



BlueCross. BlueShield.

Illinois • Montana • New Mexico
Oklahoma • Texas

OCTOBER 23, 2020

Retail Producer Portal Guide

The Retail Producer Portal is a comprehensive sales and service tool for the Under 65 individual market and the Medicare markets. The portal enables you to design and deliver quotes, enroll members in Blue plans, manage prospects and serve and support active clients with a host of features

Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico,
Blue Cross and Blue Shield of Oklahoma, and Blue Cross and Blue Shield of Texas,

Divisions of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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1 Managing Your Portal Account

Register for the Portal

Only those that have completed our onboarding/contracting process can register with the Retail Producer Portal. That process includes completing important contact and license information via the online Producer Express onboarding system.

After the onboarding/contracting process is complete, you will receive a “Welcome” email with your personal nine-digit producer identification number.

At that point, you are ready to register with the Retail Producer Portal.

Go to <https://osc.hcsc.net/producerportal/>

If you have completed the onboarding process, click the “Register” button.

The screenshot shows the 'Retail Producer Portal' interface. At the top left, there are logos for BlueCross BlueShield of Illinois, Montana, New Mexico, Oklahoma, and Texas. The title 'Retail Producer Portal' is at the top right, with 'Menu' and 'Account' buttons. Below the title bar, the page is split into two columns. The left column, titled 'Please Sign-In', contains fields for 'User Name' and 'Password', and a 'Register' button (highlighted with an orange border) next to a 'Login' button. Below these are links for 'Forgot User Name?' and 'Reset Password?'. The right column, titled 'Welcome', contains a welcome message and a list of actions users can perform: 'Check the status of your applications and current business', 'Search for clients using preset quick or advanced searches', 'Verify payment status', 'Download forms', and 'Access training materials'.

Select a User Name and Password

Complete all required fields to register for the Retail Producer Portal.

- 1. Enter your First and Last Name
- 2. Enter a User Name
- 3. Create a Password and confirm it.
 - The password must be six to nine characters.
 - The password can only contain letters and/or numbers; no special characters are allowed.
 - If you select letters, the letters can be lower case, upper case or a mix of both.

Registration

The Retail Producer Portal allows Producers to access information about their Retail Market and Medicare Supplemental individual business.

To apply for this service, please complete the form below. Please select at least one Blue Cross and Blue Shield (BCBS) state you would like to register for and then submit your request.

NOTE: Once your request is submitted, it can take up to 24 HOURS on a regular business day, and longer on the weekend, before you receive a confirmation e-mail letting you know your activation is completed. (Example: If you register on Monday at 3:00 PM, you should receive access by 3:00 PM on Tuesday. If you register Friday, Saturday or Sunday, it could be Monday or Tuesday before you receive an e-mail confirmation.) Please do NOT register more than one time. If you do not receive a confirmation e-mail within the time frames specified above, please select the 'Contact Us' link at the top of this page and call the telephone number associated with your BCBS state.

1

First Name *

Last Name *

2

User Name * ?

Password * ?

3

Confirm Password *

Note: User Name and Password are case sensitive.

Register for Your State

- 4. Select all the states in which you are authorized to sell.
- 5. Complete all required fields for each state. Required fields have a red asterisk.
- 6. In the Agent Unique ID box, enter the nine-digit identification number included in your “Welcome” email when you completed contracting (producers and agencies) or onboarding (subproducers) with our Producer Administration teams.

NOTE: If you contracted or onboarded to sell in multiple states, you have a unique ID number for each state.
- 7. Click the “Continue” button.

4

☒ Register for Illinois

Company Name

Address 1 *

Address 2

City *

State *

IL

Zip Code *

Agent Unique ID *

Please enter the 9 digit identification number you were provided at the time of licensing by Producer Administration.

Phone *

E-mail Address *

☐ Register for Montana

☐ Register for New Mexico

☐ Register for Oklahoma

☐ Register for Texas

* Denotes a required field.

7

Continue

Register for Your State (continued)

- 8. After you click the “Continue” button, a confirmation message appears. Either select “Edit” to change the information you entered or click on the “Submit Registration” button.
- 9. Once you submit your information, a note pops up that you can have full use of the site once you receive a confirmation email. It can take up to 24 hours on a regular business day – and longer on the weekend – before you receive the confirmation email. For example, if you register at 3:00 p.m. on Monday, you should receive access by 3:00 p.m. on Tuesday. If you register Friday, Saturday or Sunday, it could be Monday or Tuesday before you receive an email confirmation. Click the “Back to Login Page” button. Note that it takes another day or two to activate your registration.

Please do not register more than one time.

Print this page for your records.

User Name:	PName1
First Name:	Producer
Last Name:	Name

Confirm Illinois Registration Information

Company Name:	Producer Name Company
Address 1:	123 Test St.
Address 2:	
City:	Testville
State:	IL
Zip Code:	99999
Agent Unique ID:	
Phone:	5555555555
E-mail Address:	

Edit

Submit Registration

Registration Information

Thank you, your registration information has been submitted. You will receive an e-mail confirming your activation within 1 business day. Please retain the User Name and Password you submitted for your records.

9

Back to Login Page

Retail Producer Portal Registration Activation

This notice is to alert you that your registration request has been activated.

If you have any questions regarding this notification, please contact Producer Services toll free at (888) 313-5526.

State Farm agents - please call 1-877-699-5849 for assistance.

NOTE: Any replies to this E-mail will not be received.

Thank you,
Retail Producer Portal Customer Service

Registration Confirmation Email

Once you receive your activation email (example at left), you can return to the [Retail Producer Portal](#) and log in with the User Name and Password that you created during the registration process. If you do not receive this email within two business days, please contact us.

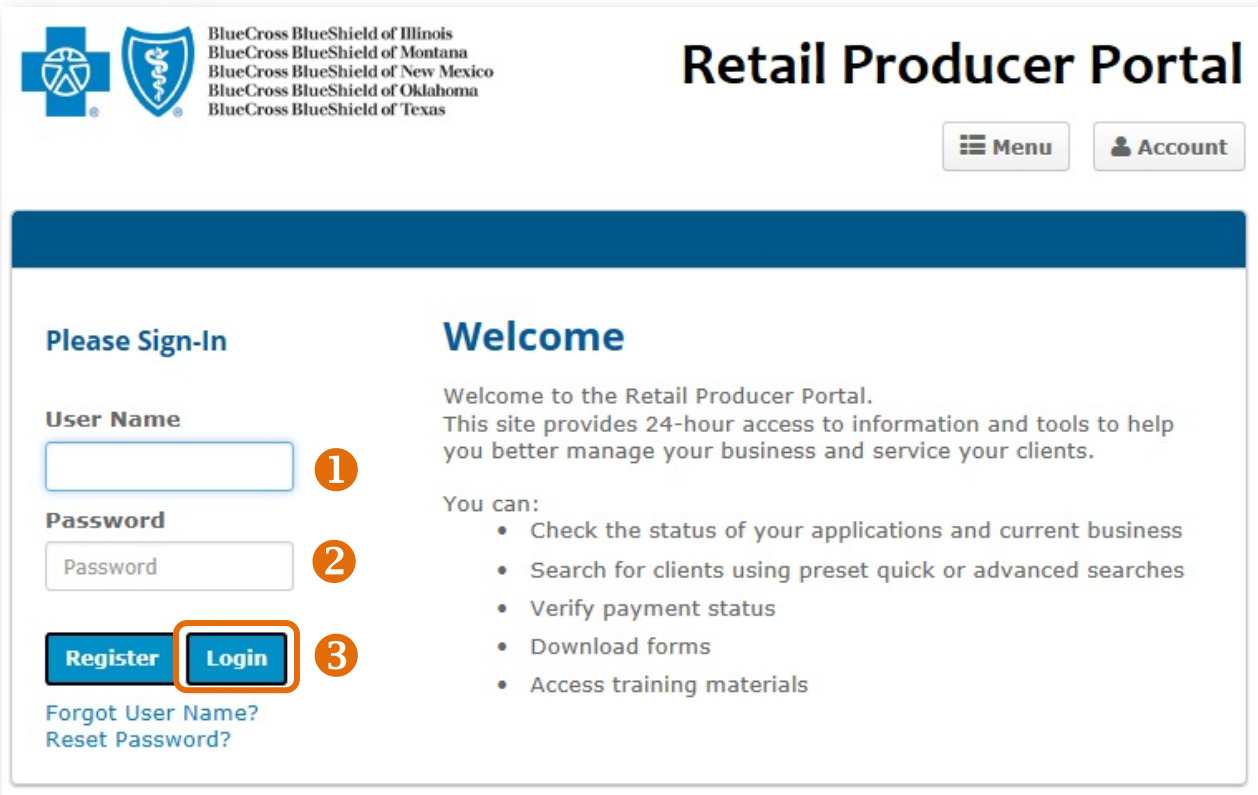
Log In to the Portal

After going through the registration process, and receiving your registration confirmation email (see previous page), you can go to the [Retail Producer Portal](#), log in and use the site.

You should bookmark this page or save it to your favorites.

Login


- 1. Enter the User Name you created during the registration process.
- 2. Enter the Password you created during the registration process.
- 3. Click the “Login” button.




Recover Your User Name

If you forget your User Name at any time, follow these steps.

- 1. On the login page, click on the "Forgot User Name?" link.
- 2. In the "Forgot User Name?" area, enter the "Agent Unique ID" in the space provided. This is your nine-digit producer number that was included in your "Welcome" email after you completed our contracting/onboarding process.
- 3. Enter the email address associated with the account in the space provided.
- 4. Click the "Submit" button.
- 5. A confirmation message appears letting you know that we sent your user name in an email to your email address on file. Click the "OK" button.
- 6. You'll receive an email with your user name. If you don't see the email in your inbox, check your spam or junk folder. Return to the [Retail Producer Portal](#) and enter your user name and password.





BlueCross BlueShield of Illinois

BlueCross BlueShield of Montana

BlueCross BlueShield of New Mexico

BlueCross BlueShield of Oklahoma

BlueCross BlueShield of Texas

Retail Producer Portal

Menu

Account

Please Sign-In

User Name

Password

Register

Login

1

Forgot User Name?

Reset Password?

Welcome

Welcome to the Retail Producer Portal.
This site provides 24-hour access to information and tools to help you better manage your business and service your clients.

You can:

- Check the status of your applications and current business
- Search for clients using preset quick or advanced searches
- Verify payment status
- Download forms
- Access training materials

Forgot User Name ?

Please enter your Agent Unique ID and the E-mail Address associated with your account to retrieve your User Name. If you need assistance, please contact Producer Services at:

	IL	NM	OK	TX	MT
Major Medical	(888) 313-5526	(888) 222-0572	(888) 399-9394	(888) 697-0679	(855) 454-7109
Medicare Supplement	(800) 538-0382	(800) 307-8144	(800) 522-9266	(800) 366-4236	N/A

State Farm agents - please call 1-877-699-5849 for assistance.

2

Agent Unique ID *

?

3

E-mail Address *

4

Submit

* Denotes a required field.

Request Submitted

Your username has been sent to the registered e-mail address.

OK

5

Retail Producer Portal Registration Activation

The following Username(s) are registered with your e-mail address:

6

If you have any questions regarding this notification, please contact Producer Services toll free at (888) 313-5526.

State Farm agents - please call 1-877-699-5849 for assistance.

NOTE: Any replies to this E-mail will not be received.

Thank you,
Retail Producer Portal Customer Service

10/15/2020


RETAIL PRODUCER PORTAL GUIDE

PAGE 8

Reset Password

If you forget the password you originally used to set up your account, follow these steps to create a new password.

- 1. On the login page, select the "Reset Password?" link.
- 2. Enter the user name in the space provided.
- 3. Enter the email address associated with the account in the space provided.
- 4. Click the "Submit" button.
- 5. A confirmation message appears letting you know that we sent you a temporary password to your email address on file. Click the "OK" button.



BlueCross BlueShield of Illinois
BlueCross BlueShield of Montana
BlueCross BlueShield of New Mexico
BlueCross BlueShield of Oklahoma
BlueCross BlueShield of Texas

Retail Producer Portal

MenuAccount

Please Sign-In

User Name

Password

RegisterLogin

Forgot User Name?
Reset Password?

Welcome

Welcome to the Retail Producer Portal.
This site provides 24-hour access to information and tools to help you better manage your business and service your clients.

You can:

- Check the status of your applications and current business
- Search for clients using preset quick or advanced searches
- Verify payment status
- Download forms
- Access training materials

Reset Password?

Please enter your User Name and the E-mail Address associated with your account to reset your Password. If you need assistance, please contact Producer Services at:

	IL	NM	OK	TX	MT
Major Medical	(888) 313-5526	(888) 222-0572	(888) 399-9394	(888) 697-0679	(855) 454-7109
Medicare Supplement	(800) 538-0382	(800) 307-8144	(800) 522-9266	(800) 366-4236	N/A

State Farm agents - please call 1-877-699-5849 for assistance.

2 User Name*

3 E-mail Address *

4 Submit

* Denotes a required field.

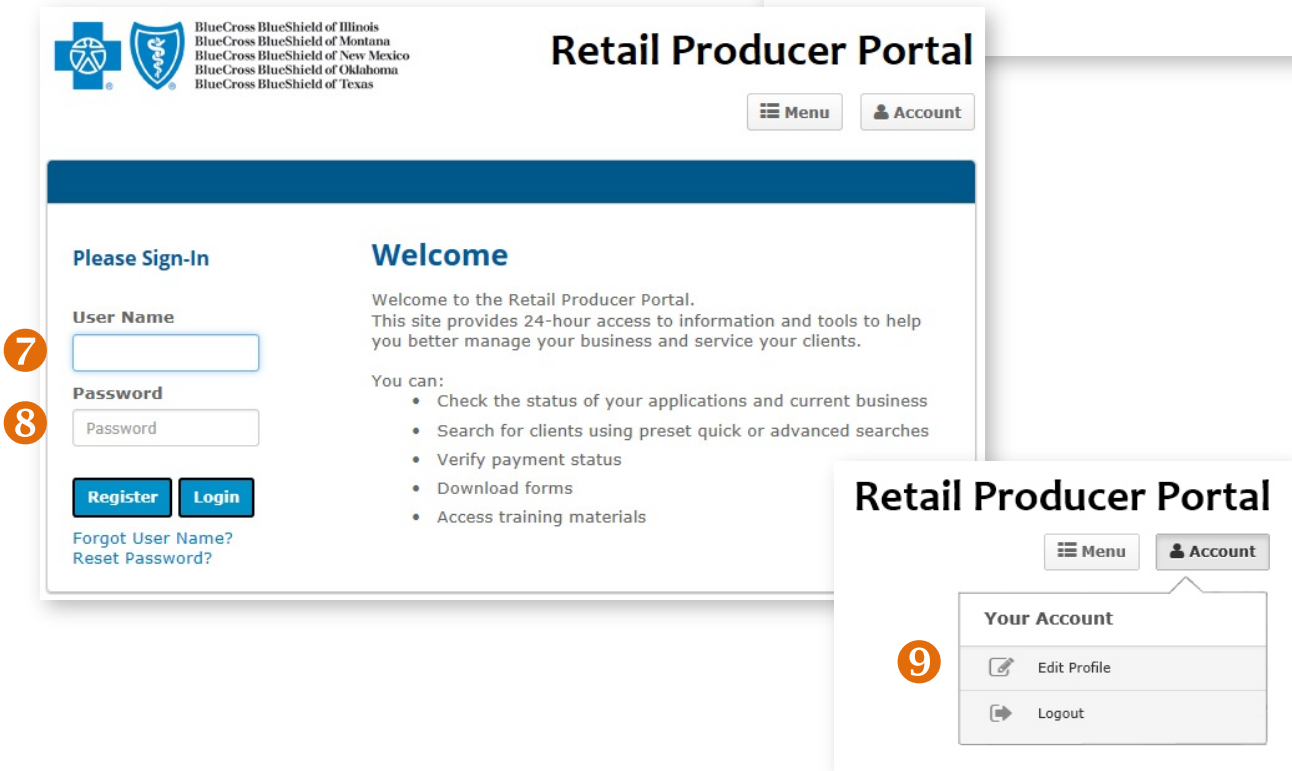
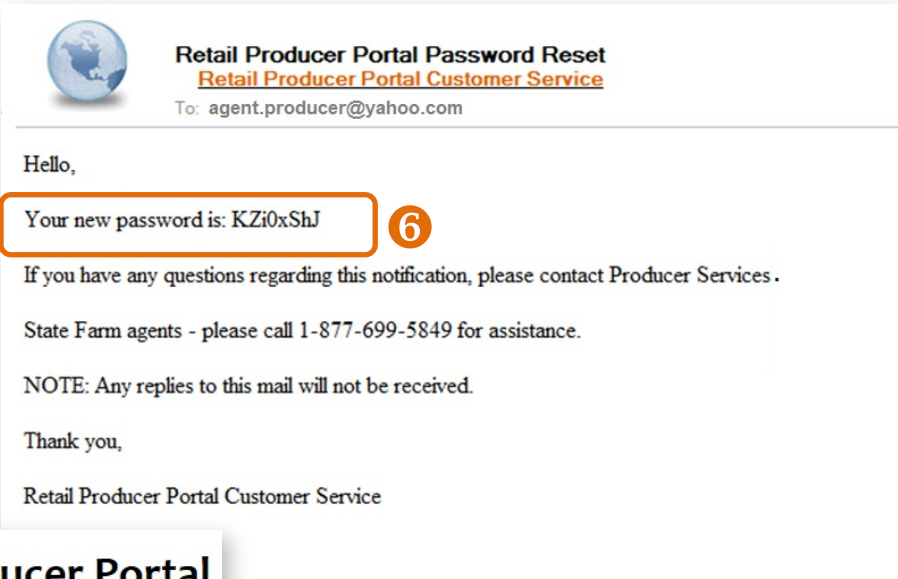
Request Submitted

Your password has been mailed to the registered e-mail address.

OK5

Reset Password (continued)

- 6. We send you an email with the subject line of “Retail Producer Portal Password Reset.” The email includes a case-sensitive temporary password.
- 7. Return to the [Retail Producer Portal](#) and enter your user name
- 8. Enter the temporary password from the email.
- 9. After logging back into the Retail Producer Portal with the temporary password, select “Edit Profile” from the dropdown Account menu. The Account menu is located at the top right section of the portal.



Reset Password (continued)

- 1. In the Change Password section, enter **the temporary password from the email** into the “Current Password” field. Enter a new password in the “New Password” field and confirm the new password.
 - The password must be six to nine characters.
 - The password can only contain letters and/or numbers; no special characters are allowed.
 - If you select letters, the letters can be lower case, upper case or a mix of both.
- 2. Select the “Update Password” button.
- 3. A confirmation message appears. Select the “Back to Profile Page” button.

The screenshot shows a 'Change Password' form. At the top, it says 'Click "Update Password" to save the new password.' and 'Once the password has been changed you will be required to login using your new password.' Below this are three input fields: 'Current Password *', 'New Password * ?' (with a help icon), and 'Confirm New Password *'. An orange circle with the number '1' is placed to the right of the 'New Password' field, with three arrows pointing to each of the three input fields. Below the input fields is a blue button labeled 'Update Password'. An orange circle with the number '2' is placed to the left of this button.

The screenshot shows a 'Password Update' confirmation message. It says 'Your password has been updated.' Below this is a blue button labeled 'Back to Profile Page'. An orange circle with the number '3' is placed to the right of this button.

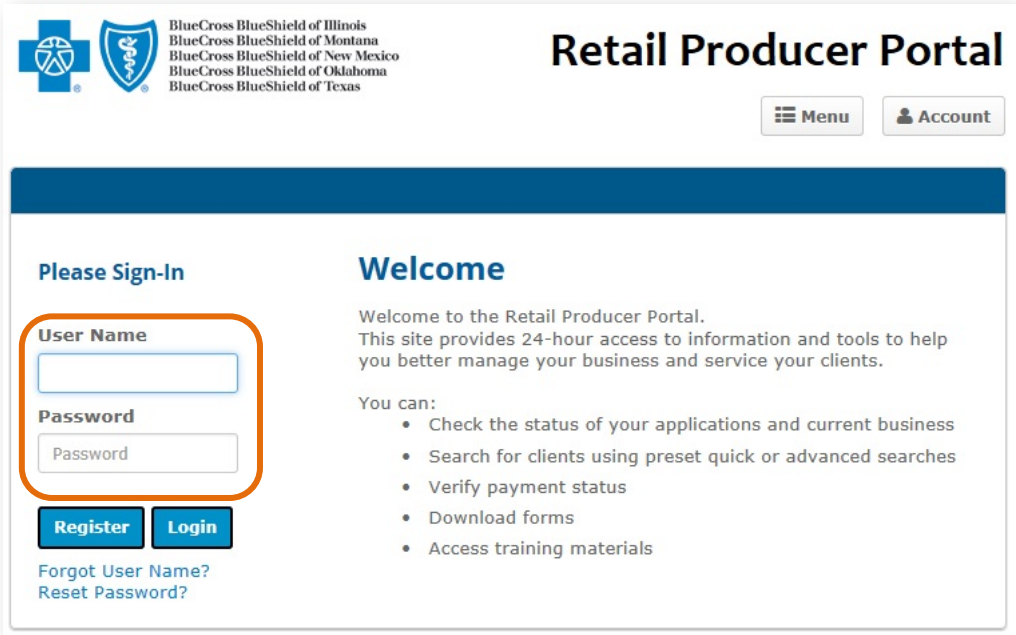
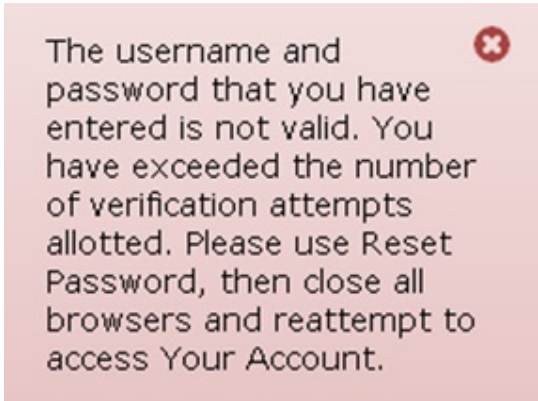
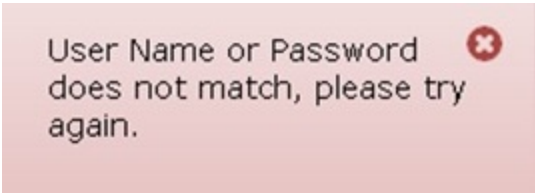
Resolve Account Lock Outs

Using the incorrect user name and/or password three consecutive times results in an account lock out.

