

# FastApp How to Complete an MA/MAPD Enrollment



**PURPOSE:** This job aid will provide the necessary steps to complete a MA/MAPD plan enrollment using FastApp.

**SCOPE:** All Agents

## Introduction:

There are several steps involved in completing a MA/MAPD enrollment. This section will review those steps starting with when the beneficiary has decided to enroll in a plan.



### **IMPORTANT NOTE:**

The agent should complete all appropriate steps prior to starting the FastApp enrollment. Steps to provide a compliant presentation include but are not limited to:

- Explained benefits
- Provided any necessary disclosures
- Quote the plan

You can save your application at any time by clicking the Save & Close application button

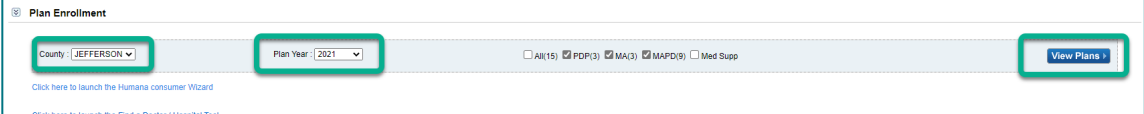



You can search for and reopen the application at a later time.

*Continued on next page*

# FastApp How to Complete a MA/MAPD Enrollment

## Process:

Process Step	Description
<p>1) Viewing Available Plans</p> <p>Select 'View Plans'</p>	<p>Ensure you select the correct County and select the correct plan year if applicable.</p>  <p>The screenshot shows a 'Plan Enrollment' form with a 'County' dropdown menu set to 'JEFFERSON' and a 'Plan Year' dropdown menu set to '2021'. There are checkboxes for 'All(15)', 'PDP(3)', 'MA(3)', 'MAPD(9)', and 'Med Supp'. A 'View Plans' button is located on the right side of the form.</p>
	<p><b>IMPORTANT NOTE:</b></p> <p>Only during AEP will you see 2 plan years listed. You must select the appropriate year.</p>


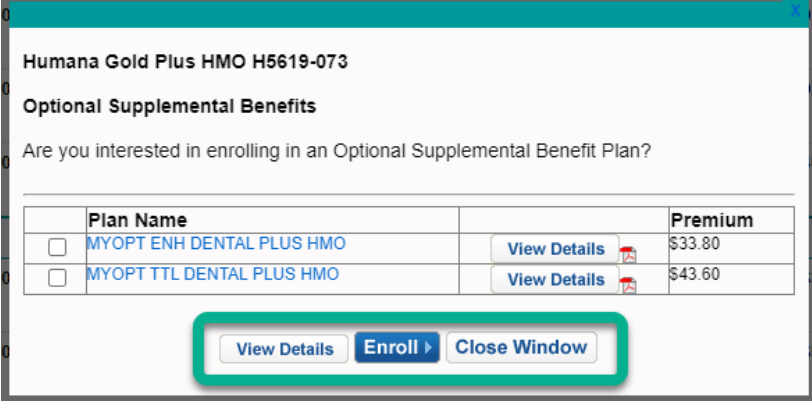

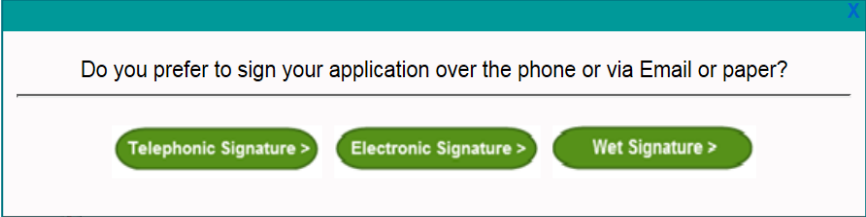
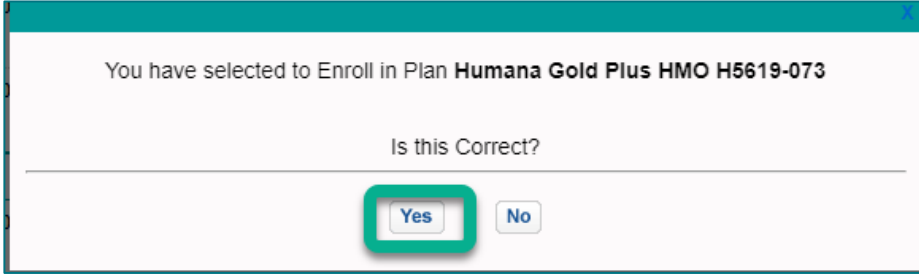
Continued on next page

