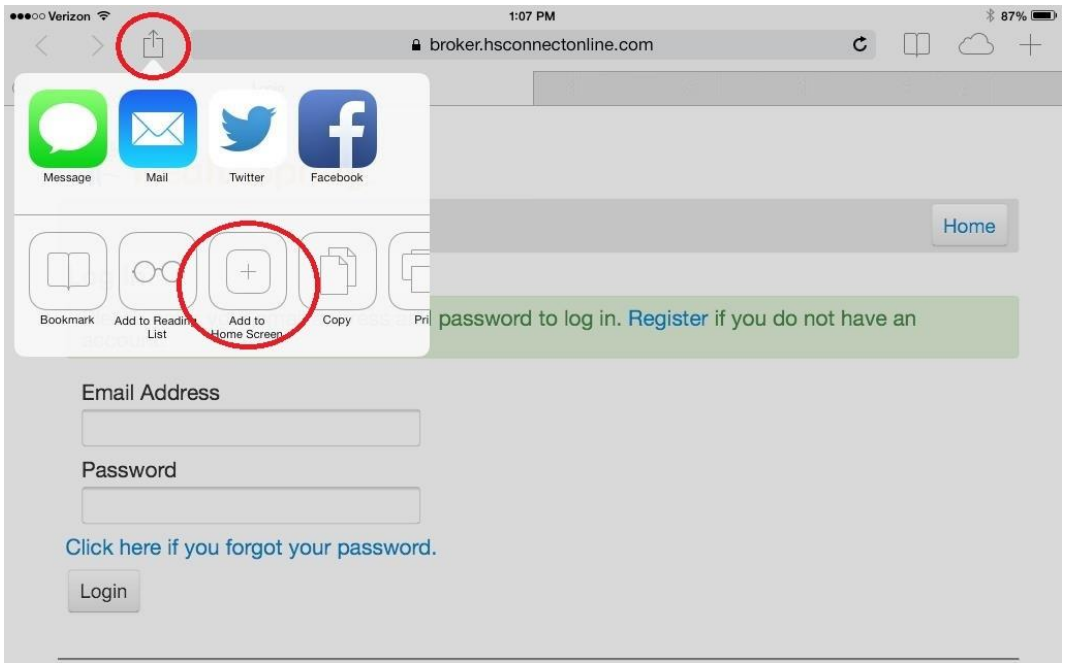
This displays a link to the Cigna-HealthSpring **Broker Sales Online Provider Director**. You can use this tool to look up Cigna-HealthSpring approved Primary Care Physicians or Specialists by Network, County, Zip, Specialty, and Plans Accepted.

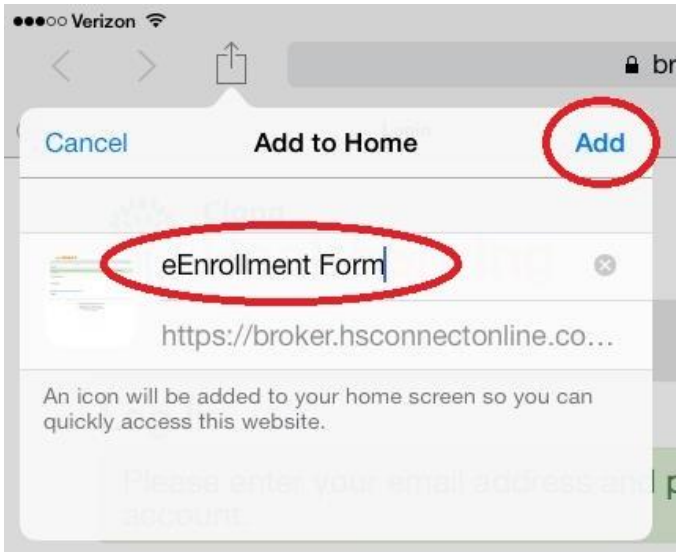

Provider Search
* Search Type:
Primary Care Physician
* State of Residence:
TN
* County of Residence:
DAVIDSON
* Market:
MTN
* Required Fields
Additional Search Filters
Last Name:
« Any »
Network
Baptist St. Thomas Medical Netw
Clarksville Medical Network IPA
CORE Physicians IPODS
DeKalb Medical Network Premier
HCA-TriStar Medical Network
Middle TN Independents Preferre
Middle TN Independents Premier
Midstate Medical Network, Inc
Nashville North Network
North POD - Preferred
County
Bedford
Cannon
Cheatham
Clay
COFFEE
CUMBERLAND
DAVIDSON
Dekalb
DICKSON
Fentress
ZIP
37012
37013
37015
37025
37027
37030
37033
37034
37040
37042
Panel
Closed
Existing
Open
Specialty
Family Practice
General Practice
Geriatrics
Internal Medicine
Internal Medicine & Pediatrics
Primary Care Clinic
Plans Accepted
HMO
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.