If you enter the incorrect combination of “User Name” and “Password” on your first and second attempts, an error message appears that your user name and password don’t match.

After the third attempt, you’ll see the message at right.

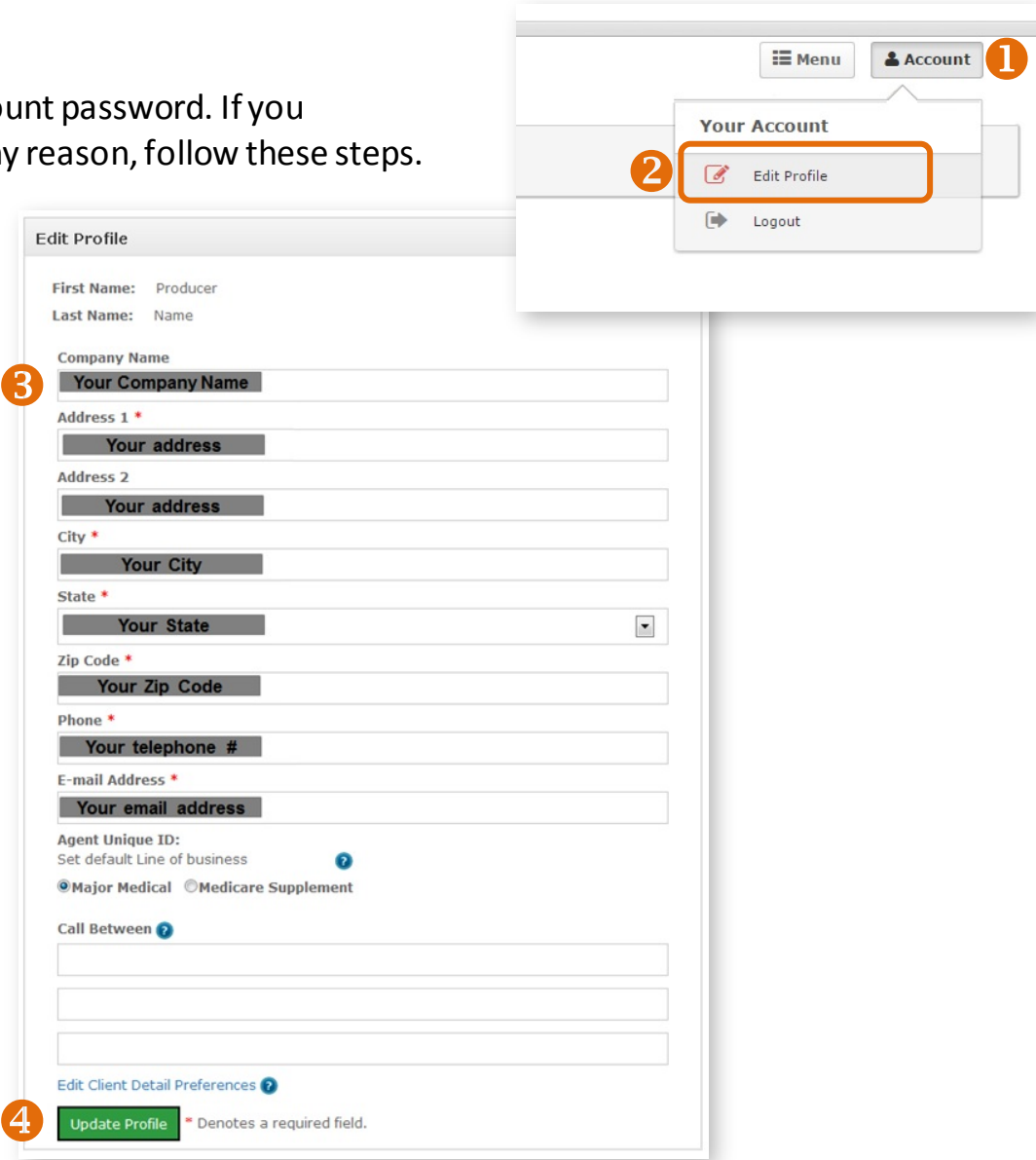
At this point, you should use the “Forgot User Name?” or “Reset Password?” features to retrieve your user name and reset your password before you attempt to log in again. Please see those sections for details. Once you have retrieved your user name and reset your password, close your web browser application. Clear the web browser application’s history and cache before attempting to log in again.



Edit Your Profile

The Edit Profile feature enables you to change your agency listing information or account password. If you accidentally set up your profile with incorrect information, or need to change it for any reason, follow these steps.

- 1. Click on "Account," located in the top right area of the Retail Producer Portal application window.
 - 2. Select the "Edit Profile" option menu item from the dropdown list.
 - 3. Update any of the following information:
 - Company Name
 - Address
 - Phone
 - Email Address
- You **cannot** edit your Name or nine-digit producer ID number.
- 4. Once complete, click on the "Update Profile" button. A message appears that your profile has been updated. Click the "Back to Profile Page" button.



Change Your Password

1. Click on "Account," located in the top right area of the Retail Producer Portal application window.
2. Select the "Edit Profile" option menu item from the dropdown list.
3. Enter your current password.
4. Enter your new password.
 - The password must be six to nine characters.
 - The password can only contain letters and/or numbers; no special characters.
 - If you select letters, the letters can be lower case, upper case or a mix of both.
5. Confirm your new password.
6. Click on the "Update Password" button.
7. After updating your password, a message appears that your profile has been updated. Click the "Back to Profile Page" button.

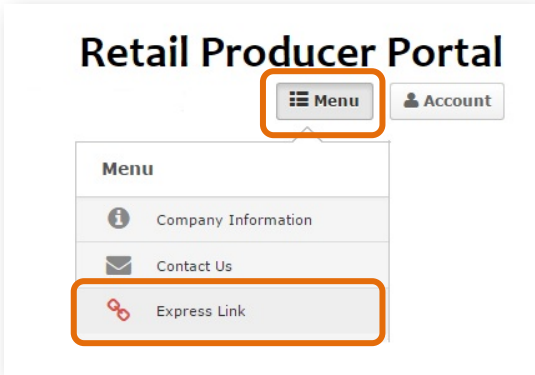
The image displays three sequential screenshots of the Retail Producer Portal interface, illustrating the process to change a password. The first screenshot shows the top navigation bar with a 'Menu' icon and an 'Account' link, with a red circle and the number '1' highlighting the 'Account' link. The second screenshot shows the 'Your Account' dropdown menu, with a red circle and the number '2' highlighting the 'Edit Profile' option. The third screenshot shows the 'Change Password' form, which includes instructions to click 'Update Password' to save the new password and a note that the user will be required to login with the new password. The form contains three input fields: 'Current Password *' (with a red circle and the number '3'), 'New Password *' (with a red circle and the number '4'), and 'Confirm New Password *' (with a red circle and the number '5'). A blue 'Update Password' button is highlighted with a red circle and the number '6'. Below the form, a 'Profile Update' message box appears, stating 'Thank you, your profile has been successfully updated.' and featuring a blue 'Back to Profile Page' button, which is highlighted with a red circle and the number '7'.

2 Using Your Express Link

After you register for the portal, you will have access to Express Link. Express Link is a customized HTML hyperlink, embedded with your name and nine-digit producer number. When clients click on the code – in the form of a link or web button – it takes them to our Retail Shopping Cart and your producer info is attached to their shopping and enrollment experience. If a client starts an application, your producer info is automatically added to the application. Express Link ensures that you receive credit for any policies sold.

To get started on using your Express Link, click in the top right section of the portal, select the “Menu” button and scroll to the “Express Link” option and select it.

The following sections show you how to configure and use your Express Link.



Review Your Agent Information

- 1. In the Express Link configuration area, make sure the information displayed in the “Review Your Agent Information” section is correct, especially your nine-digit producer number (Agent Unique ID). Applications, enrollments and your FFM registration are linked to your producer number allowing you to receive credit for your sales.
- 2. Using a valid agent email address ensures you receive email notifications about a client’s application.
- 3. If you need to edit this information, click on the “Edit Profile” button.

NOTE: Agent Name and Agent Unique ID cannot be edited. If your name changes, contact the Producer Service Center for next steps. Call 855.782.427, 8:00 a.m. - 5:00 p.m. Monday through Friday.

Review Your Agent Information

Agent Name:	Jane Doe
Company Name:	Doe Agency
Address:	1002 warrenville rd Naperville, IL 60563
Agent Unique ID:	000000000 1
Phone:	(123)234-3456
Call Between?	
E-mail Address:	2 jane_doe@doeagency.com

Edit Profile 3

Select “Need Assistance” Info

- 1. In this section, choose the content you want displayed in online applications started by clients.
- 2. A preview of the information you choose is displayed in the “Box Preview” area.

Customer Online Application 'Need Assistance?' box

Select optional information that you would like to display on the Online Application pages. Changes will update automatically in Box Preview.

☒ Agent Name (Required)
☐ Company Name
☐ Address
☐ E-mail Address
☒ Phone (Required)
☐ 'Call Between' hours

1

Need Assistance?
Contact Your Agent:
BapTest ScriptAccount
(123)234-3456
Box Preview

2

Get Your Express Link!

- 1. You can use Express Link in two ways. You can generate “link” code that you copy into an email, or you can generate “button” code for use on your website. This code is specific to you. Read below on how to copy either the “link” or “button” code.
- 2. The “link” code is displayed here.
- 3. To copy the “link” code, click on the blue “Get HTML Link Code” button.
- 4. This preview area displays how the link will appear to clients.
- 5. The “button” code is displayed here.
- 6. To copy the “button” code, click on the “Select Button Code” button.
- 7. This preview area shows how the button code will look to your website visitors.

TIPS FOR USING EXPRESS LINK:

- If you share your Express Link by email, ask clients to save the email until enrollment is complete.
- Clients should use your link to access our Retail Shopping Cart, then log in or create a new account right away.

Get Your Express Link!

1

Decide which type of Express Link you would like to use then...

- Click the desired button (Get HTML Link Code or Select Button Code) to highlight the link.
- Right click (if using PC) or control click (if using MAC) on the highlighted link.
- Select "copy", then paste the link into your Web page or e-mail.

Note: Express Links will not be affected by changes to your Profile. You should only have to copy each link once.

Personalized Link To OSC Online Application

2

This will create a link inside your webpage and/or e-mail and open the Online application in a new browser window.

`https://retailweb.hcsc.net/retailshoppingcart/IL/census?ExpressLinkedAgentId=236615`

Get HTML Link Code

3

Preview Link

4

Get a free Quote from BCBSIL

Personalized Button To OSC Online Application

5

This will create a link inside your webpage and/or e-mail and open the BCBSIL application in a new browser window.

`<img src='https://osc.hcsc.net/ProducerPortal/Common/Images/getStarted.png'`

Select Button Code

6

Preview Button

7

Get Started

10/15/2020

RETAIL PRODUCER PORTAL GUIDE

PAGE 16

3 Creating a Proposal/Quote

You can use the Retail Producer Portal to create proposals and/or quotes for **on and off exchange qualified health plans (QHPs)** during open and special enrollment for the retail ACA market as well as the Medicare Supplement and MAPD AND PDP market.

Quoting Retail ACA QHPs

Enter Applicant/ Client Information

- 1. Select the Quotes tab.
- 2. Complete the required fields for the quote. We refer to this initial information as the “census.”
- 3. Note that a “County” field appears under the zip code after the zip code has been entered. If more than one county is available, click outside of the zip code box and then select the county from the drop-down list.
- 4. Enter all the primary applicant’s information. Additional fields may appear, such as those for a spouse and children, but only after the other census information is entered (including birthday) for the primary applicant.
- 5. Select the “Continue” button.

HomeClient InfoE-Communication**Quotes**ResourcesTrainingEnrollment

Applicants

Primary Applicant's Name:

2JaneMI

Doe

What is the Applicant's Zip Code?

360502

What is the Applicant's County?

Dupage

Applicant's Requested Effective Date:

11/01/2017

Please note: Major Medical and Dental applications must have first of the month coverage effective dates.

This information does not apply to Temporary coverage. Temporary Plans cannot have an effective date greater than 30 days in the future

Who will this health insurance plan be covering?

4

✓ Primary

Sex:

Female

Birthday:

08/21/1975

Tobacco Use:

YesNo

Add Spouse

Add Dependent

5Continue

Visit Healthcare.gov or state specific BCBS.COM site for a tax credit estimate or to apply with an official tax credit subsidy.

Select Matching Plans

- 1. From the **Matching Plans page**, you can select up to **three** Medical plans by checking the box beside the plan name.
- 2. You can also check the “Yes” or “No” box beside “Dental Coverage.” If “Yes” is selected for dental, the dental plans appear in a drop-down list.
- 3. If you don’t need a quote or proposal, and you want to begin the application now, you can select “Apply for This Plan” next to the desired plan.
- 4. If you want to make changes to the applicant’s “census” info, select the “Return to Applicants Page” link at the top or button at the bottom. See the next page for more details.
- 5. If you want to save these options as a proposal, select the green “Save Proposal” button. See the next page for more details.
- 6. If you want to send a quote, select the green “Send Quote” button. See page 20 for next steps.
- 7. If you want to compare plans, select the “Compare up to 3 Plans” button at the bottom of the screen.

1. Review the plans below
These plans best match your criteria.

2. Compare up to 3 plans
Check the boxes below up to 3 plans,
then choose "Compare Selected Plans".

3. Apply online or by mail
Select the plan that interests you and apply today.

Your Options

1 Applicant(s), ZIP 60510, Kane County,
Requested effective date 10/01/2017

4 Return to Applicants Page

Visit Healthcare.gov or state specific
BCBS.COM site for a tax credit estimate
or to apply with an official tax credit
subsidy.

Sort By
Select One

Filters

Premium Maximum
0562

Out of Pocket Maximum
07150

Annual Individual Deductible
07150

Co-insurance %
0100

PCP Co-pay
050

Off-Exchange & Temp PlansOn-Exchange

Viewing 2 of 19 matching plans.

1 Blue Precision Gold HMO 101Plan Details

Network	Deductible	Individual Out-of-Pocket Maximum	Coinsurance	Copay	Premium
Blue Precision	\$1,750	\$3,500	80	\$25	\$470.79

2 Dental Coverage Yes No3 Apply for This Plan

BlueCare Direct Gold 101 with AdvocatePlan Details

Network	Deductible	Individual Out-of-Pocket Maximum	Coinsurance	Copay	Premium
BlueCare Direct	\$1,750	\$3,500	80	\$25	\$423.71

Dental Coverage Yes NoApply for This Plan

Return to Applicants Page4

5 Save Proposal6 Send Quote7 Compare up to 3 Plans

Return to Applicants Page

- 1. If you selected **Return to Applicants Page** from the Matching Plans screen (see page 18), you are directed back to the “Applicants” page.
- 2. Note that effective dates for major medical on- and off-exchange policies must begin on the first of the month.
- 3. You can change or add information in this section. For example, you can add or remove a spouse and/or children.
- 4. Click on the “Continue” button after making your changes.

1 Applicants

Primary Applicant's Name: Jane MI Doe

What is the Applicant's Zip Code? 60502

What is the Applicant's County? Dupage

Applicant's Requested Effective Date: 11/01/2017

Please note: Major Medical and Dental applications must have first of the month coverage effective dates.
This information does not apply to Temporary coverage. Temporary Plans cannot have an effective date greater than 30 days in the future

Who will this health insurance plan be covering?

Sex: Birthday: Tobacco Use:

Primary Female 08/21/1975 Yes No

Spouse Male 04/01/1967 Yes No Remove

Dependent 1 Male 01/01/2001 Remove

Add Dependent Continue

Save Proposal

- 1. If you selected **Save Proposal** from the Matching Plans screen (see previous page), a pop-up box opens so that you can enter the Proposal Name. Proposals are often saved with the client’s name, but you can use any naming convention that works for you. Saved proposals expire automatically after 180 days of no activity.
- 2. Select the “Save” button.

Save Proposal

Proposal Name

1

2 Cancel Save

Send Quote

After you choose which plans you’d like to send in a quote (see Step 6 on page 18) and click on “Send Quote,” complete the following steps:

- 1. Be sure the client’s email address is correct. You can enter up to 3 email addresses. All receive the same quote and message. Separate each address with a comma.
- 2. If you want a copy of the quote and/or proposal sent to you, select this option and check your email address for accuracy.
- 3. You have the option of sending a custom message. Because the quote email drives your client to the Retail Shopping Cart, you could give them instructions on their next steps. If you want to manage the online enrollment application process, you could tell your client to contact you once they have selected a plan and you’ll complete the enrollment process for them. Your contact information is inserted at the bottom of the message by default.
- 4. Clicking on the “Generate and attach a formal proposal letter” allows you to send the quote and save the proposal. We recommend this option. When you select this option, two things happen:
 - First, the Proposal Name box opens. Type a Proposal Name to save it. You can view it any time under the “Client Info” tab.
 - Second, the “Send Quote and Save Proposal” button appears. Click on this button.
- 5. If you don’t select “Generate and attach a formal proposal letter,” then you can only send the quote and the proposal isn’t saved. The Proposal Name box is hidden and the “Send Quote” button is enabled.

Quotes expire automatically after 90 days of no activity.

Send this Quote

Send a quote to your client. The quote will be available for 90 days.

Send this quote to your client's e-mail address:

Jane_Doe@gmail.com, Jack_Doe@gmail.com, Jill_Doe@gmail.com

Send this quote to your producer's e-mail address:

John_Agent@yahoo.com

Type a message to accompany the link and your signature:

Type your personal message here

☐ Generate and attach a formal proposal letter

Cancel

Send Quote

Compare Selected Plans

- 1. If you chose **Compare up to 3 Plans** in the matching plans screen (see page 18), a new window opens. It shows a side-by-side comparison of up to 3 plans with several plan details.
- 2. Click on any of the question mark icons for a more detailed definition of the feature.
- 3. If you want to view a PDF file of the formulary for each plan in the comparison chart, click on the “View” link.
- 4. To view a PDF file of the Summary of Benefits and Coverage (SBC) for each plan, click on the “Summary of Benefits” link.
- 5. You’ll need a PDF reader to view the SBC. If you don’t have one, select this link to download the free version of Adobe’s PDF reader.
- 6. To change plans for a new comparison, click on the red “Close” button. When you select “Close,” you return to the Matching Plans screen.

	Blue Precision Gold HMO 101	Blue Precision Silver HMO 102	BlueCare Direct Gold 101 with Advocate
Annual Deductible (+ Individual Co-insurance Max, when applicable) <small>Affects premium and benefits</small>	Choose one ● \$1,750 (\$3,500)	Choose one ● \$2,600 (\$7,150)	Choose one ● \$1,750 (\$3,500)
Coverage Level <small>Affects premium and benefits</small>	80% Coinsurance	80% Coinsurance	80% Coinsurance
Monthly Premium*	\$470.79	\$385.71	\$423.71
Effective Date	10/1/2017	10/1/2017	10/1/2017
Zipcode	60510	60510	60510
Applicants	1	1	1
Network	Blue Precision	Blue Precision	BlueCare Direct
Coinsurance	20%	20%	20%
Individual Deductible	\$1750	\$2600	\$1750
Individual Out-of-Pocket Maximum	\$3500	\$7150	\$3500
Family Deductible	\$5250	\$7800	\$5250
Family Out-of-pocket Maximum	10500	14300	10500
Outpatient Hospital/Physician Care	60% Coinsurance after Deductible	100% Coinsurance after Deductible	80% Coinsurance after Deductible
Outpatient Hospital Services including Surgery	50% Coinsurance after Deductible	0% Coinsurance after Deductible	\$400 Copay then 40% Coinsurance after deductible
Outpatient X-rays and Diagnostic Imaging	50% Coinsurance after Deductible	0% Coinsurance after Deductible	\$80 Copay then 40% Coinsurance after deductible
Outpatient Imaging (CT/PET Scans, MRIs)	50% Coinsurance after Deductible	0% Coinsurance after Deductible	\$700 Copay then 40% Coinsurance after deductible
Inpatient Hospital Services Medical/Surgical Services	\$400 Copay then 20% Coinsurance after deductible	\$750 Copay then 20% Coinsurance after deductible	\$400 Copay then 20% Coinsurance after deductible
Inpatient Physician Services	No Charge	No Charge	No Charge
Preferred Generics	0	0	0
Non Preferred Generics	0	0	0
QHP Drug List	View	View	View
Preferred Formulary	80	80	80
Non Preferred Formulary	80	80	80
Preferred Specialty	60	60	60
Non Preferred Specialty	N/A	N/A	N/A
Download Adobe Reader to view the Summary Of Benefits for each plan	Summary Of Benefits	Summary Of Benefits	Summary Of Benefits
*Premium Amounts do not include Dental rates selected with the Major Medical plans.			
			Close

Quoting Medicare Supplement, MAPD and PDP*

After logging in to the portal, check the line of business indicator located on the top right of the display window. Select “Medicare.”