# FastApp How to Complete a MA/MAPD Enrollment

Process Step	Description							
Viewing Available Plans <i>continued</i>	<p>You may filter the plans displayed by clicking on the appropriate product check box(es). To view all plan options available select "All".</p> <div style="border: 1px solid #ccc; padding: 10px; margin: 10px auto; width: fit-content;"> <input type="checkbox"/> All(15) <input checked="" type="checkbox"/> PDP(3) <input checked="" type="checkbox"/> MA(3) <input checked="" type="checkbox"/> MAPD(9) <input type="checkbox"/> Med Supp         </div>							
1) Select 'Enroll in Plan'	<p>Review available plans with beneficiary, explain benefits, provide quote, and click "Enroll in Plan" to start the application.</p> <div style="border: 1px solid #ccc; padding: 10px; margin: 10px auto; width: fit-content;"> <p><b>Medicare Individual Plans</b></p> <p><small>If selecting an HMO or PPO plan that does not include prescription drug coverage, a stand-</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #e6f2ff;">Benefit Summary</th> </tr> </thead> <tbody> <tr> <td style="background-color: #e6f2ff;">Humana HMO Plans</td> </tr> <tr> <td> <p><b>Humana Community HMO H1036-236</b></p> <p><span style="background-color: #e69d00; color: white; padding: 2px 5px;">Enroll in Plan ▶</span> <span style="background-color: #e6f2ff; padding: 2px 5px;">View Details</span></p> </td> </tr> <tr> <td> <p><b>Humana Community HMO C-SNP Diabetes and Heart H1036-234</b></p> <p><span style="background-color: #e69d00; color: white; padding: 2px 5px;">Enroll in Plan ▶</span> <span style="background-color: #e6f2ff; padding: 2px 5px;">View Details</span></p> </td> </tr> <tr> <td> <p><b>Humana Gold Plus SNP-DE H5619-075</b></p> <p><span style="background-color: #e69d00; color: white; padding: 2px 5px;">Enroll in Plan ▶</span> <span style="background-color: #e6f2ff; padding: 2px 5px;">View Details</span></p> </td> </tr> <tr> <td> <p><b>Humana Community HMO SNP-DE H1036-235</b></p> <p><span style="background-color: #e69d00; color: white; padding: 2px 5px;">Enroll in Plan ▶</span> <span style="background-color: #e6f2ff; padding: 2px 5px;">View Details</span></p> </td> </tr> <tr> <td> <p><b>Humana Gold Plus HMO H5619-073</b></p> <p><span style="background-color: #e69d00; color: white; padding: 2px 5px;">Enroll in Plan ▶</span> <span style="background-color: #e6f2ff; padding: 2px 5px;">View Details</span></p> </td> </tr> </tbody> </table> </div>	Benefit Summary	Humana HMO Plans	<p><b>Humana Community HMO H1036-236</b></p> <p><span style="background-color: #e69d00; color: white; padding: 2px 5px;">Enroll in Plan ▶</span> <span style="background-color: #e6f2ff; padding: 2px 5px;">View Details</span></p>	<p><b>Humana Community HMO C-SNP Diabetes and Heart H1036-234</b></p> <p><span style="background-color: #e69d00; color: white; padding: 2px 5px;">Enroll in Plan ▶</span> <span style="background-color: #e6f2ff; padding: 2px 5px;">View Details</span></p>	<p><b>Humana Gold Plus SNP-DE H5619-075</b></p> <p><span style="background-color: #e69d00; color: white; padding: 2px 5px;">Enroll in Plan ▶</span> <span style="background-color: #e6f2ff; padding: 2px 5px;">View Details</span></p>	<p><b>Humana Community HMO SNP-DE H1036-235</b></p> <p><span style="background-color: #e69d00; color: white; padding: 2px 5px;">Enroll in Plan ▶</span> <span style="background-color: #e6f2ff; padding: 2px 5px;">View Details</span></p>	<p><b>Humana Gold Plus HMO H5619-073</b></p> <p><span style="background-color: #e69d00; color: white; padding: 2px 5px;">Enroll in Plan ▶</span> <span style="background-color: #e6f2ff; padding: 2px 5px;">View Details</span></p>
Benefit Summary								
Humana HMO Plans								
<p><b>Humana Community HMO H1036-236</b></p> <p><span style="background-color: #e69d00; color: white; padding: 2px 5px;">Enroll in Plan ▶</span> <span style="background-color: #e6f2ff; padding: 2px 5px;">View Details</span></p>								
<p><b>Humana Community HMO C-SNP Diabetes and Heart H1036-234</b></p> <p><span style="background-color: #e69d00; color: white; padding: 2px 5px;">Enroll in Plan ▶</span> <span style="background-color: #e6f2ff; padding: 2px 5px;">View Details</span></p>								
<p><b>Humana Gold Plus SNP-DE H5619-075</b></p> <p><span style="background-color: #e69d00; color: white; padding: 2px 5px;">Enroll in Plan ▶</span> <span style="background-color: #e6f2ff; padding: 2px 5px;">View Details</span></p>								
<p><b>Humana Community HMO SNP-DE H1036-235</b></p> <p><span style="background-color: #e69d00; color: white; padding: 2px 5px;">Enroll in Plan ▶</span> <span style="background-color: #e6f2ff; padding: 2px 5px;">View Details</span></p>								
<p><b>Humana Gold Plus HMO H5619-073</b></p> <p><span style="background-color: #e69d00; color: white; padding: 2px 5px;">Enroll in Plan ▶</span> <span style="background-color: #e6f2ff; padding: 2px 5px;">View Details</span></p>								
2) Confirm Plan & click "Enroll"	<p>Confirm the plan and include the name and number. Suggested verbiage:</p> <p><b>"Mr. Jones, the plan you have chosen is the Humana Community HMO H5619-073 Plan. Is this correct?"</b></p> <p>Upon receiving confirmation from the beneficiary, click "Enroll" to enter the application.</p>							

*Continued on next page*


# FastApp How to Complete a MA/MAPD Enrollment

Process Step	Description
	<p><b>OSB:</b> When you select a plan, you will see Optional Supplemental Benefits (OSBs) if they are available. You can select any or all OSBs the beneficiary has decided to add to the plan. You can do this now or you can do so later while in the application.</p> 
<p>3) Select a Signature Option</p>  <p><b>The step is for a Telesales agent. If you do not see this option, continue to the next step.</b></p> <p>Field agents have other signature options listed at the end of the application process.</p>	<p>Next, you will select the signature method the customer wishes to use to enroll into the Medicare plan.</p>  <p><b>If the client is ready to enroll, click Yes.</b></p> 
<p><b>Continue to next section to complete the MAPD Enrollment Application.</b></p>	

# FastApp How to Complete a MA/MAPD Enrollment

Application Section	Description
<p><b>Section 1:</b></p> <p><b>Decision Maker Questions</b></p>	<ul style="list-style-type: none"> <li>• Read and indicate the appropriate response to the medical and prescription drug question.               <ul style="list-style-type: none"> <li>○ If the beneficiary responds with an answer that does not correspond to the plan selected, an error message will appear.</li> <li>○ Verify the beneficiary understands the plan.</li> <li>○ If necessary, return to the home screen and select another plan.</li> </ul> </li> <li>• If OSBs were available on the plan, you need to read an OSB question.               <ul style="list-style-type: none"> <li>○ If “No” is answered to the OSB question, an error message will appear indicating that the agent must explain the OSBs available on this plan.</li> </ul> </li> <li>• Read and indicate the appropriate response to the question regarding who is completing the application.               <ul style="list-style-type: none"> <li>○ If a POA, ensure the beneficiary is not capable of making his or her own healthcare decisions.</li> <li>○ Additional fields for the POA’s information will appear and need to be completed.</li> </ul> </li> </ul>
<p><b>Section 2:</b></p> <p><b>Medicare Card Information</b></p>	<p>Complete and verify all fields.</p> <ul style="list-style-type: none"> <li>• Enter the name exactly as it appears on the Medicare card.</li> <li>• Enter the Medicare Number with or without the dashes.</li> <li>• Date of Birth</li> </ul> <p>Note: Ask the beneficiary to pull out their red, white, and blue Medicare Card and use it to answer these questions.</p>