- 1. Ensure you’re using the correct line of business and click on the “Quotes” tab.
- 2. If your client is interested in Medicare Select Plans, select “Yes.” A full address is required so that eligibility can be determined. Select plans are available in certain locations in Illinois, Oklahoma and Texas.
- 3. The Applicant’s Name is required. The name is used in quotes and saved proposals.
- 4. Answer the address information, gender, date of birth and tobacco use fields. These are rate determiners and required for a quote.
- 5. Choose a policy effective date.
- 6. The “Continue” button *will not appear* until all required fields are complete.

* Quoting Medicare Supplement, MAPD and PDP is not available in Montana at this time.

Retail Producer Portal

IL-Major Medical

Select Line of Business

IL-Major Medical

IL-Medicare

Welcome Janet Doe

Show less

Resources Training Enrollment

Home Client Info E-Communication **Quotes** Resources Training Enrollment

Attention: Medicare Supplement Plan B and Plan C will not be available for an effective date on or after 02/01/2021.

Applicants

Is your client interested in a Medicare Select Plan? ☒ Yes ☐ No

Applicant's Name Test MI Test

Zip code, County * 60510 Kane

Sex * ☐ Male ☒ Female

Tobacco Use * ☐ Yes ☒ No

Date of Birth * 09/09/1950

Requested Effective Date * 01/01/2021

Supplemental Products

By clicking on the link, you will be directed to Coverage Plus Central, new website hosted by Trionfo, an independent licensed insurance agent.

Continue

Medicare Supplement

After submitting the applicant information, Medicare Supplement, MAPD and PDP plans will display in a tabbed format. Click on the appropriate tab/line of business to display available plans.

Once you select a plan by clicking on the selection box in the far-left column, you can:

- **Apply for This Plan.** As the producer, if you select "Apply for This Plan," you can choose to complete online enrollment via the Retail Producer Portal or download and complete a paper application**.
- **Send Quote.** When your clients receive your digital quote* and click on links in the quote, they are directed to the Retail Shopping Cart where they can continue to shop and enroll. Your information is captured with the use of the quote link.

* Note that saved proposals will expire 18 months after no activity and quotes will expire after 90 days.

** Paper Applications take significantly more time to process than online applications submitted via the Retail Shopping Cart and Retail Producer Portal. Consider completing and submitting applications online versus using hard copy paper applications.

Matching Plans

1. Review the plans below

These plans best match your criteria

2. Compare plans

Filter the plans below to compare them to one another

3. Apply online or by mail

Select the plan that interests you and apply today

Your Options

Age: 70, Zip Code 60510, Kane County
Requested Effective Date 01/01/2021

Return to Applicants Page

Supplemental Products

By clicking on the link, you will be directed to Coverage Plus Central, new website hosted by Trionfo, an independent licensed insurance agent.

Medicare Supplement Plans

Medicare Advantage Plans

Prescription Drug Plans

Print Selected

Outline of Coverage

	Plan Name	Plan Type	Part A Deductible	Part B Deductible	Part B Excess	Skilled Nursing	Foreign Travel Emergency	Annual Out of Pocket	Monthly Premium	Apply
	search	search	search	search	search	search	search	search	search	
<input type="checkbox"/>	Plan A	Standard	Not covered	Not covered	Not covered	Not covered	Not covered	N/A	\$126.50	<div>Apply For This Plan</div>
<input type="checkbox"/>	Plan B	Standard	100%	Not covered	Not covered	Not covered	Not covered	N/A	\$166.36	<div>Apply For This Plan</div>
<input type="checkbox"/>	Plan C	Standard	100%	100%	Not covered	Up to \$176 per day	80% to \$50,000 lifetime max	N/A	\$203.44	<div>Apply For This Plan</div>
<input type="checkbox"/>	Plan F	Standard	100%	100%	100%	Up to \$176 per day	80% to \$50,000 lifetime max	N/A	\$204.05	<div>Apply For This Plan</div>
<input type="checkbox"/>	Plan F	High Deductib	100%	100%	100%	Up to \$176 per day	80% to \$50,000 lifetime max	N/A	\$57.09	<div>Apply For This Plan</div>
<input type="checkbox"/>			100%		Up to \$176 per day	80% to \$50,000 lifetime max	N/A	\$160.43		<div>Apply For This Plan</div>
<input type="checkbox"/>			100%		Up to \$176 per day	80% to \$50,000 lifetime max	N/A	\$57.09		<div>Apply For This Plan</div>
<input type="checkbox"/>			Not covered		Up to \$88 per day	Not covered		\$5880	\$99.84	<div>Apply For This Plan</div>
<input type="checkbox"/>			Not covered		Up to \$132 per day	Not covered		\$2940	\$140.26	<div>Apply For This Plan</div>
<input type="checkbox"/>			Not covered		Up to \$176 per day	80% to \$50,000 lifetime max	N/A		\$144.73	<div>Apply For This Plan</div>

Return to Applicants Page

Save Proposal

Send Quote

How would you like to proceed ?

Continue to RPP Enrollment

It's the fast, convenient, secure way to Apply!

Print Application Sign and Mail

You or your client can complete offline.

Go Back

Quoting MAPD and PDP*

After submitting the applicant information, Medicare Supplement, MAPD and PDP plans will display in a tabbed format. Click on the appropriate tab/line of business to display available plans.

Once you select either a MAPD or PDP plan by clicking on the selection box in the far-left column, you can:

- **Print Selected.** You can print to your printer or print to PDF if you have that capability. At this time, there is no Send Quote or Save Proposal functionality for MAPD or PDP.
- **Apply for This Plan.** As the producer, if you select “Apply for This Plan,” you can choose to help your client complete online enrollment via the Retail Shopping Cart or download and complete a paper application. In the future, clicking on this option will take you directly to the online enrollment application of the Retail Producer Portal. If you want to help your client apply for a plan, we recommend you manage the process through the Enrollment tab of the portal.

Age: 70, Zip Code 60510, Kane County
Requested Effective Date 01/01/2021

Supplemental Products ?

By clicking on the link, you will be directed to Coverage Plus Central, new website hosted by Trionfo, an independent licensed insurance agent. (Medicare Supplement Products Only)

Return to Applicants Page

Medicare Supplement Plans Medicare Advantage Plans Prescription Drug Plans

Print Selected

	Plan Name	Plan Type	Primary Care Office Visits	Physician Specialist Visits	Hospital Copay	Max Medical Out of Pocket	Dental	Outpatient Services/Surgery	Monthly Premium	Apply
<input type="checkbox"/>	Basic	HMO	\$0 copay	\$25 copay	\$225 (days 1-7)	\$3,400	Preventive - Covered Comprehensive - Covered	\$250 copay	\$0.00	Apply For This Plan
<input type="checkbox"/>	Basic Plus	HMO-POS	\$0 copay	\$40 copay	\$220 (days 1-7)	\$3,900	Not Covered	\$250 copay	\$0.00	Apply For This Plan
<input type="checkbox"/>	Blue Medicare Advocate Health	HMO	\$0 copay	\$30 copay	\$225 (days 1-7)	\$3,500	Preventive - Covered Comprehensive - Covered	\$300 copay	\$0.00	Apply For This Plan
<input type="checkbox"/>	Choice Plus	PPO	\$10 copay	\$40 copay	\$295 (days 1-6)	\$6,700	Not Covered	\$300 copay	\$79.00	Apply For This Plan
<input type="checkbox"/>	Choice Premier	PPO	\$5 copay	\$40 copay	\$250 (days 1-7)	\$5,900	Not Covered	\$275 copay	\$142.00	Apply For This Plan
<input type="checkbox"/>	Classic	PPO	\$25 copay	\$50 copay	\$320 (days 1-6)	\$7,550	Not Covered	\$375 copay	\$0.00	Apply For This Plan
<input type="checkbox"/>	Premier Plus	HMO-POS	\$0 copay	\$35 copay	\$190 (days 1-8)	\$4,500	Preventive - Covered Comprehensive - Covered	\$225 copay	\$83.00	Apply For This Plan

Return to Applicants Page

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+SilverSneaker® is a wellness program owned and operated by Tivity Health, Inc., an independent company.
±Tivity Health and SilverSneakers® are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries.

How would you like to proceed ?

Continue to RSC Enrollment

Submit Paper Application
Paper application can be found on the RPP Resource tab under View Forms

Go Back

View Saved Proposals/Quotes

After you save a proposal or send a quote, you are directed to a page where you can view existing proposals/quotes.

- 1. To view a proposal/quote, select the proposal you'd like to review from the "View Existing Proposals" table. Producers often save a proposal with the name of the client.
- 2. You can choose to recreate the quote again by selecting the "Regenerate" link.
- 3. The prospect's information will display under the "View Existing Proposals" table.
- 4. You can also save or delete the prospect's information or create a proposal.

HomeClient InfoE-CommunicationQuotesResourcesTrainingEnrollment

Add New Prospect

View existing Proposals

Quote	Proposal Name	Date Created	Effective Date
Regenerate 2	John West 1	9/2/2015	10/1/2015

3 Prospect Data

First Name

John

MI

Last Name

West

Address 1

Address 2

City

State

TX

Zip Code

75002

Home Phone

E-mail Address

Work Phone

Fax

Cell Phone

4 Agent Information

Agent/Agency Name:

Buss Submit W/No Agent

Broker Id:

999999999

Address:

75 Executive Drive
Aurora, IL 60507-0000
(630)978-7878

Phone Number

Assign an Agent

4

Save Prospect

Create Proposal

Delete Prospect

Open Emailed Quotes

Proposal and Quote Email

After the quote is generated and sent to the client via email, the client receives an email like the one at right. The email contains the following:

- 1. An attached PDF file of a proposal letter and quote.
- 2. Instructions on opening the PDF file. **It requires a password to open, which is the primary applicant’s zip code.**
- 3. Website link to the Retail Shopping Cart specific to you and the client that includes all the plans that you saved for the client.
- 4. Instructions for your client to log in to or set up a Retail Shopping Cart account.
- 5. Your contact information.
- 6. A custom message (see Step 3 on page 20).

Proposal Cover Letter & Quote

When the client opens the proposal PDF, a cover letter (if specified by you) is on the first page and subsequent pages show plans with rates you selected for the client. The quote looks like the image at right.

YourProposal.pdf
58 KB

1

Dear John Doe,

Thank you for requesting individual health care coverage information from Blue Cross and Blue Shield of Illinois (BCBSIL). By requesting this information, you have taken an important step toward getting the health coverage you deserve. Your personalized plan and rate quote information is attached. For your protection, the attachment is password protected. The password is the primary applicant's ZIP Code. 2

To view your personalized plan pricing and to apply for coverage online, please follow these easy steps:

1. Click on your personalized quote and plan details button here:
[Your personalized quote and plan details](#) 3
2. Log In or create a new account using a valid email address to ensure your information is secured and saved.
3. Shop and Apply!
4. Should your session time out before you have logged in or created your account, return by using your personalized quote and plan details button above.
5. If you have any questions regarding this quote, please reach out to your independent, authorized agent.

Amanda Jones
1000 Warrenville Rd
Naperville, IL 60563
(630) 328-4400
Amanda.Jones@abcAgency.com

5

A Message from your Agent:
Hi John. Here's the proposal for health insurance that we talked about. Please call if you have any questions. I'll check in with you next week. -- Amanda

6

Sincerely,
Blue Cross and Blue Shield of Illinois

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

300 East Randolph Street, Chicago, Illinois 60601

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Blue Choice Preferred Silver PPO 303	Blue Choice Preferred PPO
Blue FocusCare Bronze 209	Blue FocusCare
Blue FocusCare Gold 211	Blue FocusCare
Blue FocusCare Silver 210	Blue FocusCare
Blue Precision Bronze HMO 205	Blue Precision HMO
Blue Precision Gold HMO 207	Blue Precision HMO
Blue Precision Silver HMO 206	Blue Precision HMO
Blue Precision Silver HMO 306	Blue Precision HMO

DEDUCTIBLE	OUT-OF-POCKET MAX	COINSURANCE	COPAY	MONTHLY PREMIUM
\$6000	\$7900	50%	\$40	\$1045.60
\$3150	\$6650	60%	NA	\$1175.38
\$6000	\$6650	60%	NA	\$1076.59
\$750	\$7900	70%	\$15	\$1492.33
\$7900	\$7900	100%	\$20	\$979.85
\$2200	\$7900	50%	\$10	\$1398.80
\$2200	\$7900	50%	\$10	\$1222.98
\$6000	\$7900	60%	\$50	\$838.73
\$500	\$7900	70%	\$20	\$1129.92
\$4150	\$7900	70%	\$30	\$1051.65
\$6000	\$7900	60%	\$50	\$1013.30
\$500	\$7900	70%	\$20	\$1319.71
\$2500	\$7900	50%	\$30	\$1307.16
\$2600	\$7900	50%	\$10	\$1214.61

Health Insurance Quote

PREPARED BY	DATE
Amanda Jones	08/19/2019

Your Independent, Authorized Agent

obacco	Zip Code:	60090
N	Requested Effective Date:	11/01/2019
N		
N		

Open Emailed Quotes (continued)

Saved Proposals and Quotes

- Saved proposals stay attached to your client’s record in the Retail Producer Portal for 180 days (6 months). Proposals expire automatically after 180 days of no activity.
- Quotes expire automatically after 90 days from when the quote was generated.

The URL Link

The quote-specific link – included in the body of the proposal email – takes the client to a Retail Shopping Cart page where the plans you selected for the proposal can be viewed.

Because the client went to the Retail Shopping Cart via a link that you generated, your producer information is captured.

If the client selects a plan and applies for coverage, you are credited with the sale.

However, until your client creates a shopping account, the client must use your Express Link for every shopping session. Once your client has a Retail Shopping Cart account, you are attached to that user. See pages 28-30 for details on how to help clients set up shopping accounts.

Agent
John Doe
1-123-123-1234
[View Details](#)

If your yearly household income is less than **\$46,680**, you may be able to get help paying for your health insurance. If you enrolled on healthcare.gov last year, you should update your Official Tax Credit for 2015 coverage. [Let's get started.](#)

3 Matching Plans

[Compare Up to 3 Plans](#)

[Print](#)

Sort By: Monthly Premium

Help Me Choose

Check to see if your doctor is in the network

☒ View Agent Recommended plans (3)

Monthly Premium Range

\$160 - \$400

Annual Deductible Range

\$0 - \$6,250

Individual Out of Pocket Max

\$1,500 - \$6,600

	Network	Individual Deductible	Individual Out of Pocket Maximum	Coinsurance	Office Visit Copay	Monthly Premium
<input type="checkbox"/>	Bronze Plan Agent Recommended					
	Blue Choice Bronze PPOSM 005	Blue Choice	\$5,000	\$6,600	80%	\$30.00
	Save for Later					\$169.83
	Outline of Coverage					Select
<input type="checkbox"/>	Silver Plan Agent Recommended					
	Blue Choice Silver PPOSM 004	Blue Choice	\$3,000	\$6,350	80%	\$30.00
	Save for Later					\$224.96
	Outline of Coverage					Select

Have Clients Create a Retail Shopping Cart Account

You should instruct the client to create a shopping account. This way, if they don't complete the application process on the day you sent the Express Link, they can complete it later. Once you are attached to the user with a Retail Shopping Cart account, **you continue to be associated with that user even if they shop for plans that were not included in your proposal.**

Creating an Account

Creating an account is fast and easy. (See registration form at left.) Users are required to enter minimal information for an account: user name, email address, password and a security question. Note these shopping account setup tips:

- The user name field cannot contain special characters, so the email address cannot be used as the user name.
- The password must be 8-20 characters and is case sensitive. It must contain *at least one* of the following: letter, number or special character.

The image shows two overlapping screenshots from the Retail Producer Portal. The background screenshot displays the 'View Your Plans' section with a table of insurance plans. The foreground screenshot shows the 'Create an account' form.

View Your Plans: Effective Date: 10/12/2015 Zip Code: 75002 People Covered: (1)

Find Your Agent
Daily Test
Daily System Test
1-630-328-4152
[View Details](#)

3 Matching Plans [Compare Up to 3 Plans](#)

Help Me Choose

Check to see if your doctor is in the network

☒ View Agent Recommended plans (3)

Plan	Network	Monthly Premium	Out of Pocket Max	Coinsurance	Cost Sharing	Price	Action
Bronze Plan Blue Choice Bronze PPOSM 006	Blue Choice	\$6,000	\$6,000	100%	N/A	\$148.19	Save for Later Select
Outline of Coverage TX-I-P-OOC-BR-006-15							
Silver Plan Blue Choice Silver PPOSM 003	Blue Choice	\$6,000	\$6,000	100%	\$30.00	\$187.75	Save for Later Select
Outline of Coverage TX-I-P-OOC-SL-003-15							
Gold Plan Blue Choice Gold PPOSM 002	Blue Choice	\$1,500	\$3,500	80%	\$10.00	\$232.57	Save for Later Select
Outline of Coverage TX-I-P-OOC-GD-002-15							

Create an account

User Name: *

Email Address: * Retype Email: *

Passwords are case sensitive and must contain at least 6 characters, including one letter and one number.

Password: * Retype Password: *

Question: *
What is the name of the city you were born in?

My Answer: *

☐ Would you like to be contacted by one of our representatives?

☐ Remember me on this computer

[Create Account](#)

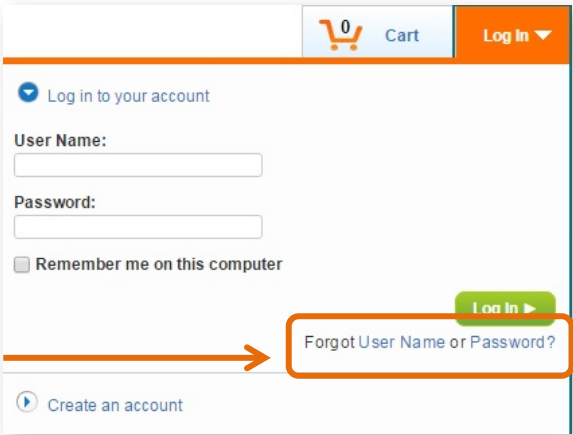
[Forgot User Name or Password?](#)

Have Clients Create a Retail Shopping Cart Account (continued)

Additional Retail Shopping Cart Account Tips

If the client ends a Retail Shopping Cart session before logging in or creating an account, the client must use your Express Link each time he or she returns to shop or until a shopping account is created. The same is true for clients that reach the Retail Shopping Cart via an Express Link button on your website.

The client should use the “Forgot User Name or Password” links on the Retail Shopping Cart if your client forgets login information, instead of creating a new account.



Once the Client Has a Retail Shopping Cart Account

If there is a particular plan or plans the client wants to save, they can select the “Save for Later” link. The link name will change to “Saved” and the plan will be added to the cart for viewing later.

Your producer information will be retained with the user.

When the client selects the cart icon, they may get a pop-up message regarding saved plans. Select OK.

Saved plans will be available for the client to view when they sign back in to their Retail Shopping Cart account.

<input checked="" type="checkbox"/>	<div><div></div><div>Bronze Plan</div></div> <div><div>Blue Choice Bronze PPOSM 006</div><div><div></div><div>Save</div></div></div>	<div><div>Blue Choice</div><div>\$6,000</div><div>\$6,000</div><div>100%</div><div>N/A</div></div> <div><div>Outline of Coverage</div><div>TX-I-P-OOC-BR-006-15</div></div>	<div><div>\$148.19</div><div>Select</div></div>
<input type="checkbox"/>	<div><div></div><div>Silver Plan</div></div> <div><div>Blue Choice Silver PPOSM 003</div><div><div></div><div>Save for Later</div></div></div>	<div><div>Blue Choice</div><div>\$6,000</div><div>\$6,000</div><div>100%</div><div>\$30.00</div></div> <div><div>Outline of Coverage</div><div>TX-I-P-OOC-SL-003-15</div></div>	<div><div>\$187.75</div><div>Select</div></div>
<input type="checkbox"/>	<div><div></div><div>Gold Plan</div></div> <div><div>Blue Choice Gold PPOSM 002</div><div><div></div><div>Save for Later</div></div></div>	<div><div>Blue Choice</div><div>\$1,500</div><div>\$3,500</div><div>80%</div><div>\$10.00</div></div> <div><div>Outline of Coverage</div><div>TX-I-P-OOC-GD-002-15</div></div>	<div><div>\$232.57</div><div>Select</div></div>

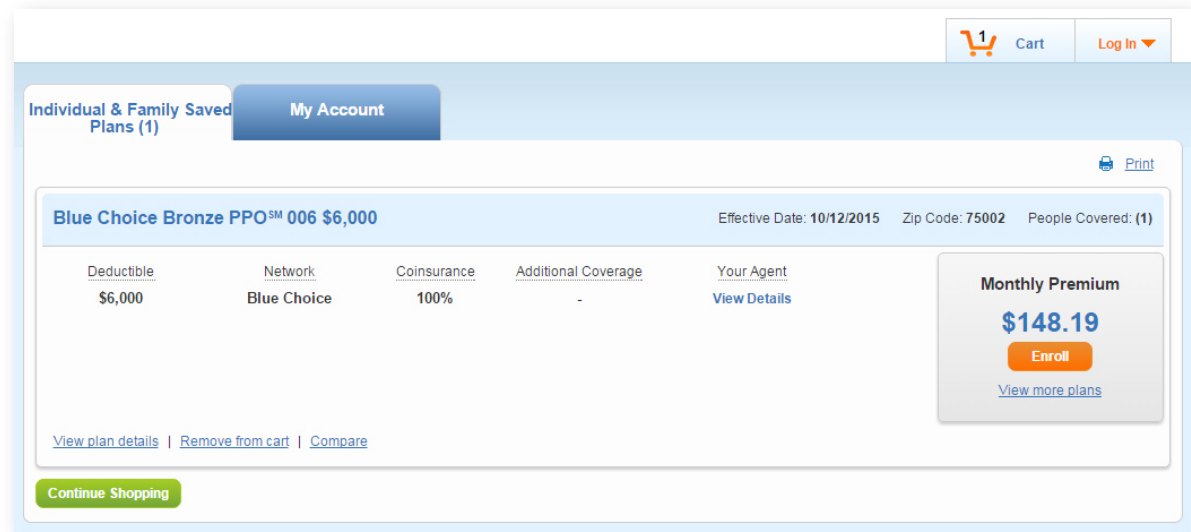
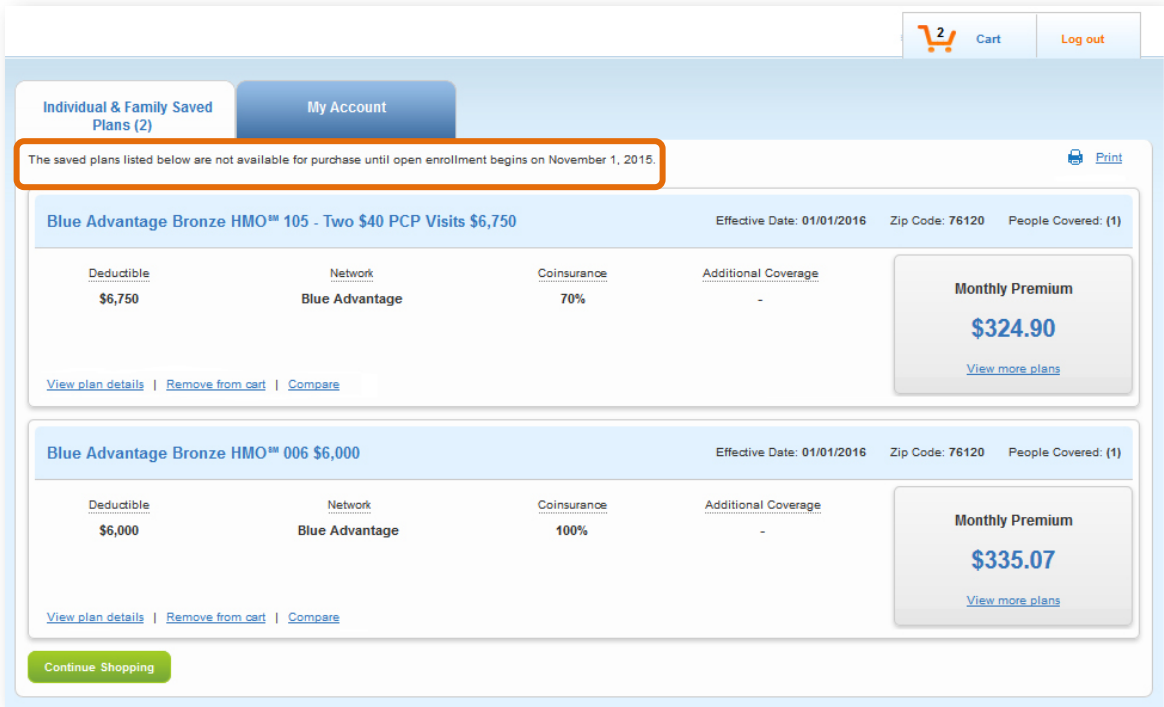
Have Clients Create a Retail Shopping Cart Account (continued)

Access Saved Plans in Retail Shopping Cart Account

Saved plans are available for the client to view when they sign back in to their shopping account.

The image at right shows the plans saved for a future enrollment period.

The image below shows a plan saved in which the user can enroll right away. The user can simply click on the “Enroll” button to begin the online application process.



4 Enrolling Clients in Retail ACA Plans

Quoting and enrolling should begin while working within the Retail Producer Portal. After selecting an on-exchange plan for enrollment, you’ll be transferred to the Retail Shopping Cart to complete the application and submission process. For off-exchange plans, you control the entire end-to-end application and submission process via the Retail Producer Portal. For either on- or off-exchange, you should start the online enrollment process from within your Retail Producer Portal account.

If your clients wish to enroll themselves, they can use the Retail Shopping Cart for ALL application types.

Types of Applications, includes both open and special enrollment	Begin with Retail Producer Portal, End with Retail Shopping Cart (see pages 32-35)	Retail Producer Portal End-to-End (see pages 36-46)
1. OFF exchange medical		✓
2. ON exchange medical	✓	
3. OFF exchange medical with dental		✓
4. ON exchange medical with dental	✓	
5. OFF exchange child only (parents enrolling for a minor child)		✓
6. ON exchange child only (parents enrolling for a minor child)	✓	
7. OFF exchange authorized by personal representatives of applicants		✓
8. ON exchange authorized by personal representatives of applicants	✓	

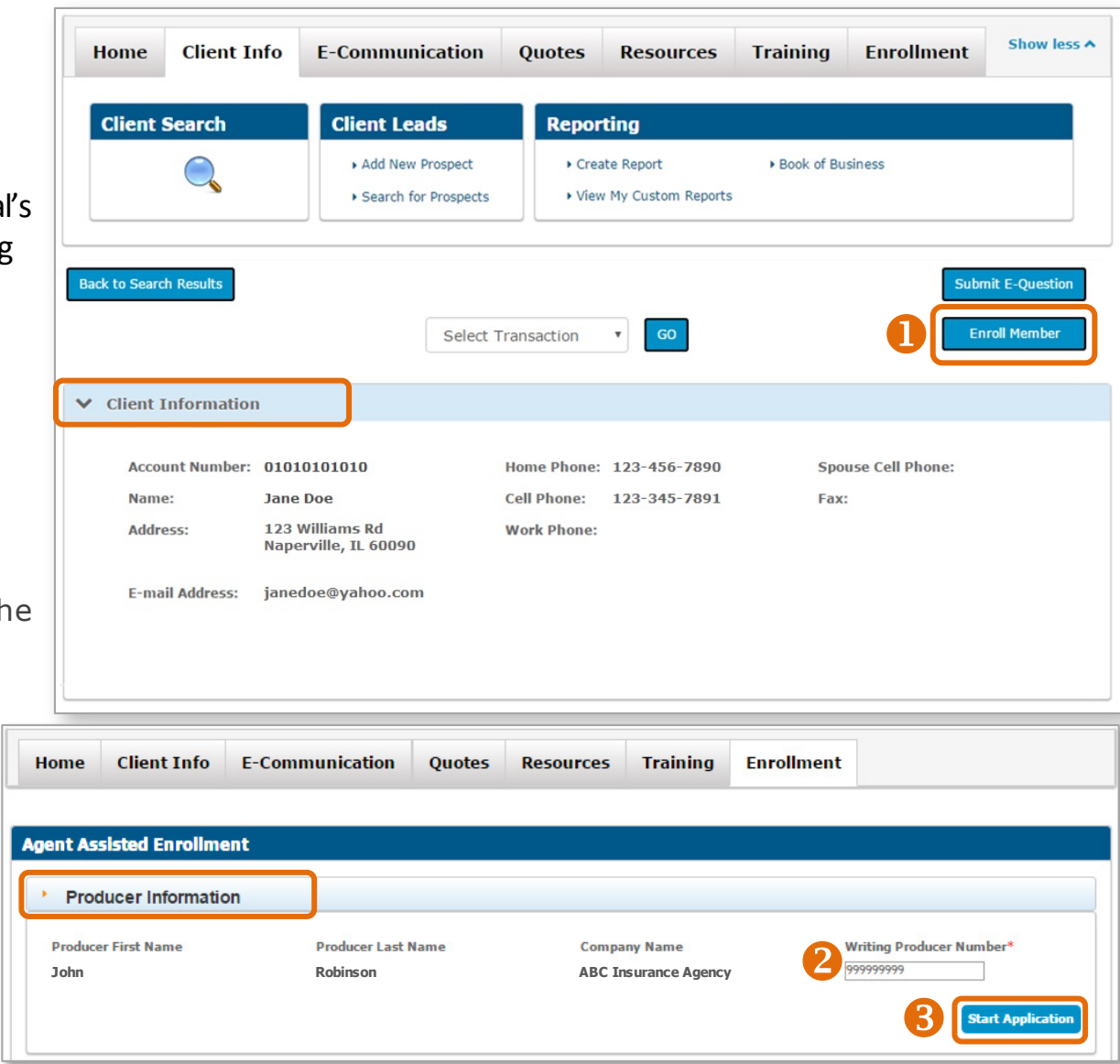
Enroll Existing Member in New Plan

Each year, members can opt to passively renew their existing plan, which requires no action by the member or producer.

When existing members want to choose a new plan, called an active renewal, you can help them complete the application process via the portal’s [Enroll Member](#) feature. This feature saves significant time by prepopulating the online application with existing information from the active member’s record.

Start by finding your client. (For member search steps, see pages 57-59.) Then follow these steps:

- 1. With the Client record open, click “Enroll Member.”
- 2. In the Producer Information panel, check the Writing Producer Number field. It will automatically populate with the producer ID number associated with the log in. Be sure to enter nine digits. If the producer ID number is less than nine digits (such as 123456), use leading zeros (such as 000123456).
- 3. Select the “Start Application” button to begin the application process.



Enroll via Producer Portal & Shopping Cart

Complete Applicant Info

- 1. Select the Quotes tab.
- 2. Complete the required name fields for the quote.
- 3. Note that a "County" field appears under the zip code after the zip code has been entered. If more than one county is available, select from the drop down list.
- 4. Enter all of the primary's information. Additional fields may appear, such as those for a spouse and children. Complete as needed.
- 5. Select the "Continue" button.

HomeClient InfoE-Communication1QuotesResourcesTrainingEnrollment

Applicants

Primary Applicant's Name:

2JaneMI

Doe

What is the Applicant's Zip Code?

360502

What is the Applicant's County?

Dupage

Applicant's Requested Effective Date:

11/01/2017

Please note: Major Medical and Dental applications must have first of the month coverage effective dates.

This information does not apply to Temporary coverage. Temporary Plans cannot have an effective date greater than 30 days in the future

Who will this health insurance plan be covering?

4

✓ Primary

Sex:

Female

Birthday:

08/21/1975

Tobacco Use:

YesNo

Add Spouse

Add Dependent

5

Continue

Visit Healthcare.gov or state specific BCBS.COM site for a tax credit estimate or to apply with an official tax credit subsidy.

Select the Plan

- 6. If you don't need a quote or proposal, and you're helping your client enroll, select "Apply for This Plan" next to the desired plan.
- 7. A pop-up box will display. If the selected plan is an on-exchange plan, you'll see a "Continue Online" button to enroll in the plan via the Retail Shopping Cart. If the plan selected is an off-exchange plan, you'll see a "Continue to RPP Enrollment." Choose these to complete online enrollment.
- 8. You can select the "Print Application Sign and Mail" button if you want to submit a paper app by mail.

1. Review the plans below
These plans best match your criteria.

2. Compare up to 3 plans
Check the boxes below up to 3 plans, then choose "Compare Selected Plans".

3. Apply online or by mail
Select the plan that interests you and apply today.

1 Applicant(s), ZIP 60510, Kane County,
Requested effective date 10/01/2017

Return to Applicants Page

Visit Healthcare.gov or state specific BCBS.COM site for a tax credit estimate or to apply with an official tax credit subsidy.

Sort By
Select One

Filters
Premium Maximum
0 562
Out of Pocket Maximum
0 7150
Annual Individual Deductible
0 7150
Co-insurance %
0 100
PCP Co-pay
0 50

Off-Exchange & Temp Plans
On-Exchange

Viewing 2 of 19 matching plans.

Blue Precision Gold HMO 101

Plan Details

Network	Deductible	Individual Out-of-Pocket Maximum	Coinsurance	Copay	Premium
Blue Precision	\$1,750	\$3,500	80	\$25	\$470.79

Dental Coverage Yes No

6

Apply for This Plan

BlueCare Direct Gold 101 with Advocate

Plan Details

Network	Deductible	Individual Out-of-Pocket Maximum	Coinsurance	Copay	Premium
BlueCare Direct	\$1,750	\$3,500	80	\$25	\$423.71

Dental Coverage Yes No

Apply for This Plan

Return to Applicants Page

Save Proposal

Send Quote

Compare up to 3 Plans

How would you like to proceed ?

Continue Online

7

It's the fast, convenient, secure way to Apply!

Print Application Sign and Mail

8

You or your client can complete offline.
Application will contain all information entered up to the point of printing.

Go Back

How would you like to proceed ?

Continue to RPP Enrollment

7

It's the fast, convenient, secure way to Apply!

Print Application Sign and Mail

8

You or your client can complete offline.
Application will contain all information entered up to the point of printing.

Go Back

Complete Enrollment via Retail Shopping Cart

The Retail Shopping Cart leads your client through all steps of the enrollment process. These steps include:

- Logging in or creating a Retail Shopping Cart account (**this is critical** – see pages 28-30 for details).
- Receiving an official tax credit for coverage if applicable.
- Selecting a medical plan.
- Choosing or declining a dental plan.
- Agreeing to Terms and Agreements.
- Entering detailed applicant and contact information.
- Finding a primary care physician (PCP) or medical group if the member chooses an HMO plan.

Applicants can select a PCP/medical group at a later time or producers can submit this information via the Retail Producer Portal.

- Making the first premium payment. Note that applicants may choose to make the first premium payment via one-time bank draft, credit card or debit card or choose to pay later. We eliminated the requirement to pay the first month's premium to submit an online application.
- Choosing billing for subsequent and ongoing premium payments.
- Reviewing and submitting the online application.

Enroll via Producer Portal Only

Use the Retail Producer Portal to manage the entire online enrollment process for all off-exchange policies:

- ✓ Stay attached to the application/policy throughout.
- ✓ Enroll faster – the portal was designed for you so the process is streamlined with all steps on one page.
- ✓ Skip creating a shopping account for each client – this pathway doesn’t require a shopping account.
- ✓ See all stages of the application’s progress; application is received and viewable in the portal within 24 hours.
- ✓ Start and save applications, complete and submit later (up to 90 days!) if needed.
- ✓ Receive all enrollment notifications.
- ✓ Give agency office personnel ability to submit subproducers’ apps.
- ✓ Reduce overall applicant-to-member timeframes.

Producer Information

When you select the Enrollment tab, check the information displayed in the Producer Information section.

1. Select the Enrollment tab.
2. In the Producer Information panel, check the Writing Producer Number* field. It will automatically populate with the producer ID number associated with the log in. However, some users may have the ability to change this number. For example, if you log in as the agency principal, you can enter the producer ID numbers of any of your subproducers. This feature allows office personnel to submit applications for their sales agents. Be sure to enter nine digits. If the producer ID number is less than nine digits (such as 123456), use leading zeros (such as 000123456).
3. Select the “Start Application” button to begin the application process.

The screenshot shows the 'Enrollment' tab selected in the top navigation bar. Below the navigation bar is a section titled 'Agent Assisted Enrollment'. Under this section, the 'Producer Information' panel is highlighted with an orange border. This panel contains four fields: 'Producer First Name' (Jane), 'Producer Last Name' (Doe), 'Company Name' (Portal Demo, ABC Health Insurance Agency), and 'Writing Producer Number*' (999999999). The 'Writing Producer Number*' field is highlighted with an orange circle and a '2'. A 'Start Application' button is highlighted with an orange circle and a '3'.

*** ENSURE THE WRITING PRODUCER NUMBER IS ACCURATE!** This is the nine-digit producer identification number included in your “Welcome” email when you completed contracting (producers and agencies) or onboarding (subproducers). If you contracted or onboarded to sell in multiple states, you have a unique ID number for each state.

Application Information

- 1. Once you select the “Start Application” button, verify the Writing Producer Number. Once you begin with the producer ID number displayed here, **it can’t be changed**. If it’s incorrect here, click the Enrollment tab to start over.
- 2. When you first begin applying, the applicant name won’t be populated. As you move through the application, the field will update.
- 3. Choose your application. The time of year and the plan year selected determine if a special enrollment is required. If so, special enrollment fields will populate. Note that if you apply for special enrollment, you’ll need to select a qualifying life event and supply supporting documentation.
- 4. This will reflect the next available effective date, but the field could change as you enter more information.
- 5. The estimated monthly premium will not populate until you select a plan and enter specific information such as zip code, date of birth and tobacco use. It will update as you add dependents.

HomeClient InfoE-CommunicationQuotesResourcesTrainingEnrollment

Agent Assisted Enrollment

Application Information

1Writing Producer Number045459000

2Applicant Name

3Choose Application Form *2018 Application for Enrollment

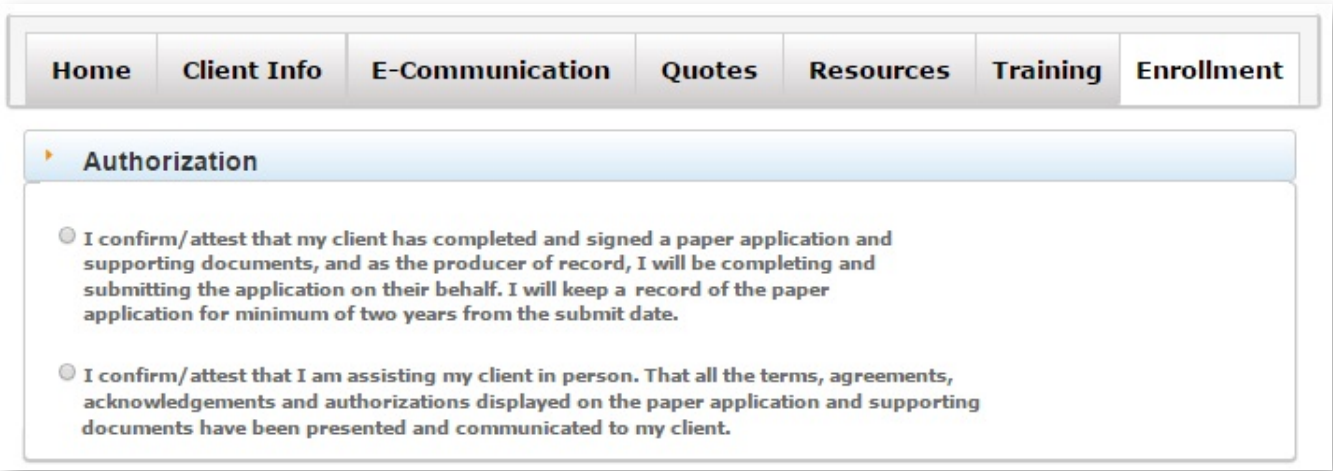
4Effective Date08/01/2018

5Estimated Monthly PremiumMore Information Needed

Authorization

When completing an online application in the [Retail Producer Portal](#), there are two types of client authorizations.

The FIRST type of client authorization is when you have a signed paper app in-hand and you enter the data from the paper app into the online app. You keep the paper app with your client’s signature for your records. You have a paper application signed by the client in every area that requires a signature. If your office submits applications on the sales agent’s behalf, you should select this option. Note that you’ll need to maintain signed copies of paper applications for a minimum of two years



The SECOND type of client authorization says you’re assisting your client “in person.” Until further notice, we consider the phrase “in person” to mean a telephone or online conference (such as Skype, FaceTime or Zoom) or any other real-time communication. Your client understands all terms, acknowledgments and authorizations and agrees to them. To meet the requirements for this second type of authorization, you have three options.

- 1. You can obtain it by either emailing or printing and mailing required documents and requesting a signature and return. A fax or a copy of an original written signature page is acceptable for this purpose.

If an authorization can’t be obtained in the manner described in (1.) above, you could obtain it one of these ways:

- 2. By the client/applicant indicating approval of the document in another manner such as an email.
- 3. By the producer obtaining a signature authorization verbally.

We recommend creating an attestation statement *each time* a signature is obtained by method (2.) or (3.). You could use the following example attestation. Be sure to save attestations for your records.

I fully discussed the contents of the attached [DOCUMENT NAME] and hereby attest that [CLIENT/APPLICANT NAME] represented to me that they understood the contents of the [DOCUMENT NAME] and conveyed their approval of the contents of the [DOCUMENT NAME] to me. I explained that the [DOCUMENT NAME] would be submitted by me on their behalf.

Plan Selection

- 1. Input the zip code of your client.
- 2. If the zip code covers more than one county, select the correct county.
- 3. Choose the plan in which your client would like to enroll. Be sure to remember the plan name; you'll need that information when using the Provider Finder to search for, find and enter a primary care physician (PCP) or medical group number for plans that require it.
- 4. Choose dental coverage. The dropdown defaults to a pediatric dental plan. Note that you can't select dental coverage *without selecting medical coverage*. To apply for stand-alone dental coverage, you'll need to apply via a paper application. Online enrollment (via the Retail Producer Portal or the Retail Shopping Cart) for a stand-alone dental plan is not available at this time.

HomeClient InfoE-CommunicationQuotesResourcesTrainingEnrollment

Agent Assisted Enrollment

Application Information

Writing Producer Number

045459000

Applicant Name

Choose Application Form *

2018 Application for Enrollment

Effective Date

07/01/2018

Estimated Monthly Premium

More Information Needed

Authorization

Plan Selection

1

Zip

60510

2

County

Kane

3

Select Medical Coverage *

Select One

Blue Choice Preferred Bronze PPO 201 - Two S40 PCP Visits

Blue Choice Preferred Bronze PPO 202

Blue Choice Preferred Gold PPO 204

Blue Choice Preferred Security PPO 200

Blue Choice Preferred Silver PPO 102

Blue Choice Preferred Silver PPO 203

Blue Precision Bronze HMO 205

Blue Precision Gold HMO 207

Blue Precision Silver HMO 206

BlueCare Direct Silver 212 with Advocate

4

Select Dental Coverage *

BlueCare Dental 4 Kids 1B

Save and Exit

Submit Application

Applicant Information

In the Applicant Information panel, complete required fields (see red asterisks). Some fields populate based on information already provided. For example, a tobacco question populates if the applicant is 18 or over.