# FastApp How to Complete a MA/MAPD Enrollment

	<p><b>COMPLIANCE:</b></p> <ul style="list-style-type: none"> <li>• <i>What if the existing Member does not have their Medicare number?</i></li> <li>• You may not call Humana Customer Service to get an existing/former Humana members Medicare ID# or effective dates.</li> <li>• The Medicare Number effective dates are protected information (PI) and protected by HIPAA rules. The Customer Service representative would be violating HIPAA by providing <i>you</i> this information.</li> <li>• The member may call Customer Service to get the information they need to complete the enrollment.</li> </ul>
---	---

<p><b>Section 3: Contact Information / PCP Selection</b></p>	<ul style="list-style-type: none"> <li>• Enter the beneficiary’s permanent residential address where they reside at least 6 months of the year. You may not enter a PO Box in permanent address field.</li> <li>• Enter a mailing address, if different from permanent. Leave blank if no PO Box is used; do not enter N/A or None.</li> <li>• If using E-sig E-mail Address and “Ok to E-mail” fields must be complete. Selecting “NO” will render the following message.</li> </ul> <div data-bbox="414 1220 1247 1341" style="border: 1px solid #008080; padding: 5px; margin: 10px 0;"> <div style="background-color: #008080; color: white; padding: 2px 5px; text-align: right;">x</div> <p style="text-align: center; font-size: small;">Selecting NO will disable Esignature.</p> <p style="text-align: center; margin-top: 5px;"><input type="button" value="OK"/></p> </div>
--	--

	<p><b>COMPLIANCE:</b> <b>You must request permission to e-mail the applicant. You may not assume permission.</b></p>
---	--

<p><b>Section 3: Contact Information / PCP Selection <i>Continued</i></b></p>	<ul style="list-style-type: none"> <li>• Complete the email and phone number fields.</li> <li>• The language preference field for Customer Service is defaulted to English. For applicants who prefer another language, the initial language preference options also include Spanish, Chinese or Other. When Other is selected, a secondary preference field will appear to select from a larger list of language options.</li> </ul>
---	---

# FastApp How to Complete a MA/MAPD Enrollment

**Note:** CarePlus has 68 languages to select from and Chinese is on the secondary list, not in the primary list.

The screenshot shows a portion of the FastApp enrollment form. At the top, there is a field for 'OK to Email?' with a dropdown menu set to '-Select-' and a note '( \* Must select Yes for e-Sig)'. Below this are fields for 'Applicant eMail Address' and 'Confirm Applicant eMail Address'. A 'Phone Number' field is split into three boxes: '555', '555', and '5555'. Below the phone number is a 'Language Preference' dropdown menu set to 'Other', which is highlighted with a red box. A secondary dropdown menu is open, showing a list of languages: Arabic, French Creole, Spanish Creole, Farsi, French, German, Italian, Japanese, Korean, Navajo, Other, Persian, Polish, Portuguese, Russian, Tagalog, and Vietnamese. Below the language list, there is a 'Materials On-Line' section with a heading and a paragraph of text explaining the option to receive materials online. To the right of the language list, there is a 'Member Services Department at 1-800-457-4708 (TTY us...)' and a note about receiving an initial email with a 'Yes' to this option.

- The alternative format field is optional and is for applicants who need materials in another format. The alternative format preference options are Audio, Large Print, Accessible Screen Reader PDF, Oral Over the Phone or Braille.

The screenshot shows a close-up of the 'Please select one of the options below if you would prefer us to send you information in another format:' field. A dropdown menu is open, showing the following options: Audio, Large Print, Accessible Screen Reader PDF, Oral Over the Phone, and Braille. Below the dropdown menu, the 'Materials On-Line:' section is visible, with a heading and a paragraph of text explaining the option to receive materials online.

**Only complete the alternative format field if a special format is needed for the applicant. Otherwise, it can be left blank.**

**Note:** You do not need to read the information regarding the TTY number and hours.

## Section 3: Contact Information / PCP Selection *Continued*

- Receiving material online: Read this information to the customer and answer accordingly.
- Plan Materials Online/Digitally:  
Humana has an easy and secure way for you to receive and review your plan materials digitally online. My Humana provides you the convenience to access your plan and coverage materials in one location whenever you

## FastApp How to Complete a MA/MAPD Enrollment

need them- and reduces the amount of mail you receive from Humana.

If you choose digital, you will receive an initial email with a link that will take you to the My Humana registration page to begin your welcome experience. As documents become available online, Humana will send you an email so that you can view them online in your secure, My Humana account.

### Plan Materials Online/Digitally:

You can reduce the amount of mail you get by choosing to receive some communications digitally. If you choose this option we will send you an email to help activate your secure MyHumana account so you are able to receive communications.

#### Communications that you can receive electronically:

- Plan Coverage Package (Evidence of Coverage, Summary of Benefits, Plan Stars Rating, and Value Added Services)
- Annual Notice of Change
- Smart Summary – Explanations of Benefits (EOB)
- Plan Messages and Notifications (Verification of Enrollment, Confirmation of Enrollment)
- Medicine Information and Resources
- Health and Wellness

\* Would you like to receive your plan materials online?

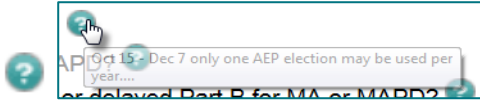
AGENT NOTE: If asked, inform the member that they can change their preferences anytime at MyHumana or by calling Customer Service.

- Select a PCP by using the Physician Finder. (only required for HMO plans)
- “Do you wish to identify Primary Care Physician” will display based upon the plan.
- PCP Type - the only option which allows you to submit an application is “Located in Physician Finder.” However, two other options do appear.
  - Located in Physician Finder
  - Non Network PCP
  - Non PCP Specialist
- “Name of Primary Care Physician” and “PCP #” fields are not editable. This information will pre-fill upon selecting a PCP from the Physician Finder.
- “Are you an established Patient of the Physician” - indicate “yes” or “no”.