- 1. Enter primary applicant data.
- 2. Provide residential and mailing addresses. Confirm the address with an address verification tool such as [Google Maps](#)™.
- 3. When census fields are completed, the “Estimated Monthly Premium” updates. As you add dependents, this number changes.
- 4. Enter phone numbers and an email address.
- 5. The option to receive electronic versions of documentation, such as fulfillment and policy materials, is preselected. You can choose to deselect it.
- 6. Primary Care Physician (PCP) or Medical Group number fields will populate if the applicant is choosing a plan that requires it. You can input a PCP or Medical Group number here. If needed, use the Provider Finder to search for a PCP/Medical Group. Know the plan name before you search – you must search within the correct network to see PCP or Medical Group numbers.

HomeClient InfoE-CommunicationQuotesResourcesTrainingEnrollment

Agent Assisted Enrollment

Application Information

Writing Producer Number045459000

Applicant Name

Choose Application Form *2018 Application for Enrollment

Effective Date07/01/2018

Estimated Monthly Premium3More Information Needed

Authorization

Plan Selection

Applicant Information

Primary

1

First Name*

MI

Last Name*

Sex*MaleFemale

Date of Birth*MM/DD/YYYY

SSN###-##-####

2

Residential Address

Address Line 1*Address Line 2City*StateILZip60510CountyKane

Is Mailing Address different than Residential Address? YesNo

4

Primary Phone*CellLandline

Secondary PhoneCellLandline

4

Email Address

Agree to receive Electronic Delivery of Documentation5

6

Medical Group Number

Provider Finder

Do you have a disability affecting your ability to communicate or read? (For HMO only) YesNo

Optional Language, Ethnicity, & Race7

Add Dependent8

See the next page for more on steps 7 and 8.

10/15/2020

RETAIL PRODUCER PORTAL GUIDE

PAGE 40

Applicant Information: Dependents

Complete all of the required census information (fields marked with a red asterisk) for each dependent.

- 7. You can complete the optional applicant information or bypass this section, which is included for each person added to the application. Click on the “Optional Language, Ethnicity & Race” header to expand or collapse the panel.
- 8. When you click on the “Add Dependent” button, all of the dependent applicant fields appear. You can add up to 14 dependents on a single application.
- 9. The dependents will be numbered in the order in which they are added. Once you enter all of the dependent’s information, you can delete any of the exiting dependent records if needed.

9

Dependent 1

Delete Applicant

First Name*

MI

Last Name*

Sex*

Date of Birth*

SSN

Male

Female

01/01/1997

##-##-####

Relationship to Primary*

Child

Within the past six months, have you used tobacco? 4 or more times per week on average, excluding religious or ceremonial uses.

Yes

No

Is Mailing Address different than Residential Address?

Yes

No

Primary Phone

(##) ###-####

Cell

Landline

Email Address

@

Optional Language, Ethnicity, & Race

7

Add Dependent

8

Phone Consent

- 1. In the Phone Consent panel, cell phone and landline questions populate based on the phone information provided in the Applicant Information panel.

Payment

- 2. Choose a payment type for the initial premium. Choices include paying right away via one-time bank draft, credit card or debit card or paying later. We eliminated the requirement to pay the initial premium to submit an online app.

Proxy & Other Coverage Information

- 3. In the Proxy & Other Coverage Information panel, you can click on the proxy statement link to review it. Select to agree to the statement if your client consents.
- 4. If your client or any dependents on the application had previous coverage in the last five years, select “Yes” for Other Coverage. Enter the required information; it must be completed before submission. Note that applicant names will populate based on data previously entered.
- 5. If your client is replacing coverage, select “Yes” and enter the required information.

Phone Consent1

If any of the telephone numbers I provide in this application are cell phone, then I agree to the following types of contacts:
BCBSIL may call me or any one of my dependents* with prerecorded or automated calls related to my health coverage. ☐ Yes ☒ No
BCBSIL may call me or any one of my dependents* with information about new plans and benefits. ☐ Yes ☒ No
If any of the telephone numbers I provide in this application are for residential (landline) phones, then I agree to the type of contact:
BCBSIL may call me or any one of my dependents* with information about new plans and benefits. ☐ Yes ☒ No

Payment2

Initial Payment ☐ One time bank draft ☐ Credit or Debit Card ☒ Bill my client later

Proxy & Other Coverage Information3

☐ I agree to the Proxy Statement (optional)

Other Coverage
Does any person applying for coverage currently have, or did they previously have within the last 5 years, BCBSIL coverage, or health or major medical insurance coverage with any other insurer, or coverage under a tax supported or government program, including Medicare, to the extent permitted by law, either as a principle insured, spouse or as a dependent? ☐ Yes ☒ No

Replacement of Coverage
Will this insurance replace any health insurance currently in force? ☐ Yes ☒ No

Proxy & Other Coverage Information

☒ I agree to the Proxy Statement (optional)

Other Coverage
Does any person applying for coverage currently have, or did they previously have within the last 5 years, BCBSIL coverage, or health or major medical insurance coverage with any other insurer, or coverage under a tax supported or government program, including Medicare, to the extent permitted by law, either as a principle insured, spouse or as a dependent? ☒ Yes ☐ No

Applicant Name	Name on Previous Policy (if applicable)	Member Number	Group Number
Jane Doe			
Robert Doe			

Replacement of Coverage
Will this insurance replace any health insurance currently in force? ☒ Yes ☐ No

Insured	Name Of Company	Policy Number	Termination Date
Jane Doe			MM/DD/YYYY
Robert Doe			MM/DD/YYYY

Signatures Information

Be sure to include if the application is signed by someone other than the applicant or parent for a minor child, and if other adults are allowed to answer questions arising from the application.

Cancel, Save and Exit, or Submit

- 1. **Cancel:** The application data entry window will close without saving any changes.
- 2. **Save and Exit:** At minimum, these fields must be populated to save an incomplete application to the portal:
 - ✓ Writing Producer Number
 - ✓ Zip Code/County
 - ✓ Medical Plan
 - ✓ Primary Applicant First and Last Name
 - ✓ Primary Date of Birth
 - ✓ Tobacco Use (if 18+)

If you don’t complete the fields above, you can’t click on Save and Exit; the button will be gray and disabled.

After clicking “Save and Exit,” reopen the app from the Incomplete Applications table on the Enrollment tab.

- 3. **Submit Application:** If you don’t complete all necessary fields required for submission, the “Submit Application” button will be gray and disabled. It will become blue and enabled when you’ve completed all fields. Upon submission, you will be directed to our vendor payment site to make the initial premium payment, but only if you selected one-time bank draft or credit or debit card for an initial payment. Once enrolled, you can locate the policy by using the Client Search function in the Client Info tab.

Proxy & Other Coverage Information

☒ I agree to the Proxy Statement (optional)

Other Coverage

Does any person applying for coverage currently have, or did they previously have within the last 5 years, BCBSIL coverage, or health or major medical insurance coverage with any other insurer, or coverage under a tax supported or government program, including Medicare, to the extent permitted by law, either as a principle insured, spouse or as a dependent? ☒ Yes ☐ No

Applicant Name

Jane Doe

Robert Doe

Name on Previous Policy (if applicable)

Member Number

Group Number

Replacement of Coverage

Will this insurance replace any health insurance currently in force? ☒ Yes ☐ No

Insured

Jane Doe

Robert Doe

Name Of Company

Policy Number

Termination Date

MM/DD/YYYY

MM/DD/YYYY

Signatures Information

Authorized Representative

If this authorization is signed by a personal representative on behalf of an individual (other than a parent for a minor child), complete the following:

☐ I am an authorized representative filling out this application on behalf of the primary applicant

Do you permit any other adult named on this form to answer questions about this form? ☐ Yes ☐ No

Cancel1

Save and Exit2

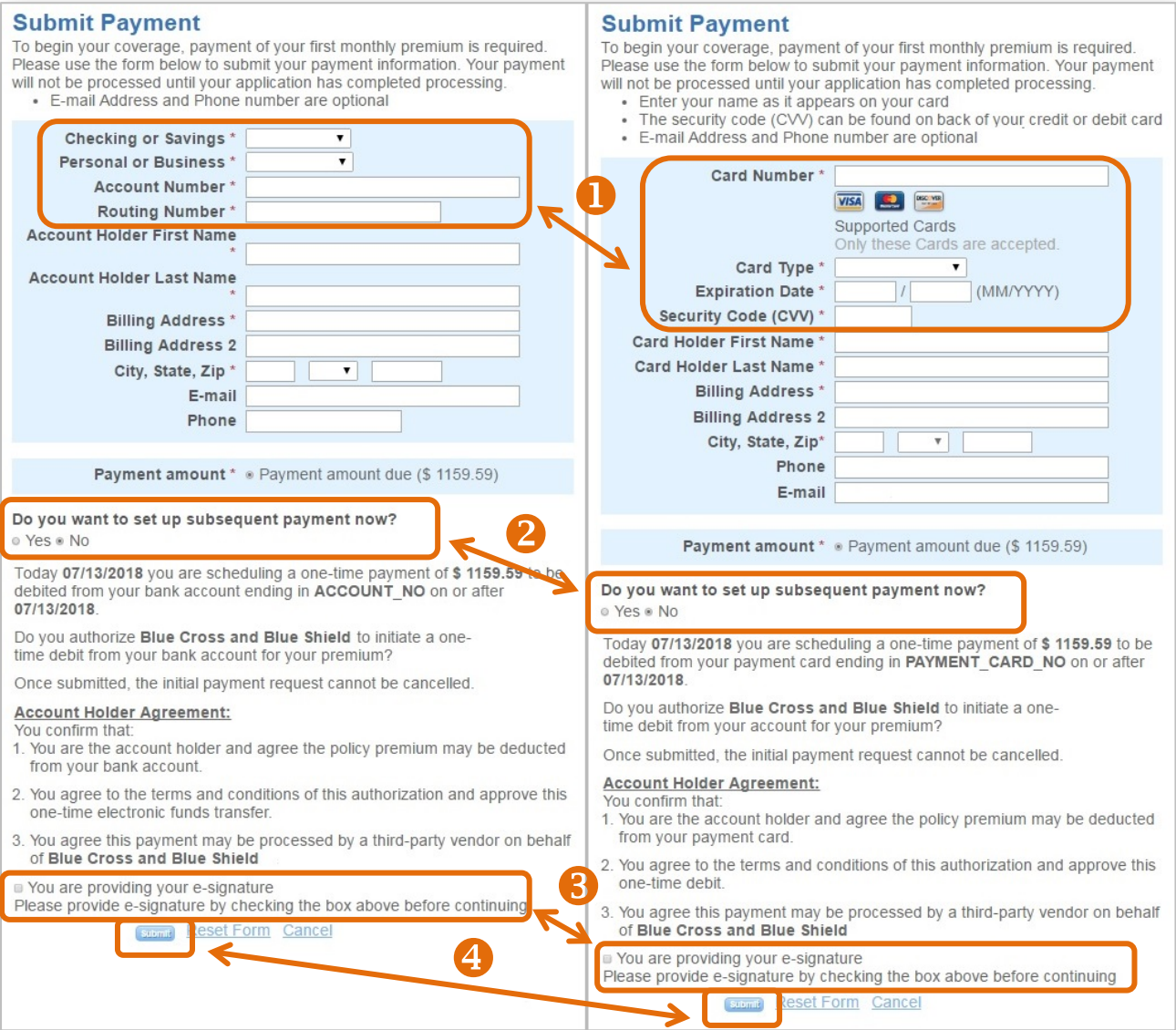
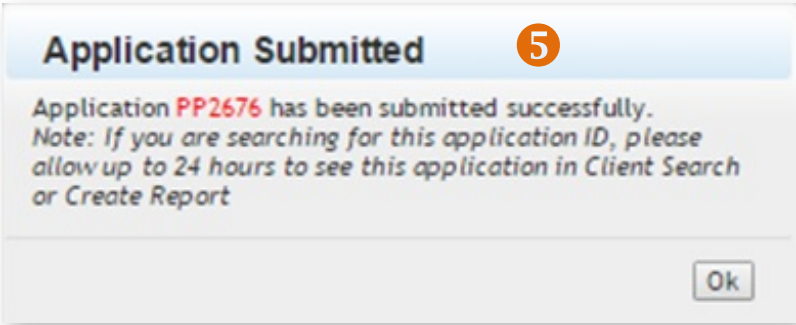
Submit Application3

By clicking the Submit Application button, you will be directed to a new website or application hosted by a vendor contracted with BCBSIL or a subcontractor of the vendor. Vendors may have their own Terms of Use and/or Privacy Statement.

Make Initial Payment

If you selected one-time bank draft or credit or debit card in the Payment section, you'll be passed to our payment system after submitting the application.

- 1. You'll be directed to our payment system to make either a bank account or a credit/debit card payment, depending on your choice in the Payment panel.
- 2. You also have the ability to set up regular premium payments, which we recommend.
- 3. You must apply an e-signature to submit payment.
- 4. When you click to "Submit," note that the initial payment is processed immediately.
- 5. After clicking "Submit," a popup note appears on the Retail Producer Portal site with a Client Application ID number. In case you need to refer to the transaction, **we recommend keeping this number until the application has been processed** and you have access to the E-Application number.



Accessing Incomplete Applications

In the Incomplete Applications table, view and open saved apps that haven't been submitted. Only 1000 applications will appear.

- 1. Sort the table by clicking on any column header.
- 2. This field displays the date you started the application.
- 3. This field displays the last time the application was saved. A saved application that has not been altered in the last 90 days will be deleted on the 90th day from the last saved date.
- 4. The "App Expiry Date" displays when the app is automatically deleted from the portal. When you first view the Incomplete Applications panel, the order defaults to the "App Expiry Date" with the oldest saved app first and the most recently saved app last.
- 5. To open a previously saved application, click on the last name. If you have clients with similar names, hover over the last name to see the applicant's zip code and date of birth to help identify the correct client without opening the application.
- 6. You can use the selection box to select multiple apps for deletion.
- 7. Click on the "Delete Selected Rows" button to remove the selected apps from the portal.

Agent Assisted Enrollment

Producer Information

Producer First Name

Producer Last Name

Company Name

Writing Producer Number*

Portal Demo-IL

045459000

Start Application

Incomplete Applications

Delete Selected Rows

7

10 of 10 Search Results

Show 25 entries

First Previous Next Last

	Last Name	First Name	Product Name	Coverage Effective Date	Writing Producer Name	Writing Producer Number	Date Created	Last Saved Date	App Expiry Date
<input type="checkbox"/>	Wood	John	Blue Choice Preferred Bronze PPO 202 BlueCare Dental 4 Kids 1B	07/01/2018	Portal Demo-IL	045459000	06/19/2018	06/19/2018	07/30/2018
<input checked="" type="checkbox"/>	Brown	Billie	Blue Precision Silver HMO 206 BlueCare Dental 4 Kids 1A	07/01/2018	Portal Demo-IL	045459000	06/19/2018	06/19/2018	07/30/2018
<input type="checkbox"/>	Jones	Mary	Blue Choice Preferred Silver PPO 203 None Selected	07/01/2018	Portal Demo-IL	045459000	06/22/2018	06/22/2018	08/02/2018
<input type="checkbox"/>	Howard	Barry	Blue Choice Preferred Silver PPO 102 BlueCare Dental 4 Kids 1A	06/06/2018	Portal Demo-IL	045459000	06/22/2018	06/22/2018	08/02/2018
<input type="checkbox"/>	Wish	Penny	Blue Precision Silver HMO 206 BlueCare Dental 1A	07/01/2018	Portal Demo-IL	045459000	06/19/2018	06/22/2018	08/02/2018
<input type="checkbox"/>	Wood	Mary	Blue Choice Preferred Gold PPO 204 BlueCare Dental 1A	07/01/2018	Portal Demo-IL	045459000	06/19/2018	06/25/2018	08/05/2018

Show 25 entries

First Previous Next Last

2

3

4

Special Enrollment

If you're helping your client enroll in an off-exchange plan due to a qualifying life event, the steps are similar to those when enrolling during open enrollment. One difference is you must choose a life event in order to proceed and then submit supporting documentation.

1. Choose the application. The time of year and the plan year you select determine if the Special Enrollment Information panel populates.
2. Confirm how the client has provided or will provide consent in the Authorization panel.
3. In the Special Enrollment Information panel, select "Yes."
4. Select the qualifying life event. Select all that apply.*
5. Enter the date of the event.
6. The "Effective Date" will adjust depending on the event and event date entered.

Agent Assisted Enrollment				
Application Information				
Writing Producer Number 045459000	Applicant Name	Choose Application Form * 1 2019 Application for Enrollment ▼ 2018 Application for Enrollment	Effective Date 6 10/01/2018	Estimated Monthly Premium More Information Needed
Authorization				
<p>2 I confirm/attest that my client has completed and signed a paper application, and as the producer of record, I will be completing and submitting the application on their behalf. I will keep a record of the paper application for minimum of two years from the submit date.</p> <p>I confirm/attest that I am assisting my client in person. That all the terms, agreements, acknowledgements and authorizations displayed on the paper application have been presented and communicated to my client.</p>				
Special Enrollment Information				
Is this a special Enrollment Period or "SEP" application? Yes No 3				
Date of Event				
4 1. I and/or my dependent(s) lost Minimum Essential Coverage: <input checked="" type="checkbox"/> Involuntary loss due to reasons other than non-payment of premium or rescission on: 5 09/01/2018 *				
<input type="checkbox"/> Due to reaching the maximum age, legal separation, divorce, or death of the policyholder, as of: <input type="checkbox"/> I am no longer eligible for my prior health insurance plan due to termination of employment, reduction in number of hours of employment or loss of employer contribution toward my premiums, or I have exhausted my COBRA benefits as of: <input type="checkbox"/> I am no longer residing or living in my prior health insurance plan's HMO service area as of: <input type="checkbox"/> I have a claim that would meet or exceed a lifetime limit on all benefits as of: <input type="checkbox"/> I have lost coverage because my plan no longer offers benefits to the class of similarly situated individuals as of: <input type="checkbox"/> I have lost coverage through my group HMO because I no longer reside or work in the service area and no other package is available as of: <input type="checkbox"/> 2. I gained or became a dependent due to marriage on: <input type="checkbox"/> 3. I gained or became a dependent due to birth, adoption, placement for adoption, foster care or court-order on: <input type="checkbox"/> 4. An error occurred in my previous health plan enrollment, or I have adequately demonstrated that my previous health plan or issuer substantially violated a material provision of its contract with me, as of: <input type="checkbox"/> 5. The Health Insurance Marketplace has determined that I or my dependents am/are newly eligible or ineligible for payments of the advanced premium tax credit, or have a change in cost-sharing eligibility, or misconduct by a non-Marketplace entity as of: <input type="checkbox"/> 6. I gained access to new health plan options because of a permanent move on: <input type="checkbox"/> 7. My current policy is ending on a date other than December 31st, which is:				
If you do not see your circumstance listed above, please contact our Producer Services team at 1-866-514-8044 for assistance.				
Plan Selection				
Zip <input type="text"/>				
<div>Cancel</div> <div>Save and Exit</div> <div>Submit Application</div>				

5 Enrolling Clients in Medicare Supplement Plans

While much of this guide focuses on how to use the [Retail Producer Portal](#) for our retail under-65 market, many of the same features can be used for your Medicare Supplement (Medigap) business.

“Legacy” Versus “New” Business

State	“Legacy” Business	“New” Business
ILLINOIS	Policies with effective dates prior to May 1, 2019	Policies with effective dates of May 1, 2019 and after
MONTANA	There is no “legacy” or “new” Medicare Supplement in Montana	
NEW MEXICO	Policies with effective dates prior to May 1, 2019	Policies with effective dates of May 1, 2019 and after
OKLAHOMA	Policies with effective dates prior to May 1, 2019	Policies with effective dates of May 1, 2019 and after
TEXAS	Policies with effective dates prior to Jan. 1, 2020	Policies with effective dates of Jan. 1, 2020 and after

Applicants/Members of New Plans

For applicants/members of new plans, some correspondence, payment and application data will be unavailable. As we focus on moving new Medicare Supplement members to a new membership platform, digital copies of member correspondence are not yet available. Some applicant information will be unavailable:

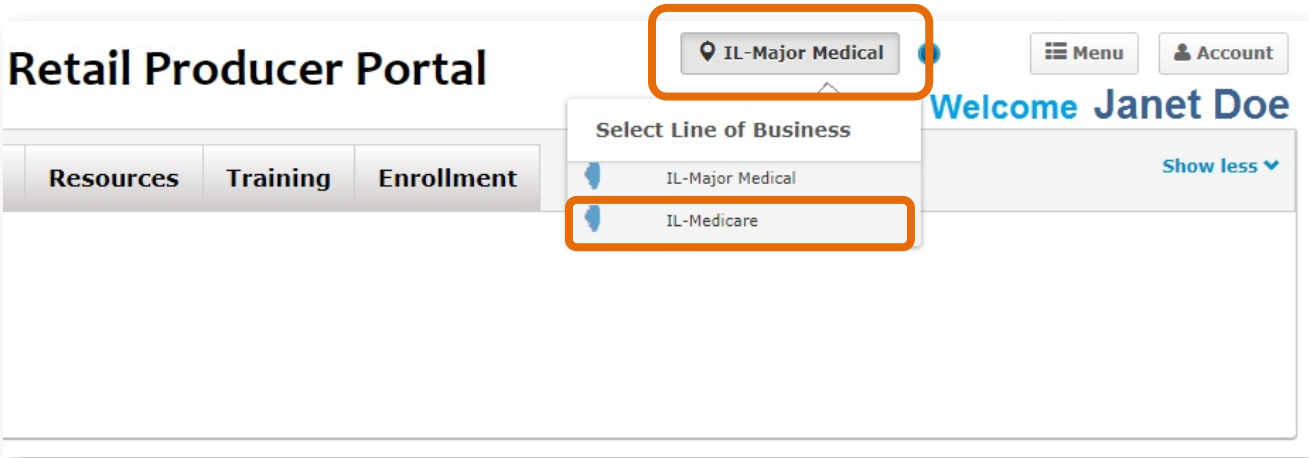
- PDF of the completed app
- The “Decision” display
- The app withdrawal date
- Email address and cell phone number (once the applicant becomes a member, all contact information will be available)

Producers with clients enrolled in legacy plans will continue to see those members’ correspondence in the portal as they do today. Members who move from a legacy plan to a new plan will appear in the portal twice. You will have two different client files for the same member, one with the legacy plan ID and one with the new plan ID.

Select Medicare Line of Business

After logging in to the portal, make sure you’re enrolling in Medicare Supplement business. Check the line of business indicator located on the top right of the display window. If the display shows “Major Medical,” click on it and select “Medicare.”

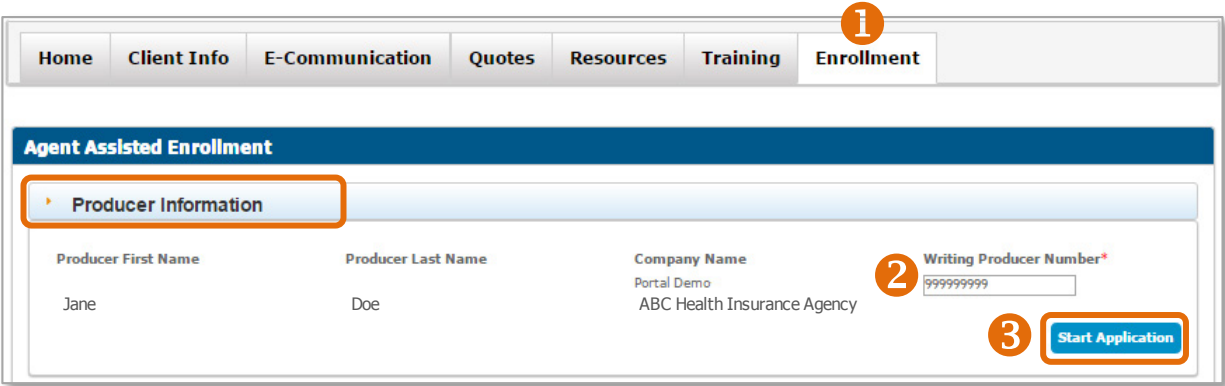
There is more than one path to enrollment. During quoting, you can select “Apply For This Plan” and information used during the quoting process will prepopulate many enrollment application fields. If you begin the enrollment process directly from the Enrollment tab, only the producer’s information is prepopulated. The following pages cover the Enrollment tab pathway.



Producer Information

When you select the Enrollment tab, check the information displayed in the Producer Information section.

- 1. Select the Enrollment tab.
- 2. In the Producer Information panel, check the Writing Producer Number field. It will automatically populate with the producer ID number associated with the log in. However, some users may have the ability to change this number. For example, if you log in as the agency principal, you can enter the producer ID numbers of any of your subproducers. This feature allows office personnel to submit applications for their sales agents. Be sure to enter nine digits. If the producer ID number is less than nine digits (such as 123456), use leading zeros (such as 000123456).
- 3. Select the “Start Application” button to begin the application process.



Application Information

- Verify the Writing Producer Number. Once you begin with the producer ID number displayed here, **it can't be changed**. If it's incorrect here, click the Enrollment tab to start over.
- When you first begin applying, the applicant name won't be populated. As you move through the application, the field will update.
- Choose your application. In most cases, there will only be one option.
- This will reflect the next available effective date, but the field could change as you enter more information.
- The estimated monthly premium will not populate until you select a plan and enter specific information such as zip code, date of birth and tobacco use.

Application Information

Writing Producer Number	Applicant Name	Choose Application Form *	Effective Date	Estimated Monthly Premium
0123456788		852257.0319 Medicare Supplement Application ▼	12/07/2019	More Information Needed

Authorization

When completing an online application in the [Retail Producer Portal](#), there are two types of client authorizations.

The FIRST type of client authorization is when you have a signed paper app in-hand and you enter the data from the paper app into the online app. You keep the paper app with your client’s signature for your records. You have a paper application signed by the client in every area that requires a signature. If your office submits applications on the sales agent’s behalf, you should select this option. Note that you’ll need to maintain signed copies of paper applications for a minimum of two years



The SECOND type of client authorization says you’re assisting your client “in person.” Until further notice, we consider the phrase “in person” to mean a telephone or online conference (such as Skype, FaceTime or Zoom) or any other real-time communication. Your client understands all terms, acknowledgments and authorizations and agrees to them. To meet the requirements for this second type of authorization, you have three options.

- 4. You can obtain it by either emailing or printing and mailing required documents and requesting a signature and return. A fax or a copy of an original written signature page is acceptable for this purpose.

If an authorization can’t be obtained in the manner described in (1.) above, you could obtain it one of these ways:

- 5. By the client/applicant indicating approval of the document in another manner such as an email.
- 6. By the producer obtaining a signature authorization verbally.

We recommend creating an attestation statement *each time* a signature is obtained by method (2.) or (3.). You could use the following example attestation. Be sure to save attestations for your records.

I fully discussed the contents of the attached [DOCUMENT NAME] and hereby attest that [CLIENT/APPLICANT NAME] represented to me that they understood the contents of the [DOCUMENT NAME] and conveyed their approval of the contents of the [DOCUMENT NAME] to me. I explained that the [DOCUMENT NAME] would be submitted by me on their behalf.

Plan Selection

The first part of selecting a plan for enrollment is to enter a valid address. Rates and plan availability may depend on a valid address.

- 1. Enter a valid physical address. It must be a physical address for rates and plan options.
- 2. Click the Validate Address button.
- 3. If the address entered cannot be validated, but a similar validated address is found, we'll present a Recommended Address. Click "Use this Address" to accept.
- 4. If an applicant's address can't be validated via our system's address matching function and the recommended address isn't correct or we're unable to supply a recommended address, you'll need to complete and submit a paper application. The applicant's address will have to be validated manually by enrollment specialists. Clicking the "Submit Paper Application" button opens a PDF version of the application. Save the app to your computer, complete and submit.
- 5. If you don't wish to use the recommended address, you can click "Close" to go back to Plan Selection, enter a new address and re-validate.

Plan Selection

Home Address Line 1*

1020 31st St

1

Home Address Line 2

City*

Downers Grove

Zip Code*

60515

Dupage

2

Validate Address

Address Validation

There was a problem validating the address provided. Please select which address you wish to use.

Original Address

4040 Helene Avenue
Naperville, IL 60564
Dupage County

Submit Paper Application

Recommended Address

4040 S Helene Ave
Naperville, IL 60564
Dupage County

Use this Address

3

Close

Address Validation

There was a problem validating the address provided.

Please verify the address was entered correctly, if so, please submit a paper application.

Original Address

123 Main St
Valley City, IL 62340
Pike County

Submit Paper Application

4

Close

After entering an address and insuring that it’s valid by clicking on the Validate Address button, complete the rest of the Plan Selection section of the application.

- 1. If the applicant already has a Medicare Beneficiary Identifier, enter it here.
- 2. Enter the effective dates of applicant’s Medicare Part A and Medicare Part B coverage.
- 3. Enter the applicant’s Date of Birth.
- 4. Enter the effective date the applicant would like for the new Medicare Supplement policy. The requested effective date will prepopulate to the first available “default” effective date based on prior information entered. However, you can change this to a later date. If you require an effective date that’s earlier than the default date provided, you will not be able to submit an online application.
- 5. Click on the pull down menu to “Select the Medicare Supplement Coverage” plan. If you arrived at these enrollment functions from a quote, the plan selection will be selected. Some plan options won’t appear if the plan is outside a specific geographical area, such as Medicare Select.

Plan Selection

Home Address Line 1*1020 31st St

Home Address Line 2

City*Downers Grove

Zip Code*160515DupageChange Address

Medicare Beneficiary Identifier2

Part A Effective Date*3MM/DD/YYYY

Part B Effective Date*4MM/DD/YYYY

Date of Birth*5MM/DD/YYYY

Requested Effective Date*01/01/2020

Select Medicare Supplement Coverage*

Select OneSelect OnePlan A StandardPlan B Medicare SelectPlan B StandardPlan C Medicare SelectPlan C StandardPlan G High DeductiblePlan G Medicare SelectPlan G StandardPlan K Medicare SelectPlan K StandardPlan L Medicare SelectPlan L StandardPlan N Medicare SelectPlan N Standard

Applicant Information

Enter all required (*) fields.
Be sure to select the preferred method of contact.

Tobacco Use

Rates are based on tobacco use. An applicant must be tobacco free for 6 months to be eligible for tobacco free rates. The tobacco use rate applies to all applicants, even if it’s during their open enrollment period or they are applying for guaranteed issue policies. See our FAQs for more:

- [Illinois](#)
- [New Mexico](#)
- [Oklahoma](#)
- [Texas](#)

Household Discount

The household discount is for members applying for new Medicare Supplement plans. It is not available to those with existing plans. When applied, it’s displayed in the bill/invoice and applied post rating after validation. Discounted rates will not appear in the Estimated Monthly Premium field of the Application Information section. To qualify, the applicant must live with a member who is also enrolled. The household discount may apply to every person in the household. Here’s more information on the Household Discount:

- [Illinois](#)
- [New Mexico](#)
- [Oklahoma](#)
- [Texas](#)

Applicant Information

Primary

First Name*

MI

Last Name*

SSN*

Gender*

Is Correspondence/Billing Address different than Home Address?*

Yes

No

Mailing Address

Address 1*

Address 2

City*

State*

Zip*

Primary Phone*

Secondary Phone

Email Address

Preferred method of Contact

Mail

Phone

Email

Within the past 6 months, have you used tobacco?
4 or more times per week on average, excluding religious or ceremonial uses.*

Yes

No

Household Discount

Is your client eligible for the household discount?*

Yes

No

If yes, provide a qualifying household member's information (optional):

First Name

Last Name

Policy Number

10/15/2020

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Payment

Select a payment option:

- Electronic payments. The electronic payment date is the effective date in most cases
- Paper billing by mail. The premium due date is the effective date in most cases.

Choose a billing frequency:

- Monthly
- Quarterly
- Semi-annual
- Annual

Note that applicants can't choose multi-year billing where age-related rates changed once every five years. Rates changes are annual.

Consumer Protection Information

These questions help us understand what other coverages the applicant may currently have or have had in the recent past. Please answer all required (*) questions or an error will occur.

▶

Payment

Select one payment option*

☒ Premium deducted from bank account

Bank Account type*☒ Checking☐ Savings

Account Holder First Name*

Account Holder Middle Initial

Account Holder Last Name*

Account Holder Relationship to Applicant*

Select One▼

Bank Name

Bank Routing Number*

Bank Account Number*

☒ Premium to be billed by mail

Client will pay their premium*☒ Monthly☐ Quarterly☐ Semi-Annually☐ Annually

Consumer Protection Information			
1. Did you turn age 65 in the last 6 months?	<input type="radio"/> Yes <input type="radio"/> No*		
2. Did you enroll in Medicare Part B in the last 6 months?	<input type="radio"/> Yes <input type="radio"/> No*	Effective Date	<input type="text" value="MM/DD/YYYY"/>
3. Are you covered for medical assistance through the state Medicaid program?	<input type="radio"/> Yes <input type="radio"/> No*		
a. If <u>yes</u> , will Medicaid pay your premiums for this Medicare Supplement policy?	<input type="radio"/> Yes <input type="radio"/> No*		
b. If <u>yes</u> , do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium?	<input type="radio"/> Yes <input type="radio"/> No*		
4. If you had coverage from any Medicare plan other than Original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), fill in your start and end dates. (If you are still covered under this plan, leave "End Date" blank.)		Start Date	<input type="text" value="MM/DD/YYYY"/>
		End Date	<input type="text" value="MM/DD/YYYY"/>
a. If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare Supplement policy?	<input type="radio"/> Yes <input type="radio"/> No		
b. Was this your first time in this type of Medicare plan?	<input type="radio"/> Yes <input type="radio"/> No		
c. Did you drop a Medicare Advantage policy to enroll in the Medicare plan?	<input type="radio"/> Yes <input type="radio"/> No		
5. Do you have another Medicare Supplement policy in force?	<input type="radio"/> Yes <input type="radio"/> No*		
a. If <u>so</u> , with what company, and what plan do you have?		Plan Name*	<input type="text" value="Other Company"/>
b. If <u>so</u> , do you intend to replace your current Medicare Supplement policy with this policy?	<input type="radio"/> Yes <input type="radio"/> No*		
6. Have you had coverage under any other health insurance within the past 63 days?	<input checked="" type="radio"/> Yes <input type="radio"/> No*		
a. If <u>so</u> , with what company, and what kind of policy?		Type ▼*	<input type="text" value="Other Company"/>
b. What are your dates of coverage under the other policy? (If you are still covered under the other policy, leave "End Date" blank.)		Start Date	<input type="text" value="MM/DD/YYYY"/>
		End Date	<input type="text" value="MM/DD/YYYY"/>

Proxy & Acknowledgement

These statements act as a checklist to protect both the applicant and the producer. Make sure your client:

- received and reviewed the Outline of Coverage for the selected plan
- understands how Medicare Supplement coverage works and is separate from Medicare parts A and B
- does not have overlapping Medicare Advantage or other Medicare Supplement coverage

Agent Information

This section is designed to gather policy information sold to the applicant in the past that are either still in force or sold within the last five years.

Proxy & Acknowledgement

☐ I agree to the Proxy Statement (optional)

☐ I acknowledge receipt of the Outline of Coverage*

☐ I understand that Medicare Supplement Insurance Plans are not connected with or endorsed by the U.S.Government or Federal Medicare Program.*

☐ This Medicare supplement policy will not duplicate existing Medicare supplement or Medicare Advantage coverage because client intends to terminate existing Medicare supplement or Medicare Advantage plan.

The replacement policy is being purchased for the following reasons:

☐ Additional benefits.

☐ No change in benefits, but lower premiums.

☐ Fewer benefits and lower premiums.

☐ My plan has outpatient prescription drug coverage and I am enrolling in Part D.

☐ Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment:

☐ Other (please specify):

Agent Information

Please list any other health insurance policies or coverages sold to the applicant which are still in force:

Please list any other health insurance policies or coverages sold to the applicant within the last five (5) years which are no longer in force:

Guaranteed Issue Eligibility*

It’s important to know if the applicant is eligible for a guaranteed issue policy.

A guaranteed issue Medicare Supplement policy does not undergo the underwriting process. We can't deny coverage if the consumer is enrolling within their Medicare Supplement (called Medigap by CMS) Open Enrollment (OE). This six-month period begins on the first day of the month the consumer is BOTH 65 and has Medicare Part B. Medicare Supplement OE is specific to each person. There are other instances where consumers have guaranteed issue rights to a Medicare Supplement policy.

Answer questions to determine if your client is eligible for guaranteed issue provisions.

Guaranteed Issue Eligibility

1. The individual is enrolled under an employee welfare benefit plan that provides health benefits that supplement the benefits under Medicare, and the plan terminates, or the plan ceases to provide all such supplemental health benefits to the individual; or the individual is enrolled under an employee welfare benefit plan that is primary to Medicare and the plan terminates or the plan ceases to provide all health benefits to the individual because the individual leaves the plan.

☐ Yes ☐ No

2. The individual is enrolled with a Medicare Advantage organization under a Medicare Advantage plan under Part C of Medicare, and any of the following circumstances apply, or the individual is 65 years of age or older and is enrolled with a Program of All-Inclusive Care for the Elderly (PACE) provider under section 1894 of the Social Security Act, and there are circumstances similar to the following that would permit discontinuance of the individual's enrollment with such provider if such individual was enrolled in a Medicare Advantage plan: (A) the certification of the organization or plan has been terminated; or (B) the organization has terminated or otherwise discontinued providing the plan in the area in which the individual resides; (C) the individual is no longer eligible to elect the plan because of a change in the individual's place of residence or other change in circumstances specified by the Secretary, but not including termination of the individual's enrollment on the basis described in section 1851 (g)(3)(B) of the Social Security Act (where the individual has not paid premiums on a timely basis or has engaged in disruptive behavior as specified in standards under section 1856), or the plan is terminated for all individuals within a residence area; (D) the individual demonstrates, in accordance with guidelines established by the Secretary, that: (i) the organization offering the plan substantially violated a material provision of the organization's contract under U.S.C. Title 42, Chapter 7, Subchapter XVIII, Part D in relation to the individual, including the failure to provide an individual on a timely basis medically necessary care for which benefits are available under the plan or the failure to provide such covered care in accordance with applicable quality standards; or (ii) the organization, or agent or other entity acting on the organization's behalf, materially misrepresented the plan's provisions in marketing the plan to the individual; or (E) the individual meets such other exceptional conditions as the Secretary may provide.

☐ Yes ☐ No

3. The individual is enrolled with an entity listed in subparagraphs (A)-(D) of this paragraph and enrollment ceases under the same circumstances that would permit discontinuance of an individual's election of coverage under paragraph (2) of this subsection: (A) an eligible organization under a contract under section 1876 of the Social Security Act (Medicare cost); (B) a similar organization operating under demonstration project authority, effective for periods before April 1, 1999; (C) an organization under an agreement under section 1833(a) (1)(A) of the Social Security Act (health care prepayment plan); or (D) an organization under a Medicare Select policy; and

☐ Yes ☐ No

4. The individual is enrolled under a Medicare Supplement policy and the enrollment ceases because: (A) of the insolvency of the issuer or bankruptcy of the nonissuer organization; or of other involuntary termination of coverage or enrollment under the policy; (B) the issuer of the policy substantially violated a material provision of the policy; or (C) the issuer, or an agent or other entity acting on the issuer's behalf, materially misrepresented the policy's provisions in marketing the policy to the individual;

☐ Yes ☐ No

5. The individual was enrolled under a Medicare Supplement policy and terminates enrollment and subsequently enrolls, for the first time, with any Medicare Advantage organization under a Medicare Advantage plan under part C of Medicare, any eligible organization under a contract under section 1876 of the Social Security Act (Medicare cost), any similar organization operating under demonstration project authority, any PACE provider under section 1894 of the Social Security Act, or a Medicare Select policy; and the subsequent enrollment is terminated by the individual during any period within the first 12 months of such subsequent enrollment (during which the individual is permitted to terminate such subsequent enrollment under section 1851 (e) of the Social Security Act); or

☐ Yes ☐ No

6. The individual, upon first becoming enrolled in Medicare part B for benefits at age 65 or older, enrolls in a Medicare Advantage plan under part C of Medicare, or with a PACE provider under section 1894 of the Social Security Act, and disenrolls from the plan no later than 12 months after the effective date of enrollment.

☐ Yes ☐ No

7. The individual enrolls in a Medicare Part D plan during the initial enrollment period and, at the time of enrollment in Part D, was enrolled under a Medicare Supplement policy that covers outpatient prescription drugs and the individual terminates enrollment in the Medicare Supplement policy and submits evidence of enrollment in Medicare Part D along with the application for a policy described in subsection (c)(4) of this section.

☐ Yes ☐ No

8. The individual loses eligibility for health benefits under Title XIX of the Social Security Act (Medicaid).

☐ Yes ☐ No

*** This section does not appear for Illinois applicants.**
There are no underwritten Medicare Supplement policies due to Illinois state law.

Health History / Medical Questions

Guaranteed issue applicants do not complete the health history. Note that these questions appear regardless of the questions answered in the previous section.

If your client is eligible for a guaranteed issue policy, this section does not need to be completed. In Illinois, there are no underwritten Medicare Supplement policies due to state law, so health questions are irrelevant for Illinois clients.

Cancel

To completely cancel the application process, click Cancel. Note that no information from the application will be saved.

Save and Exit

You can save applications without submitting them up to 90 days. Note that a saved application that has not been altered in the last 90 days will be deleted on the 90th day from the last saved date.

Submit Application

Click on the Submit Application button to submit.

Health History / Medical Questions

1. What is your height?

ft.

in.

2. What is your weight?

lbs.

3. When you first became eligible for Medicare, was it either because of disability or end stage renal disease?

☐ Yes

☐ No

4. Within the past 3 years, have you been diagnosed, treated, hospitalized or recommended for treatment, including drug therapy, by a physician or any other provider for any of the following:

a. Diabetes with amputation, loss of sight or complications affecting the kidney?

☐ Yes

☐ No

b. Organ or tissue transplant (except cornea)?

☐ Yes

☐ No

c. Cancer (excluding basal cell or squamous cell cancer of the skin)?

☐ Yes

☐ No

d. Leukemia or Hodgkin's disease?

☐ Yes

☐ No

e. Stroke, Transient Ischemic Attack (TIA), or mini-stroke?

☐ Yes

☐ No

f. Alzheimer's disease, senility, dementia or brain disorder?

☐ Yes

☐ No

g. Parkinson's disease?

☐ Yes

☐ No

h. Carotid artery disease, heart attack, or heart by-pass surgery or angioplasty?

☐ Yes

☐ No

i. Congestive heart failure or heart valve replacement?

☐ Yes

☐ No

j. Nephritis or kidney failure?

☐ Yes

☐ No

k. Cirrhosis of the liver or Hepatitis C?

☐ Yes

☐ No

l. Multiple Sclerosis or neuromuscular disorders?

☐ Yes

☐ No

m. Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's disease)?

☐ Yes

☐ No

n. Respiratory or lung disease requiring use of oxygen?

☐ Yes

☐ No

o. Alcohol or chemical dependency?

☐ Yes

☐ No

5. Within the past 3 years, have you been treated for or diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or human immunodeficiency virus (HIV) infection?

☐ Yes

☐ No

6. Within the past 2 years, have you been advised to have kidney dialysis, joint replacement, or surgery for the heart, arteries or intestines that has not yet been done?

☐ Yes

☐ No

7. Within the past 2 years, have you been hospitalized 2 or more times, or have you been confined to a nursing home or other care facility for 14 or more days?