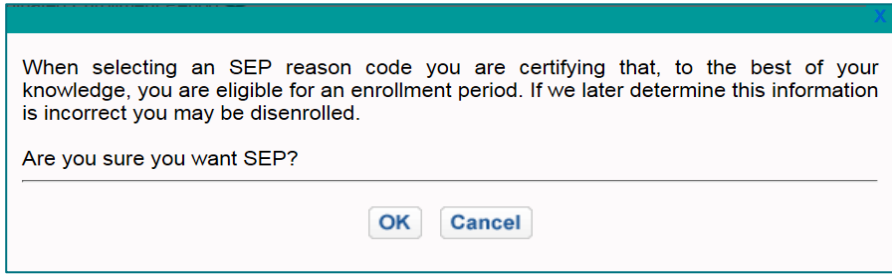


# FastApp How to Complete a MA/MAPD Enrollment

	<div data-bbox="451 159 1474 701"><p><b>PCP Selection Information</b> <i>Note to Agent: Plan selected requires identification of a Primary Care Physician (PCP) in order to p</i></p><p>* Do you wish to identify a Primary Care Physician (PCP)? <input type="text" value="Yes"/></p><p>* PCP Type? <input type="text" value="Located in Physician Finder"/></p><p>* Name of Primary Care Physician: <input type="text"/></p><p>* PCP# : <input type="text"/></p><p>* Are you an Established Patient of the Physician you selected? : <input type="text"/></p><p><b>Physician Finder</b> ▶</p></div> <ul style="list-style-type: none"><li>• Please see <a href="#">TRN-REF-8511-FastApp PCP Selection</a> for more details</li></ul>
--	--

<p><b>Section 4: Proposed Effective Date</b></p>	<p>Read the paragraph pertaining to AEP and exception election periods. Select the appropriate election period and effective date. FastApp may assist by greying out options that are not applicable to this beneficiary.</p> <p>The blue ?  The tooltip text reads: 'Apr 15 - Dec 7 only one AEP election may be used per year... or delayed Part B for MA or MAPD?'</p> <p>Hover over the Icon for additional information.</p> <p>If "SEP" is selected:</p> <p>The following pop-up box will appear. Read the verbiage to the beneficiary and obtain their agreement.</p>
--	---

# FastApp How to Complete a MA/MAPD Enrollment



Select the appropriate SEP reason within the “Select Reason” field.  
 If one of the following SEPs is selected the additional information requested will be required:

If this SEP is selected	The Agent will Need to Indicate...
OTH	<i>An appropriate justification for selecting this SEP</i>
LEC	<i>Date beneficiary lost employer/union coverage</i>
MOV	<i>Date beneficiary moved.</i>
PAC	<i>Date beneficiary left a PACE program.</i>

**Section 5:  
 Group  
 Coverage  
 Questions**

**OPTIONAL  
 Fields**

- Read the group coverage questions and indicate the appropriate answer.
- If you answer “Yes” to the question pertaining to other group health coverage, additional fields will appear and you need to address them.
- You must read the paragraph pertaining to current prescription coverage.
  - If you answer “Yes” to the question pertaining to other prescription coverage, additional fields will appear and you need to address them.

# FastApp How to Complete a MA/MAPD Enrollment

<p><b>Section 6: Medicaid Questions</b></p>	<ul style="list-style-type: none"> <li>• Read the Medicaid question. If you answer “Yes”, ask the beneficiary for their Medicaid Policy Number. This is a required field if you answer “Yes”.</li> <li>• Read the <b>emergency contact question</b>. If you answer “Yes”, additional fields to enter the emergency contact person’s information will appear. Even though this is an optional field, we must still ask whether they wish to add an emergency contact.</li> </ul>
---	---

<p><b>Section 7: Optional Supplemental Benefit (if available)</b></p>	<p>If OSBs are available, this section will list out those OSBs available, the cost and verify the consumer’s interest. For Example:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>Please answer all of the following questions</p> <p>* Are you interested in enrolling a Supplemental benefit Plan(viz.. Dental, Vision etc)? <span style="float: right;">NO <input type="button" value="v"/></span></p> <p>* Are you interested in adding/removing an additional Optional Supplemental Benefit Plan (viz...Dental, Vision etc)? <span style="float: right;">NO <input type="button" value="v"/></span></p> <p>If yes please select a Plan.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Description</th> <th style="width: 20%;"></th> <th style="width: 20%;">Premium</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> MyOption Dental - High PPO</td> <td style="text-align: center;"><a href="#">View Details</a></td> <td style="text-align: right;">\$27.20</td> </tr> <tr> <td><input type="checkbox"/> MyOption Vision</td> <td style="text-align: center;"><a href="#">View Details</a></td> <td style="text-align: right;">\$15.30</td> </tr> </tbody> </table> </div>	Description		Premium	<input type="checkbox"/> MyOption Dental - High PPO	<a href="#">View Details</a>	\$27.20	<input type="checkbox"/> MyOption Vision	<a href="#">View Details</a>	\$15.30
Description		Premium								
<input type="checkbox"/> MyOption Dental - High PPO	<a href="#">View Details</a>	\$27.20								
<input type="checkbox"/> MyOption Vision	<a href="#">View Details</a>	\$15.30								

<p><b>Section 8: Agent Information</b></p>	<p>Your agent information should pre-populate in the first three fields on this screen. You cannot modify this information. Additional fields may need to be completed based on agent type.</p> <p><b>Field Agents:</b></p> <ul style="list-style-type: none"> <li>• The Affinity ID is required or NONE (Affinity Location when applicable)</li> <li>• SOA Type and ID required – this is critical to tie the application with the SOA</li> <li>• You should identify Veteran status if known. “Humana takes veteran status very seriously.” (This is not required)</li> <li>• Tier 1 = Select Medicare, TIPS or Veteran</li> <li>• Tier 2 = Select the appropriate option to indicate where they</li> </ul>
--	---

Section 9: Agent Information

Please fill in the following information.