☐ Yes

☐ No

8. Are you currently confined, or has confinement been recommended within the next 6 months to a bed, hospital, nursing facility, or other care facility, or do you need the assistance of a wheelchair or a home health care agency?

☐ Yes

☐ No

9. Do you need or receive help from any other person to perform any of the activities below because of health or physical difficulty?

Taking Medications

Eating

Walking

Bathing

Dressing

Toileting

Moving from place to place in your home

Getting in and out of bed or chairs

☐ Yes

☐ No

10/15/2020

RETAIL PRODUCER PORTAL GUIDE

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6 Enrolling Clients in MAPD and PDP

Select Medicare Line of Business

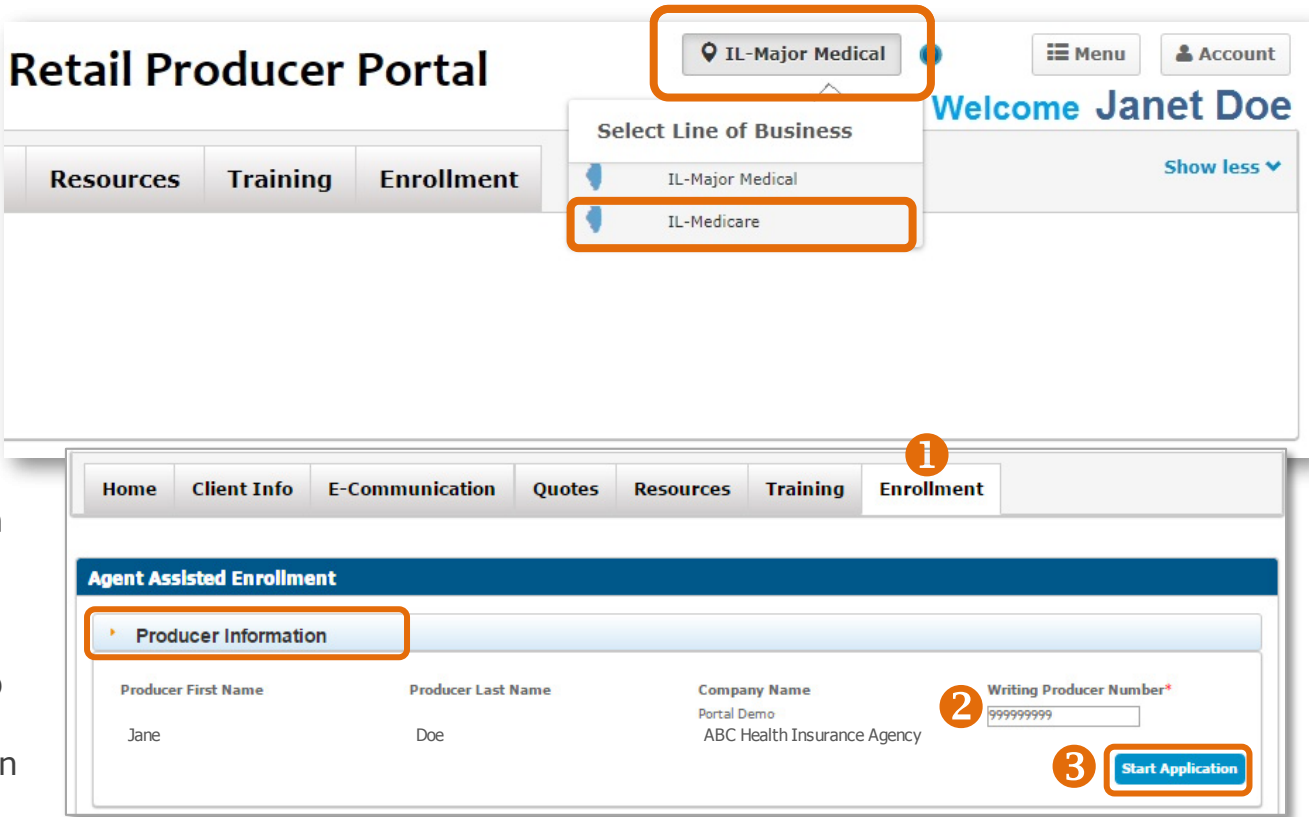
After logging in to the portal, check the line of business indicator located on the top right of the display window. A display of “Major Medical,” refers to under-65 qualified health plans. A display of “Medicare” refers to Medicare Supplement, MAPD and PDP lines of business. Select “Medicare.” Begin the enrollment process directly from the Enrollment tab in the Retail Producer Portal. The producer’s information is prepopulated.

Producer Information

When you select the Enrollment tab, check the information displayed in the Producer Information section.

- 1. Select the Enrollment tab.
- 2. In the Producer Information panel, check the Writing Producer Number field. It will automatically populate with the producer ID number associated with the log in. However, some users may have the ability to change this number. For example, if you log in as the agency principal, you can enter the producer ID numbers of any of your subproducers. This feature allows office personnel to submit applications for their sales agents. Enter all nine digits of the producer ID number. If it’s less than nine digits (such as 123456), use leading zeros (such as 000123456).
- 3. Select the “Start Application” button to begin the application process.

* ENSURE THE WRITING PRODUCER NUMBER IS ACCURATE! This is the nine-digit producer identification number included in your “Welcome” email when you completed contracting (producers and agencies) or onboarding (subproducers). If you contracted or onboarded to sell in multiple states, you have a unique ID number for each state.



Application Information

Make sure the writing producer’s ID number and name are correct. Choose the product and application.

- Verify the Writing Producer Number. Once you begin with the producer ID number displayed here, **it can’t be changed**. If it’s incorrect here, click the Enrollment tab to start over.
- When you first begin applying, the applicant name won’t be populated. As you move through the application, the field will update.
- Choose the line of business.
- Choose your application. In most cases, there will only be one option.
- The Effective Date field reflects the next available effective date, but the field could change as you enter more information.
- The estimated monthly premium will not populate until you select a plan and enter specific information such as zip code, date of birth and tobacco use.

HomeClient InfoE-CommunicationQuotesResourcesTrainingEnrollment

Application Information

Writing Producer Number

123456789

Applicant Name

Jane Doe

Effective Date

01/01/2021

Monthly Premium

More Information Needed

Choose Line of Business *

Select One

Medicare Supplement (Med Supp)

Medicare Advantage Plan (MAPD)

Prescription Drug Plan (PDP)

Choose Application Form *

2021 Medicare Advantage Application

Authorization

When completing an online application in the [Retail Producer Portal](#), there are two types of client authorizations.

The FIRST type of client authorization is when you have a signed paper app in-hand and you enter the data from the paper app into the online app. You keep the paper app with your client’s signature for your records. You have a paper application signed by the client in every area that requires a signature. If your office submits applications on the sales agent’s behalf, you should select this option. Note that you’ll need to maintain signed copies of paper applications for a minimum of two years



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I fully discussed the contents of the attached [DOCUMENT NAME] and hereby attest that [CLIENT/APPLICANT NAME] represented to me that they understood the contents of the [DOCUMENT NAME] and conveyed their approval of the contents of the [DOCUMENT NAME] to me. I explained that the [DOCUMENT NAME] would be submitted by me on their behalf.

Plan Selection

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- 1. Enter a valid physical address. When it appears, appears, click the Validate Address button.
- 2. If the address entered cannot be validated, but a similar validated address is found, we'll present a Recommended Address. Click "Use this Address" to accept.
- 3. If an applicant's address can't be validated via our system's address matching function and the recommended address isn't correct or we're unable to supply a recommended address, you'll need to complete and submit a paper application. The applicant's address will have to be validated manually by enrollment specialists. Clicking the "Submit Paper Application" button opens a PDF version of the application. Save the app to your computer, complete and submit.
- 4. If you don't wish to use the recommended address, you can click "Close" to go back to Plan Selection, enter a new address and re-validate.
- 5. Enter the client's date of birth.

HomeClient InfoE-CommunicationQuotesResourcesTrainingEnrollment

Plan Selection

1

Home Address Line 1*

Home Address Line 2

City*

Zip Code, County*

County

Change Address

5

Date of Birth*

MM/DD/YYYY

Medicare Beneficiary Identifier *

Part A Effective Date*

MM/DD/YYYY

Part B Effective Date*

MM/DD/YYYY

Requested Effective Date*

08/01/2020

Select Medicare Advantage Coverage

Select One

Address Validation

There was a problem validating the address provided. Please select which address you wish to use.

Original Address

4040 Helene Avenue

Naperville, IL 60564

Dupage County

Submit Paper Application3

Recommended Address

4040 S Helene Ave

Naperville, IL 60564

Dupage County

Use this Address2

4

Close

Plan Selection (continued)

After entering an address and insuring that it's valid by clicking on the Validate Address button, complete the rest of the Plan Selection section of the application.

- 1. You must enter your client's Medicare Beneficiary Identifier. If the client does not have an MBI, you will not be able to move forward in the application process.
- 2. Enter the effective dates of applicant's Medicare Part A and Medicare Part B coverage.
- 3. Enter the requested effective date. You can only request a maximum of 3 months into the future. Only the first day of the month is allowed.
- 4. Click on the pull down menu to "Select the Medicare Advantage Coverage" plan or to select the "Prescription Drug Plan."
- 5. The Add Supplemental Benefit? option applies to MAPD only. This field displays when a user selects an MAPD policy that offers the optional dental and vision benefit. Note that if selected, the monthly premium will adjust. This only populates if specific plans are selected in specific locations.

HomeClient InfoE-CommunicationQuotesResourcesTrainingEnrollment

Plan Selection

Home Address Line 1*

Home Address Line 2

City*

Zip Code, County*

County

Change Address

Date of Birth*

MM/DD/YYYY

Medicare Beneficiary Identifier *

1

Part A Effective Date*

MM/DD/YYYY

2

Part B Effective Date*

MM/DD/YYYY

Requested Effective Date*

08/01/2020

3

Select Medicare Advantage Coverage *

4

Select One

Add Supplemental Benefit? (Optional)

YesNo

5

Applicant Information

Enter all required (*) fields. Be sure to select the preferred method of contact.

When enrolling a client in a MAPD plan, you should choose a Primary Care Physician (PCP) and get their PCP identification number from our provider finder tool. If you don't select a PCP, one may be assigned to you if your MAPD plan is an HMO.

HomeClient InfoE-CommunicationQuotesResourcesTrainingEnrollment

Applicant Information

Primary

First Name*

MI

Last Name*

Gender

☐ Male ☐ Female

Is Correspondence/Billing Address different than Home Address?*

☒ Yes ☐ No

Mailing Address

Address Line 1*

Address Line 2

City*

State*

Zip*

AL

Primary Phone*

Secondary Phone

Email Address

Preferred Written Language (if other than English)

(###) ###-####

(###) ###-####

@_._

☒ None ☐ Spanish ☐ Braille/Large Print

Add Emergency Contact?

☒ Yes ☐ No

Name

Phone

Relationship to Applicant

(###) ###-####

Select One

PCP ID# ?

Current Patient

Provider Finder

☐ Yes ☐ No

Attestation of Eligibility for an Enrollment Period

During the Annual Enrollment Period (AEP) of Oct. 15 to Dec. 7, this panel is collapsed.

Outside of the AEP, this section will be expanded for those that may be allowed to enroll.

HomeClient InfoE-CommunicationQuotesResourcesTrainingEnrollment

Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period. Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- Please be aware, selecting multiple options may delay the application process.

	Date of Event
<input type="checkbox"/> I am new to Medicare.	
<input type="checkbox"/> I am enrolled in a Medicare Advantage plan and want to make a change during the Open Enrollment Period (MA OEP).	
<input type="checkbox"/> 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:	<input type="text" value="MM/DD/YYYY"/> *
<input type="checkbox"/> I recently was released from incarceration. I was released on:	<input type="text" value="MM/DD/YYYY"/> *
<input type="checkbox"/> I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on:	<input type="text" value="MM/DD/YYYY"/> *
<input type="checkbox"/> I recently obtained lawful presence status in the United States. I got this status on:	<input type="text" value="MM/DD/YYYY"/> *
<input type="checkbox"/> I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on:	<input type="text" value="MM/DD/YYYY"/> *
<input type="checkbox"/> I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on:	<input type="text" value="MM/DD/YYYY"/> *
<input type="checkbox"/> I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.	
<input type="checkbox"/> I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on:	<input type="text" value="MM/DD/YYYY"/> *
<input type="checkbox"/> I recently left a PACE program on:	<input type="text" value="MM/DD/YYYY"/> *
<input type="checkbox"/> I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on:	<input type="text" value="MM/DD/YYYY"/> *
<input type="checkbox"/> I am leaving employer or union coverage on:	<input type="text" value="MM/DD/YYYY"/> *
<input type="checkbox"/> I belong to a pharmacy assistance program provided by my state.	
<input type="checkbox"/> My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.	
<input type="checkbox"/> I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on:	<input type="text" value="MM/DD/YYYY"/> *
<input type="checkbox"/> I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on:	<input type="text" value="MM/DD/YYYY"/> *
<input type="checkbox"/> I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of natural disaster.	

Payment

Select a payment option:

- Paper billing by mail.
- Premium deducted monthly from bank account.
- Premium deducted monthly from Social Security or Railroad Retirement Board benefit check.

If the applicant selects a plan with a \$0 premium, the system will default to “Premium to be billed by mail” and will not be editable unless the applicant chooses a plan with a premium amount greater than \$0 or adds an optional supplemental benefit.

HomeClient InfoE-CommunicationQuotesResourcesTrainingEnrollment

Payment

Select one payment option*

☐ Premium to be billed by mail

☐ Premium deducted from bank account

Bank Account type*☐ Checking☐ Savings

Account Holder First Name*

Account Holder Middle Initial

Account Holder Last Name*

Bank Routing Number*

Bank Account Number*

☐ Premium deducted from monthly Social Security or Railroad Retirement Board (RRB) benefit check

☐ Social Security☐ RRB

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Health History / Medical Questions

Depending on your answer (Yes or No) additional fields will appear and require detailed input.

HomeClient InfoE-CommunicationQuotesResourcesTrainingEnrollment

Health History / Medical Questions

1. Will you have other prescription drug coverage in addition to Blue Cross Medicare Advantage?

Some individuals may have other drug coverage, including other private insurance, TRICARE, federal employee health benefits coverage, VA benefits, or state pharmaceutical assistance programs.

Yes

No

Other Coverage

ID Number

Group Number

2. Are you a resident in a long-term care facility, such as a nursing home?

Yes

No

Name of Institution

Address Line 1

Address Line 2

City

State

AL

Zip Code

Primary Phone

(###) ###-####

3. Are you enrolled in your state Medicaid program?

Yes

No

Medicaid Number

4. Do you or your spouse work?

Yes

No

5. Do you have a Medicare Advantage policy in force that you'll be replacing?

Yes

No

Other Company

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RETAIL PRODUCER PORTAL GUIDE

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Acknowledgement

Prior to submission you must acknowledge that you completed the necessary and required MAPD/PDP training, completed Scope of Appointment requirements and provided your client with all necessary information.

Cancel, Save and Exit, or Submit

- 6. **Cancel:** The application data entry window will close without saving any changes.
- 7. **Save and Exit:** At minimum, these fields must be populated to save an incomplete application to the portal:
 - ✓ Writing Producer Number
 - ✓ Zip Code/County
 - ✓ Medical Plan
 - ✓ Primary Applicant First and Last Name
 - ✓ Primary Date of Birth

If you don’t complete the fields above, you can’t click on Save and Exit; the button will be gray and disabled.

After clicking “Save and Exit,” reopen the app from the Incomplete Applications table on the Enrollment tab.

- 8. **Submit Application:** If you don’t complete all necessary fields required for submission, the “Submit Application” button will be gray and disabled. It will become enabled when you’ve completed all fields.

Acknowledgement

☒ CMS Training*

I fulfilled the CMS annual training requirement by completing the 2021 AHIP and Blue Cross Medicare Advantage training and certification program requirements and did so before marketing, selling or conducting service with this enrollee.

☒ Scope of Appointment*

I conducted a personal face-to-face marketing appointment with this applicant. As a result, I have a signed Scope of Appointment and understand that I may be asked to provide this documentation as part of the Blue Cross Medicare Advantage Monitoring & Oversight Program.

Please indicate the method by which this applicant’s Scope of Appointment (SOA) was completed

☐ Paper

☐ Electronic

☐ Telephone

☐ Seminar attendee - no SOA required

☒ I attest that*

I provided the enrollee with information about eligibility requirements, enrollment periods, lock-in provisions, benefits, premiums, use of network pharmacies, billing options and the availability of Extra Help prior to his or her completing this enrollment form.

Cancel

Save and Exit

Submit Application

7 Managing Leads, Clients & Members

You can use the Retail Producer Portal to manage your leads and prospects by adding, saving and deleting prospect records. After they are saved, you can search for them, track them or delete them as needed.

Add New Prospects

Follow these steps to add a new sales lead or prospect.

- 1. Select the "Client Info" tab.
- 2. To add a prospect, select "Add New Prospect" from the Client Leads box.
- 3. Enter at least the required information marked with a red asterisk: First Name, Last Name, State and Zip Code. The remaining fields (Address, City, Phone Numbers, Fax and Email Address) are optional.
- 4. Click the "Save Prospect" button. A confirmation message will display when a prospect has been successfully saved. Click the "OK" button for the confirmation message.
- 5. When you enter a prospect's data there is also the option to "Save and Create Proposal." Selecting this option will take you directly to quoting.

The screenshot shows the 'Add New Prospect' form in the Retail Producer Portal. The interface includes a top navigation bar with tabs: Home, Client Info (highlighted with a red circle 1), E-Communication, Quotes, Resources, Training, and Enrollment. Below the navigation bar are three main sections: Client Search, Client Leads (highlighted with a red circle 2), and Reporting. The Client Leads section contains links for 'Add New Prospect' and 'Search for Prospects'. The main form area is titled 'Add New Prospect' and is divided into two columns. The left column, 'Prospect Data' (highlighted with a red circle 3), contains fields for First Name*, MI, Last Name*, Address 1, Address 2, City, State* (a dropdown menu with 'IL' selected), Zip Code*, Home Phone, E-mail Address, Work Phone, Fax, and Cell Phone. The right column, 'Agent Information', displays details for Jordan Taggart, including Agent/Agency Name, Broker Id, Address, and Phone Number, along with an 'Assign an Agent' button. At the bottom of the form, there are two buttons: 'Save Prospect' (highlighted with a red circle 4) and 'Save and Create Proposal' (highlighted with a red circle 5). A small asterisk at the bottom left indicates that fields marked with an asterisk are required.

Search for Prospects

To search for a client, sales lead or prospect, follow these steps.

- 1. Select the "Client Info" tab.
- 2. To search for a prospect, select "Search for Prospects" from the Client Leads box.
- 3. Enter any piece of information to find a client. You can enter information in all four fields or just one.
- 4. If you want to see all of your prospects, click on the "Show All" button.
- 5. Click the "Submit" button.
- 6. Matching results will display in the lower portion of the page.
- 7. To delete prospects, select the box next to their record and click the "Delete Selected Rows" button.
- 8. To print prospect records, select the box next to their record and click the "Print Selected Rows" button, or you can "Print All."
- 9. To export prospect records to a Microsoft Excel spreadsheet, select the box next to their record and click the "Export Selected Rows" button or you can "Export All."

1

HomeClient InfoE-CommunicationQuotesResourcesTrainingEnrollment

Client Search

Client Leads

Reporting

2

3

4

5

Client Search

Client Leads

Reporting

2

3

4

5

Prospect List Search

3

First NameLast NameZip CodePhone Number

4

Show All

Submit

5

9

8

9

8

Export Selected Rows

Print Selected Rows

Items Per Page 25 << Prev 1 Next >>

32 Search Results

Export All

Print All

	Last Name	First Name	Address 1	City	Zip Code	Home Phone	Work Phone	Agent/Agency Name
6	Barista	Katie			60601			
	bob	jill			60532			
	COLLIER	HANNAH			60647			
	doe	john			60647	(321)837-5550		
	Nitty	Willy			60606			
	odom	aimee			60647			
	Poppins	Mary			60601			Jordan Taggart
	ramos	cristina			60647			
	Rice	Amber			60532			
	Rukspin	Teddy			60532			
	schwein	bill			60008			

7

Delete Selected Rows

Items Per Page 25 << Prev 1 Next >>

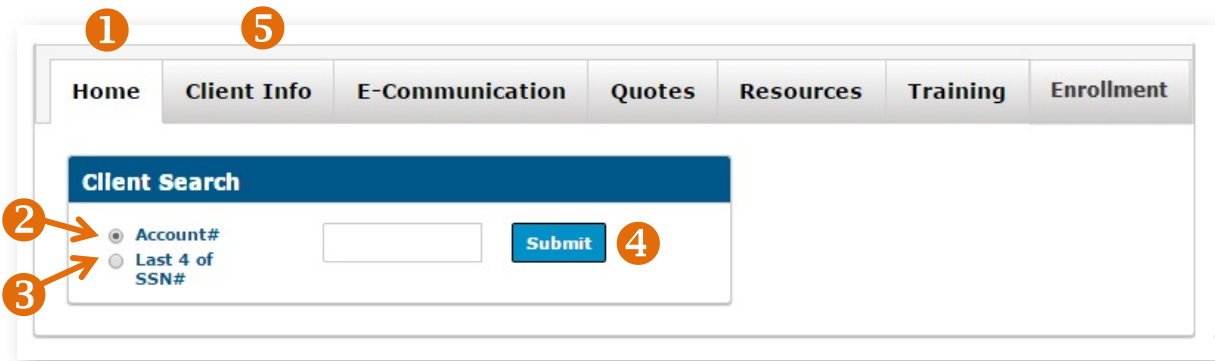
32 Search Results

Search for a Member

You can search for clients by completing fields in the Client Search section of the Retail Producer Portal’s Home page. In addition, there are many other ways to search for clients from the “Client Info” tab.