I am the only licensed sales agent creating this account

I am completing this application for a licensed sales agent other than myself

\* Licensed Sales Agent Name:

\* Licensed Sales Agent SSN:

Licensed Sales Agent SAN:

Licensed Sales Broker/Referring Agent Name:

Licensed Sales Broker/Referring Agent Number:

Licensed Sales Broker/Referring Agent SAN:

MGA Code:

Agency Name:

Agency ID:

Location:

Campaign:

Affinity ID:

Affinity Location:

Affinity Application ID:

SOA Type:

SOA ID:

Veteran:

Source of Sale Tier 1:

Source of Sale Tier 2:

Licensed Sales Agent eMail Address:

Check to receive email notification when electronic signature has been received

## FastApp How to Complete a MA/MAPD Enrollment

learned about the plan

**All Agents:** The Licensed Sales Agent email address should tie directly to the agent to receive a notice of E-Sig completion confirmation for their submitted eSignature applications. We also use that field for Telesales agent's to receive notice of IVR completion or abandon status when provided.

Military Veterans are an important population to Humana.

You will be prompted to answer a Veteran question.

Ask the Applicant

\* Would you like to provide your Veteran's status?

**Did You Know?** Humana developed a vision oriented around helping Veterans and their families to achieve lifelong well-being. As cornerstones of this vision, Humana continues to focus on:



- Elevating the Veteran community's healthcare knowledge, with a focus on Medicare/Medicare Advantage, through a variety of resources and mediums.
- Hiring Veterans and their spouses with a recent focus on our disabled warriors
- Financial support for Veteran entrepreneurship.
- Giving back to the Veteran community, Humana Associates have donated over 30-tons of clothing in support of homeless Veterans.

## FastApp How to Complete a MA/MAPD Enrollment

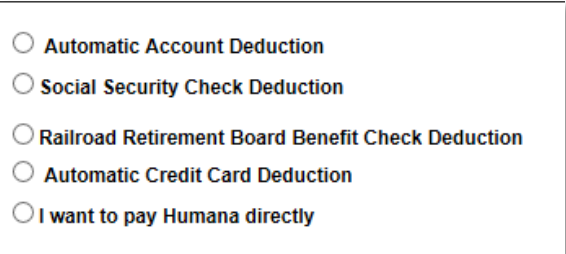
### Why ask, “Are You a Veteran?”

- One in five seniors (Medicare eligible) is a Veteran and one in three is a Veteran or a spouse of a Veteran; we encounter them on a daily basis.
- Our members’/prospects’ request of us is to **“know me, show me you care, make it easy for me, help me”** - asking the question is the starting point for expanding our understanding of the person with whom we are engaging.
- Asking the question serves as a great warm-up/rapport-building technique. - A “yes” response provides the opportunity to offer gratitude and to hear more about their experiences in the service. It also indicates that it is prudent to inquire if the Veteran is eligible for and/or using any particular Veteran healthcare benefits. If not, you can serve as a resource by referring them to their County Veteran Service Officer. If they are, then it will help you to further qualify what products or services are best suited for them.
- Gives you the opportunity to **“help” as a Trusted Advisor** – at a minimum you understand how to connect your prospects/members to the right resources.

### Section 9: Select a Payment Option

Read the verbiage regarding payment and select the appropriate option.

There are 5 options:

- 
- Automatic Account Deduction
  - Social Security Check Deduction
  - Railroad Retirement Board Benefit Check Deduction
  - Automatic Credit Card Deduction
  - I want to pay Humana directly

Regardless of which payment option the beneficiary chooses, additional verbiage regarding that option will appear. You need to read this to the beneficiary.

The SSA/RRB payment options are managed by CMS and it is important to educate the member about what to expect. To avoid agent complaints, agents are **required** to provide a disclosure to the consumer when the SSA/RRB payment options are chosen. To make it easy for agents, Humana has included the disclosure language on all applications directly below the SSA/RRB payment option.

# FastApp How to Complete a MA/MAPD Enrollment

## Section 10: Select a Payment Option

Monthly Premium for base plan: **\$135.00**

\* Please select a payment method to pay your monthly plan premium and / or late enrollment penalties.

Humana has an automated option to help you pay your monthly premiums. You can have your monthly premium deducted from your Social Security or Railroad Retirement Board of account or credit card, or mail you a payment book. For your convenience, would you like to be set up on Social Security (or Railroad Retirement Board) deductions?

Automatic Account Deduction

Social Security Check Deduction

Automatic deduction from your monthly Social Security Check

\*\* IMPORTANT NOTE about Social Security Check Deduction: The Social Security deduction may take two or more months to begin after Social Security approves the deduction the first deduction from your Social Security benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security d bill for your monthly premiums.

Railroad Retirement Board Benefit Check Deduction

Automatic Credit Card Deduction

I want to pay Humana directly

Please note if you have Low Income Subsidy (LIS) and are enrolling in a plan with Drug Coverage, you may experience a change in premium or copay if your LIS level changes.

Also, read the Low Income Subsidy note to the beneficiary.

### Important Note for SSA/RRB:

- Available for all enrollment methods (FastApp, Enrollment Hub, Paper)
- Not available for Medicare Supplements or Group Medicare enrollments

## Automatic Payment Option Details

Humana prefers members to select an automated premium payment option at the time of enrollment vs. selecting 'coupon book'. Agents should promote the benefits of automatic payment options when discussing the payment options, such as:

### Benefits to the member:

- Hassle free
- No need to remember to pay monthly premiums
- Little to no maintenance is needed to ensure premiums continuously draft
- Reduced risk of termination for non-payment of premium

### Important Note for ACH/CC:

- Available for all enrollment methods (FastApp, Enrollment Hub, Paper)
- Available for MA/MAPD, PDP, Medicare Supplements and Group Medicare enrollments





When it comes to providing sensitive bank or credit card account information, members can rest easy knowing that once their account information is submitted, it is immediately stored securely. Additionally their payments are fully protected under the bank regulations for electronic payments.

***Setting your members up with this method is simple.***

# FastApp How to Complete a MA/MAPD Enrollment

- Have your member select the automatic bank or credit card account deduction while completing their enrollment application, or call Customer Service to request to be switched to this method if they are already enrolled.
- Humana will draft the account monthly, in accordance with the balance on the account. Members recurring draft date defaults to the 3rd of each month – Members can utilize the eBilling self-service site or contact Customer Service to change to one of the other available draft dates (2nd-7th)
- For credit and debit card payments, agents should be sure to remind consumers that some maintenance may be needed when they receive a new card or to update the expiration date.
- Members should be encouraged to utilize MyHumana self-service to determine account balance and future scheduled draft amounts going forward.

Even after presented with all of the advantages of automated payment options, there will be times when the consumer will request that Humana bill them. Of course, agents should honor their request. Please be sure to educate the new member on using MyHumana after the plan becomes effective where they can switch to an automatic payment option, make a one-time payment and view account history.

ACH	Credit Card
<p><input checked="" type="radio"/> Automatic Account Deduction</p> <p>Bank Name: <input type="text"/></p> <p>Account Type: <input type="radio"/> Checking <input type="radio"/> Savings</p> <p>Routing Number: <input type="text"/></p> <p>Account Number: <input type="text"/></p>  <p>ABA or bank routing number      bank account number</p> <p><input type="radio"/> Social Security Check Deduction</p> <p><input type="radio"/> Railroad Retirement Board Benefit Check Deduction</p> <p><input type="radio"/> Automatic Credit Card Deduction</p> <p><input type="radio"/> I want to pay Humana directly</p> <p><b>Note: All fields will be required for ACH</b></p>	<p><input type="radio"/> Automatic Account Deduction</p> <p><input type="radio"/> Social Security Check Deduction</p> <p><input type="radio"/> Railroad Retirement Board Benefit Check Deduction</p> <p><input checked="" type="radio"/> Automatic Credit Card Deduction</p> <p><input type="radio"/> MasterCard Credit Card </p> <p><input type="radio"/> Visa Credit Card </p> <p><input type="radio"/> Discover Credit Card </p> <p><input type="radio"/> I want to pay Humana directly</p>

## Section 10: Understanding Your Plan / Release of Information /

You must confirm the beneficiary is ready to sign the enrollment. Ask, “Are you ready to complete the enrollment form?” and indicate the beneficiary’s response. The beneficiary must state a clear “yes” response. If anything other than a clear “yes” is stated, the Agent must clarify with the beneficiary before proceeding.

# FastApp How to Complete a MA/MAPD Enrollment

## Authorization

If any information is missing within the enrollment form, the system will display an error message at the top of the screen at this time. The information will need to be completed and you will need to update the “yes/no” confirmation field.

If T-Sig= (Red) or E-Sig = (Blue), read the appropriate additional verbiage.

The screenshot shows a section titled "Section 11: Understanding Your Plan / Release of Information / Authorization". A green oval highlights the question "ARE YOU READY TO COMPLETE THE ENROLLMENT FORM FOR Humana Community HMO H2649-032?" followed by a dropdown menu. Below this, there are instructions for telephonic and electronic signatures. The telephonic signature instructions are in red text, and the electronic signature instructions are in blue text. At the bottom, there are two numbered steps: 1. Review it for accuracy, and 2. Read the important information at the bottom of the enrollment form carefully.

Section 11: Understanding Your Plan / Release of Information / Authorization

ARE YOU READY TO COMPLETE THE ENROLLMENT FORM FOR Humana Community HMO H2649-032?

FOR TELEPHONIC SIGNATURE: For compliance purposes, I will now play recorded statements. At the end I will ask for your agreement."  
PLAY THE VOICELOG RECORDING NOW.  
(MAKE SURE TO DOCUMENT THE VOICELOG RECORDING ID PROVIDED AT THE END OF THE RECORDING)

FOR ELECTRONIC SIGNATURE READ THE FOLLOWING (DO NOT READ FOR TELEPHONIC SIGNATURE)

Once you receive the completed application, please make sure you do the following before you sign it.

1. Review it for accuracy
2. Read the important information at the bottom of the enrollment form carefully. The information outlines how enrolling in our plan may affect other coverage you may have, the terms and conditions of the plan you are enrolling in, and what your responsibilities are as a member of our plan.



# FastApp How to Complete a MA/MAPD Enrollment

## Section 11: Select a Signature Option/ Submit/Save

- Read the additional verbiage based on the signature type selected
- Select the signature method button to submit the enrollment.

### Example **Telesales Agents:**

The screenshot shows a web interface for selecting a signature option. At the top, it says 'Section 11: Select a Signature Option / Submit / Save'. Below this is a 'Please Note' section with two paragraphs of text. The first paragraph is for 'ELECTRONIC SIGNATURE' and the second is for 'PAPER APPLICATION / WET SIG'. At the bottom, there are three buttons: 'Wet Signature >', 'Telephonic Signature >', and 'Electronic Signature >'. Below these are two more buttons: 'Save and Close Application' and 'Return to Home'.

### Example **Field and Partner Agents:**

The screenshot shows a web interface for selecting a signature option. At the top, it says 'Section 11: Select a Signature Option / Submit / Save'. Below this is a 'Please Note' section with two paragraphs of text. The first paragraph is for 'ELECTRONIC SIGNATURE' and the second is for 'PAPER APPLICATION / WET SIG'. At the bottom, there are three buttons: 'Wet Signature >', 'Digital Signature >', and 'Electronic Signature >'. Below these are two more buttons: 'Save and Close Application' and 'Return to Home'.

Continue to next page for Forms.

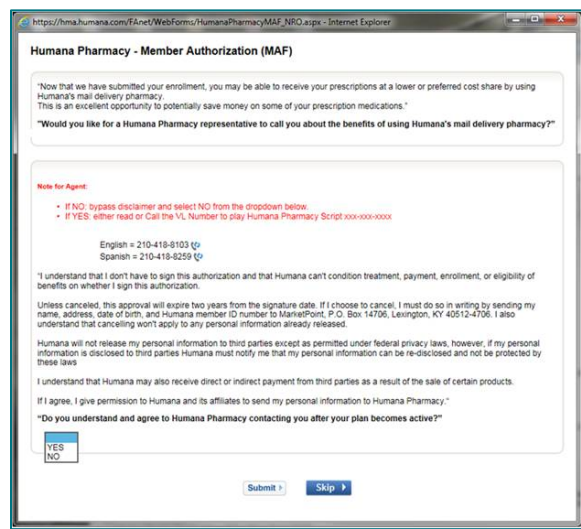
# FastApp How to Complete a MA/MAPD Enrollment

Form	Description
Member Authorization Form (MAF)	It is our responsibility to educate our beneficiaries on how Humana Pharmacy can help them save money through preferred cost sharing. In order to make the process easier, we will assist the beneficiary in completing a Member Authorization Form (MAF), which will give permission to Humana Pharmacy to contact the member. Our I-sig, T-sig and Digital processes incorporate this into the process. You will see this process during ROY. This process is off during AEP.

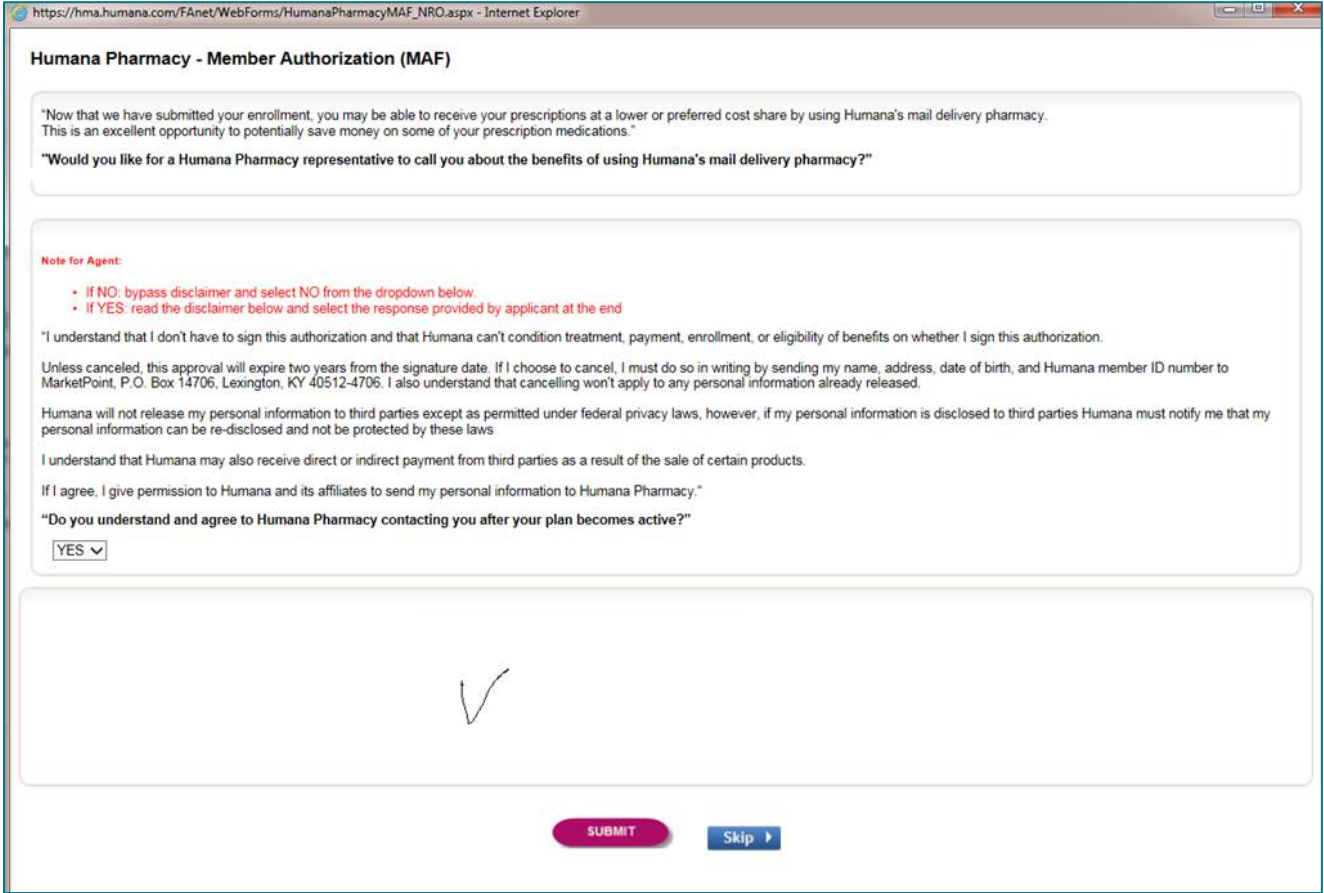
## Telephonic MAF

- I-sig – you are not required to complete any additional steps. The MAF authorization is automatically included within the recordings.
- T-Sig – The below additional steps are required to complete the form:
  1. After completing and submitting the application, the MAF will pop-up.
  2. Ask the beneficiary if they would like to receive a call from Humana Pharmacy.
    - a) If YES, then play the Privacy Agreement Voicelog (or read it if appropriate.) Select Yes within the drop-down when the beneficiary agrees to the Privacy Agreement.
    - b) If NO, select no within the drop-down.

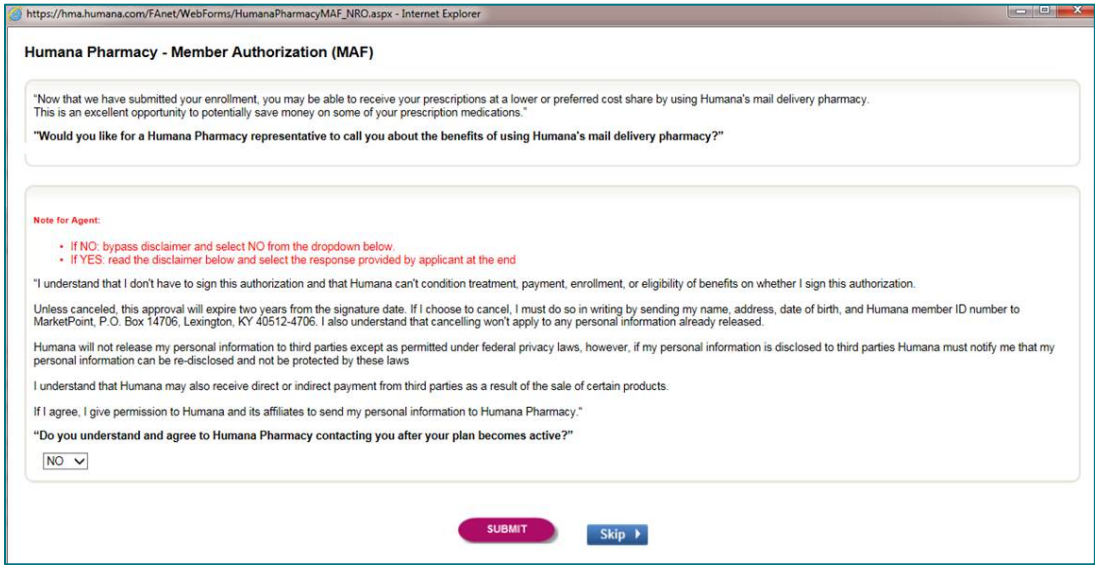
Note: The Privacy Agreement Voicelog number will appear on the screen and is in Canvas. This is a separate recording then the one already played for the T-sig enrollment.

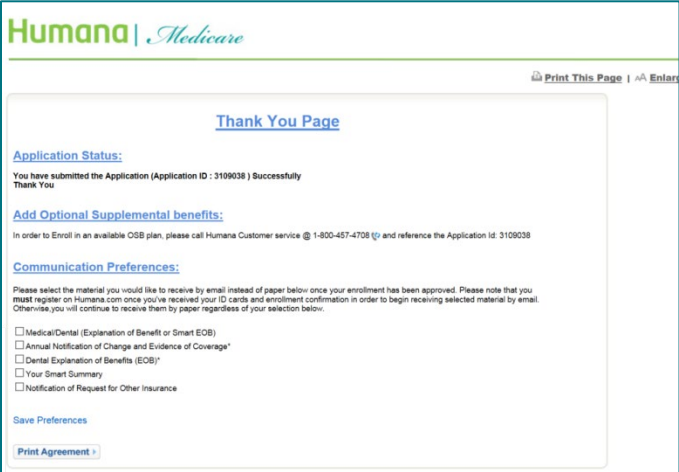


# FastApp How to Complete a MA/MAPD Enrollment

Form	Description
<b>Digital MAF</b>	<p>Digital – The below additional steps are required to complete the form:</p> <ol style="list-style-type: none"><li>1. After completing and submitting the application, the MAF will pop-up.</li><li>2. Ask the beneficiary if they would like to receive a call from Humana Pharmacy.<ol style="list-style-type: none"><li>a) If YES<ul style="list-style-type: none"><li>• Read the disclaimer listed</li><li>• Select Yes within the drop-down when the beneficiary agrees to the Privacy Agreement</li><li>• Have the beneficiary sign the signature pad</li><li>• Select Submit</li></ul></li></ol></li></ol>  <p>Humana Pharmacy - Member Authorization (MAF)</p> <p>"Now that we have submitted your enrollment, you may be able to receive your prescriptions at a lower or preferred cost share by using Humana's mail delivery pharmacy. This is an excellent opportunity to potentially save money on some of your prescription medications."</p> <p>"Would you like for a Humana Pharmacy representative to call you about the benefits of using Humana's mail delivery pharmacy?"</p> <p><b>Note for Agent:</b></p> <ul style="list-style-type: none"><li>• If NO: bypass disclaimer and select NO from the dropdown below.</li><li>• If YES: read the disclaimer below and select the response provided by applicant at the end</li></ul> <p>"I understand that I don't have to sign this authorization and that Humana can't condition treatment, payment, enrollment, or eligibility of benefits on whether I sign this authorization.</p> <p>Unless canceled, this approval will expire two years from the signature date. If I choose to cancel, I must do so in writing by sending my name, address, date of birth, and Humana member ID number to MarketPoint, P.O. Box 14706, Lexington, KY 40512-4706. I also understand that cancelling won't apply to any personal information already released.</p> <p>Humana will not release my personal information to third parties except as permitted under federal privacy laws, however, if my personal information is disclosed to third parties Humana must notify me that my personal information can be re-disclosed and not be protected by these laws</p> <p>I understand that Humana may also receive direct or indirect payment from third parties as a result of the sale of certain products.</p> <p>If I agree, I give permission to Humana and its affiliates to send my personal information to Humana Pharmacy."</p> <p>"Do you understand and agree to Humana Pharmacy contacting you after your plan becomes active?"</p> <p>YES ▾</p> <p>SUBMIT Skip ▶</p>

# FastApp How to Complete a MA/MAPD Enrollment

Form	Description
Digital MAF continued	<p>a) If NO, select no within the drop-down and Submit</p> 

Wrap Up	<ul style="list-style-type: none"><li>• Review information on Thank You page</li><li>• Exit FastApp (exiting the browser page)</li><li>• Explain to the member that they will receive a Verification letter within 7 to 10 days to confirm they wanted to enroll in this plan</li><li>• Provide the member with Customer Service phone number and hours</li></ul> <p>Thank them for their time and Welcome to Humana!</p> 
---------	--

# FastApp How to Complete a MA/MAPD Enrollment



## IMPORTANT NOTE: Chronic Care SNP Additional Questions

If the beneficiary is applying for a Chronic Care plan, additional questions will populate in FastApp, which you will need to ask the beneficiary. CMS does not consider this health screening or “cherry picking” to ask these questions **once** the applicant has elected to enroll in one of these plans.

Below are sample screenshots of the additional Chronic Care SNP questions:

Have you been diagnosed and are currently being treated for Cardiovascular Disorder, and/or Chronic Heart Failure?

Yes No

**HUMANA** | Medicare  
Guidance when you need it most

en español

Print This Page | AA Enlarge Text | Help

### Disorder and Chronic Heart Failure

#### Clinical Qualifying Questions

*If the applicant answers “Yes” to any of the following questions about cardiovascular disease (CVD), then the beneficiary pre-qualifies for the SNP*

- \* 1. Do you have problems with your heart or have you ever had a heart attack?
- \* 2. Do you have problems with your circulation?
- \* 3. Do you have pain in your legs when you walk that gets better when you stop and rest?

*If the applicant answers “Yes” to any of the following questions about chronic heart failure (CHF), then the beneficiary pre-qualifies for the SNP*

- \* 1. Have you ever been told you have heart failure or congestive heart failure?
- \* 2. Have you ever been told you have fluid in your lungs?
- \* 3. Have you ever been told you have swelling in your legs due to your heart?

[Return to Home](#) [Continue](#)

# FastApp How to Complete a MA/MAPD Enrollment

## Medical Questions

What medications for Diabetes are you taking?  
What medications for CVD are you taking?  
What medications for CHF are you taking?

### Please list your Primary Care Physician

Physician Name:  
Telephone #:  
Address:  
City:  
State:  
Zip

### Please list any Specialist Physicians you see regularly

Physician Name:  
Telephone #:  
Address:  
City:  
State:  
Zip

Submit >

< Return to Home

In addition to this questionnaire, we require your doctor to complete a verification form.  
Humana will send this form directly to your doctor.

OK