Simple Search

- 1. Select the “Home” tab.
- 2. Enter a member’s account number. **Searches must be done with the primary insured’s information**, not a spouse’s or a dependent’s.
- 3. You can also enter the last four digits of the primary insured’s Social Security Number.
- 4. Click the “Submit” button.
- 5. To do a more advanced search, click on the “Client Info” tab, where you have additional fields for searching.



Advanced Options

1. Select the "Client Info" tab.
2. Enter content into one or more of the following fields for the **primary insured**:
 - Client First Name
 - Client Last Name‡
 - Last 4 of SSN*
 - Date of Birth*
 - Phone Number
 - Email Address
 - Zip Code
 - Account Number*
 - E-App Number: This is the number you receive after an electronic application is submitted through the Retail Shopping Cart.
 - Client App ID: The application ID for off-exchange electronic applications sent via a web producer's integrated platform. **Only web producers use this ID.**
 - Exchange Assigned ID: The number from the Marketplace after an on-exchange application is submitted.
 - Pending Application ID: The six-character value that appears under **Billing ID** on an initial payment due notice sent to an applicant.
3. Once you have entered your desired search criteria, click the "Search" button.

‡ Searching by Last Name alone may not display your client if the last name is common. This search finds the first 1,000 clients in the entire portal with that last name but displays those from that first 1,000 where you are the producer of record.

* Searching by a member’s Social Security Number (last 4 digits), Date of Birth or Account Number provides the best results.

The screenshot shows the 'Client Search' form in the 'Client Info' tab. The form is titled 'Client Search' and is part of the 'Client Info' tab. It contains several input fields for client information: Client First Name, Client Last Name, Last 4 of SSN, Date of Birth, Phone Number, Email Address, Zip Code, Account Number, E-App Number, Client App ID, Exchange Assigned ID, and Pending Application ID. A 'Clear All' button is at the bottom left, and a 'Search' button is at the bottom right. The form is highlighted with an orange border and a '2' in a circle. The 'Client Info' tab is highlighted with a '1' in a circle. The 'Search' button is highlighted with a '3' in a circle.

View Search Results

Results from a client search will be displayed on the lower portion of the page. Click on the Account Number hyperlink shown in the results table. When you select the Account Number link, the member’s demographic information is displayed:

Items Per Page: 25 << Prev 1

Last Name	First Name	E-App Number	E-App Started	E-App Submitted	Group Number	Account Number	Status	Product Name	App. Received
TEST	TEST					123456789	Active	Blue Precision Silver HMO SM 002	12/05/2014

Items Per Page: 25 << Prev 1

- Account Number
- Name
- Address
- Email Address
- Home Phone
- Cell Phone
- Work Phone
- Spouse Cell Phone
- Fax

Manage Documents & Questions

Upload a Document

- You can submit documents via the portal in the following file types: PDF, JPG, JPEG, PNG, GIF, TIF, BMP.
- All file types listed here, except for PDFs, are different types of image files. PDFs are typically created using Adobe Acrobat or Adobe Reader software.
- **You can upload a file up to 10 MB (or 10,000 KB) in size.**
- To reduce the size of an image file, lessen the resolution during scanning. Typically, JPG, JPEG, PNG and GIF image files are smaller in file size than TIF and BMP image files.

To upload a document, select the E-Communication tab and follow these steps:

1. In the "Document Submission" area, click on the "Document Submission" link.
2. An "Account Number" is optional.
3. The "E-App Number" field is also optional. You can submit documents that don't have a corresponding e-app number.
4. Select an option from the "Document Type" drop down box.
5. Click the "Browse" button and navigate to the file's location. Select it. The filename will populate the "Location and Filename" field.
6. Click the "Submit" button.
7. You will then receive a Document Submission confirmation message. It displays the file name and tracking number you should retain for your records. Click the "OK" button.

The screenshot shows the 'Document Submission' form within the 'E-Communication' tab. The form includes fields for 'Account Number' (optional), 'E-App Number' (optional), 'Document Type' (a dropdown menu), and 'Location and Filename' (with a 'Choose File' button). A 'Submit' button is at the bottom right. A confirmation message box titled 'Document Submitted' is overlaid on the form, stating: 'The document 161585.pdf has been submitted. Your tracking number is # 11111.' The message box has an 'OK' button.

View Document Submissions

- 1. To view your documents, select the “E-Communication” tab.
- 2. Click on the “View Submitted Documents” link.
- 3. Submitted documents are displayed in a list format. The list provides a history only; documents cannot be viewed or accessed once submitted.
- 4. To delete a document submission, click the box next to the document in the list and select the “Delete Selected Rows” button. A message appears asking if you’re sure if you want to delete the message. Click the “OK” button to confirm.

1

HomeClient InfoE-CommunicationQuotesResourcesTrainingShow less ^

E-Questions

▶ New E-Question

▶ View My E-Questions

Document Submission

▶ Document Submission

▶ View Submitted Documents2

My Submitted Documents ?

Delete Selected Rows

Items Per Page: 25 << Prev 1 Next >>
1 Submitted Document(s)

3

#Tracking #Document TypeAccount #Submitted

1122892New Business Application2/10/2015 10:49 AM

Delete Selected Rows4

Items Per Page: 25 << Prev 1 Next >>
1 Submitted Document(s)

Submit a General E-Question

- 1. Select the "E-Communication" tab.
- 2. Choose the "New E-Question" link.
- 3. Select the "General E-Question" option for general questions not related to a specific member.
- 4. Enter a "Subject."
- 5. Post your question.
- 6. Click on the "Submit" button.

1

HomeClient InfoE-CommunicationQuotesResourcesTrainingShow less ^

2

E-Questions

New E-Question

View My E-Questions

Document Submission

Document Submission

View Submitted Documents

Submit E-Question

Please select type of E-Question

3

☒ General E-Question

☐ Member Specific E-Question

To submit an e-question, fill in the form below and submit your request. You will receive notification once the e-question is received and processed.

Subject * ?

4

5

Question * ? (Max limit of 1000 characters)

6

Submit

* Denotes a required field

Submit a Member-Specific E-Question

- 1. Select the “E-Communication” tab.
- 2. Choose the “New E-Question” link.
- 3. Select the “Member Specific E-Question” option for questions related to a specific member.
- 4. Enter the required information for the member/client.
- 5. Enter a “Subject.”
- 6. Post your question.
- 7. Click on the “Submit” button.
- 8. You’ll receive a confirmation message. Click the “OK” button.

1

HomeClient InfoE-CommunicationQuotesResourcesTrainingShow less ^

E-Questions

2

Document Submission

Submit E-Question

Please select type of E-Question

3

General E-QuestionMember Specific E-Question

To submit an e-question, fill in the form below and submit your request. You will receive notification once the e-question is received and processed.

4

Client's First Name *MIClient's Last Name * ?Client ID# * ?

5

Subject * ?

6

Question * ? (Max limit of 1000 characters)

7

Submit

E-Question Submitted

Your E-Question regarding John Public has been submitted.
Your tracking number is #EQU398.

8

Go to My E-QuestionsOK

Delete an E-Question

If you submitted an E-Question that is no longer relevant or is incorrect, you can easily delete it.

- 1. Select "E-Communication" tab.
- 2. Choose the "View My E-Questions" link.
- 3. Select the box beside the E-Question you want to delete.
- 4. Select the "Delete Selected Rows" button.
- 5. When the confirmation box appears, click "OK."

1

HomeClient InfoE-CommunicationQuotesResourcesTrainingShow less ^

E-Questions

2

▶ New E-Question

▶ View My E-Questions

Document Submission

▶ Document Submission

▶ View Submitted Documents

My E-Questions

Delete Selected Rows

Items Per Page: 25 << Prev 1 Next >> 2 E-Question(s)

	#	Subject	Status	Submitted	Responded	Client ID	Client Name	Tracking #
<input type="checkbox"/>	1	Needs ID Card	In Progress	08/07/2015 01:47 PM		1231231234	Jane Doe	EQU29960
<input checked="" type="checkbox"/>	2	Having RPP Issues	In Progress	08/07/2015 01:46 PM				EQU29959

3

4

Delete Selected Rows

Items Per Page: 25 << Prev 1 Next >> 2 E-Question(s)

Please note that a closed E-Question will be permanently deleted after 60 days.

The page at https://osc.hcsc.net says:

Are you sure you want to delete the selected row/s?

5

OK

Cancel

8 Completing Producer-Assisted Transactions

There are several ways you can help clients via features and functions in the Retail Producer Portal. You have the ability to get temporary and permanent ID cards for both medical and dental policies into the hands of clients. You can also change Primary Care Physicians and member contact information. When you submit these requests, other member systems are subsequently updated.

Order Permanent ID Cards

You can order permanent ID cards for mail delivery from the Client Detail page in your portal account.

Marketplace (on exchange) policies require at least 24 hours after application submission before ID cards are available. For non-Marketplace (off exchange) policies, ID cards are often available right away.

- 1. After finding a member from completing a simple search from the “Home” tab or an advanced search from the “Client Info” tab, select “Generate ID Cards” from the dropdown menu and click the “GO” button.
- 2. Choose “Permanent ID Cards.”
- 3. Click the “Next” button.

The screenshot displays the Retail Producer Portal interface. At the top, there is a navigation bar with a search bar, a 'Back to Search Results' button, and a 'Submit E-Question' button. Below the navigation bar, a dropdown menu is open, showing 'Generate ID Cards' selected, with a 'GO' button next to it. A red circle highlights the 'GO' button. Below the dropdown menu, there is a 'Client Information' section with fields for Account Number, Name, Address, Home Phone, Cell Phone, Work Phone, Spouse Cell Phone, Fax, and E-mail Address. Below the 'Client Information' section, there is a 'Policy Fulfillment Request' section with a 'Please Select...' prompt. Two radio buttons are visible: 'Temporary ID Cards' and 'Permanent ID Cards', with 'Permanent ID Cards' selected. A red circle highlights the 'Permanent ID Cards' radio button. At the bottom right of the 'Policy Fulfillment Request' section, there is a 'Next' button. A red circle highlights the 'Next' button.

Order Permanent ID Cards (continued)

4. Select the policy type. You can select an ID card for a medical or dental policy.
5. For plans that require a Primary Care Physician (PCP), select the member needing the card. Each member selected receives a separate ID Card with his or her own PCP information. For plans that don't require a PCP, you don't have to select a member's name. For these cards, only the primary insured's name is included.
6. For Permanent ID Cards, you can order cards for mail delivery. The cards will be delivered by the United States Postal Service. You have the option of selecting the address on file for the member or entering in an alternate address for the ID Card mailing.
7. Be sure to choose a reason for replacing the ID Card.

Policy Fulfillment Request Detail Screen - Permanent IDs

6

☐ **Mailing Address:** 123 Main St.
Suite 2100
Naperville, IL 60563

7

☒ **Alternate Address:**

*Address 1:

123 E Warrenville

*City:

Warrenville

*Zip:

60555

0501

Country:

US

Address 2:

Suite 1000

*States:

IL

County:

DuPage

Reason for ID Card Request:

Lost Card

Blue Precision Gold HMO

Sam Spouse - Primary Insured

PCP/MG	Effective
<input checked="" type="radio"/> 220 - DuPage Medical Group	2/1/2014
<input type="radio"/> 111 - Dreyer Medical Group	3/1/2014

Number of ID Cards Requested: 1

Blue Precision Gold HMO

Kelly Kid - Dependent 1

PCP/MG	Effective
<input checked="" type="radio"/> 220 - DuPage Medical Group	2/1/2014

Number of ID Cards Requested: 1

Policy Fulfillment Request Policy and Member Selection Screen - Permanent IDs

Please select the policy:

	Effective Date	Termination Date
<input type="radio"/> Blue Precision Platinum PPO & Blue Select Dental	01/01/2013	11/30/2013
<input type="radio"/> Blue Precision Platinum PPO	12/01/2013	12/31/2013
<input type="radio"/> Blue Select Dental	12/01/2013	12/31/2013
<input type="radio"/> Blue Precision Silver PPO	01/01/2014	01/31/2014
<input checked="" type="radio"/> Blue Precision Gold HMO		
<input type="checkbox"/> Priscilla Name (Primary)	02/01/2014	12/31/9999
<input checked="" type="checkbox"/> Sam Spouse (Spouse)	02/01/2014	12/31/9999
<input checked="" type="checkbox"/> Kelly Kid (Child)	02/01/2014	12/31/9999
<input type="checkbox"/> Charlie Kid (Child)	02/01/2014	12/31/9999
<input type="checkbox"/> Select All		

Generate Temporary ID Cards

- 1. After finding a member from completing a simple search from the "Home" tab or an advanced search from the "Client Info" tab, select "Generate ID Cards" from the dropdown menu and click the "GO" button.
- 2. Choose "Temporary ID Cards"
- 3. Click the "Next" button.
- 4. Select a policy.
- 5. For plans that **require** a Primary Care Physician, you must select the member needing the ID Card. Each member selected receives a separate ID Card with the Primary Care Physician information included.

For plans that **do not require** a Primary Care Physician, you do not have to select a member's name. For these ID Cards, only the primary insured's name is on the ID Card.

Click on the member's link to generate the ID Card.

Back to Search Results

Generate ID Cards

GO

Submit E-Question

Client Information

Account Number:

Name:

Address:

E-mail Address:

Home Phone:

Cell Phone:

Work Phone:

Spouse Cell Phone:

Fax:

Policy Fulfillment Request

Please Select...

Temporary ID Cards

Permanent ID Cards

Cancel

Next >

Policy Fulfillment Request Policy and Member Selection Screen - Temp IDs

Please select the policy:

	Effective Date	Termination Date
<input type="radio"/> Blue Precision Platinum PPO & Blue Select Dental	01/01/2013	11/30/2013
<input type="radio"/> Blue Precision Platinum PPO	12/01/2013	12/31/2013
<input type="radio"/> Blue Select Dental	12/01/2013	12/31/2013
<input type="radio"/> Blue Precision Silver PPO	01/01/2014	01/31/2014
<input checked="" type="radio"/> Blue Precision Gold HMO		
Priscilla Name (Primary)	02/01/2014	12/31/9999
Sam Spouse (Spouse)	02/01/2014	12/31/9999
Kelly Kid (Child)	02/01/2014	12/31/9999
Charlie Kid (Child)	02/01/2014	12/31/9999

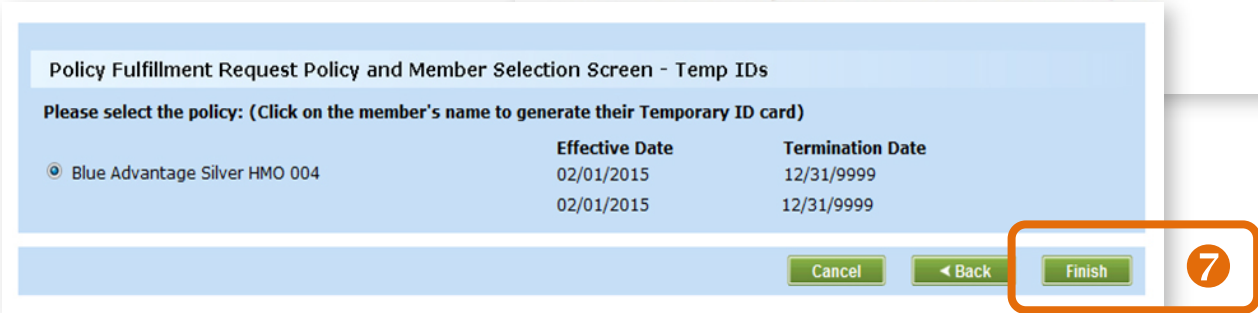
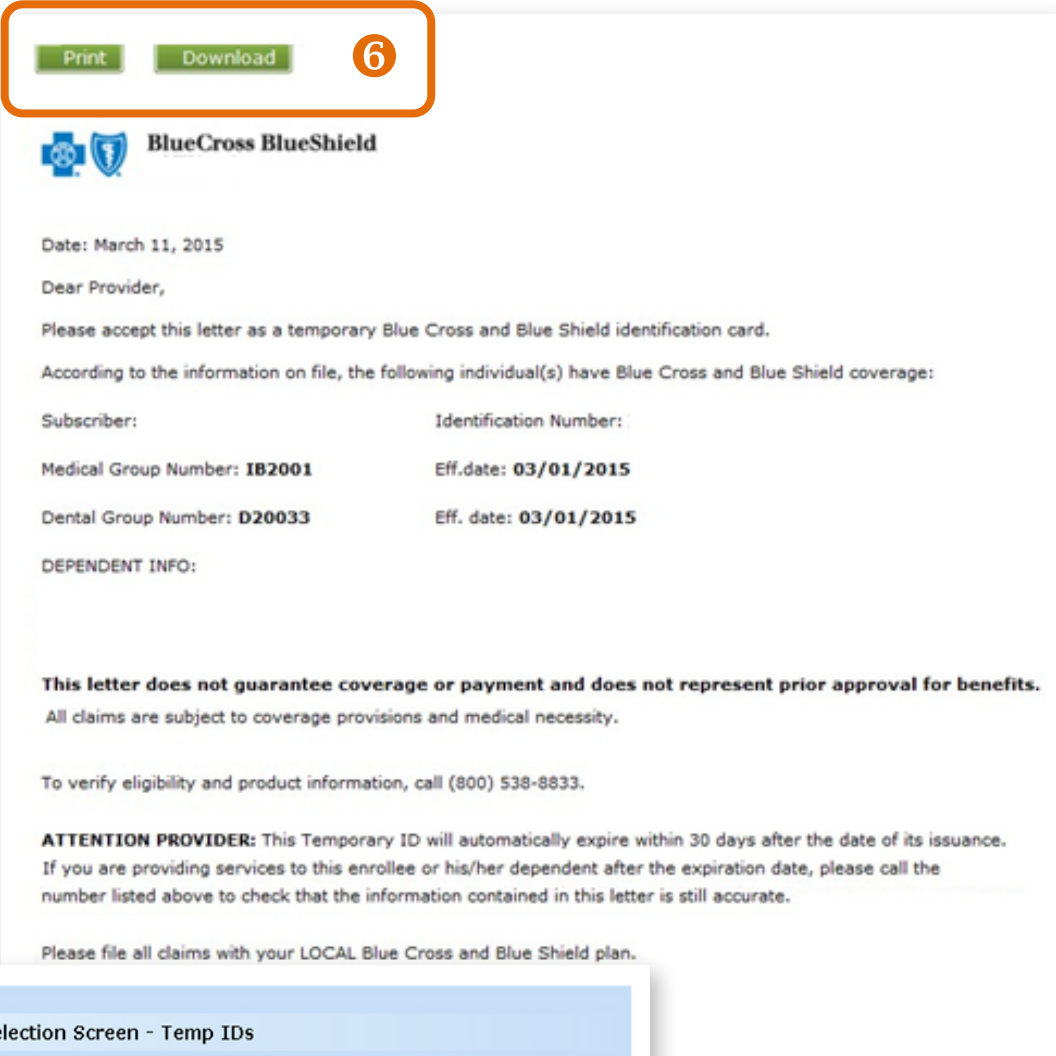
Cancel

Back

Finish

Generate Temporary ID Cards (continued)

- 6. Temporary ID Card requests will generate a file that allows the user to “Print” or “Download” the ID Card. If you download and save Temporary ID Card files, you can then email the files to clients. If clients are with you, you can print the files and hand it to them before they leave your office.
- 7. Once the downloading or printing is completed, you can select “Finish” to go back to the member's information page.



Change Primary Care Physician

The Retail Producer Portal allows you to make a Primary Care Physician (PCP) change for a client.

- 1. After finding a member from completing a simple search from the “Home” tab or an advanced search from the “Client Info” tab, select “Change PCP” from the dropdown menu and click the “GO” button.
- 2. When the “Provider Change” page opens, select the member name needing the PCP change.
- 3. Click on the “Provider Finder” link. Locate the Medical Group / PCP/ PCPA / NPI number(s) for the new PCP.
- 4. Put a check mark in the box(es) beside the name(s) of the members needing the PCP change.
- 5. Enter the Medical Group / PCP/ PCPA / NPI number.
- 6. Select the “Search” button. See the following page for next steps.

The image displays two screenshots from the Retail Producer Portal. The top screenshot shows the 'Client Search' page with a dropdown menu for 'Select Transaction' where 'Change PCP' is highlighted. The bottom screenshot shows the 'Provider Change' page for member Tilda McMasters, featuring a table of active members and a 'Provider Search' section with input fields for Medical Group / PCP / PCPA / NPI Number, Effective Date, and Term Date, along with 'Search' and 'Cancel' buttons. Numbered callouts 1 through 6 indicate the sequence of steps for changing the PCP.

Client Search

Account# 000000001 Submit

Last 4 of SSN#

Select Transaction GO

Select Transaction

Generate to Card

Change PCP

Contact Info Change

Client Information

Account Number: Name: Home Phone: Spouse Cell Phone:

Address: Cell Phone: Fax:

E-mail Address: Work Phone:

Welcome Tilda McMasters

Provider Change (Member ID:)

Provider Change Options 2 Active Member(s)

Active Member(s)

Member	Plan	DOB	Effective Date	Termination Date	History
<input checked="" type="checkbox"/> UATILCURRENTPLAN UATILFUTUREPLAN (Primary)	Blue Precision Gold HMO SM 001	01/01/1971	05/01/2015	12/31/9999	🔍
<input checked="" type="checkbox"/> UATILSPOUSECURRENT UATILFUTUREPLAN (Spouse)	Blue Precision Gold HMO SM 001	01/01/1981	05/01/2015	12/31/9999	🔍

Provider Search

Medical Group / PCP / PCPA / NPI Number 5

Effective Date 08/01/2015 6 Term Date 12/31/9999 6 Search 6 Cancel

Change Primary Care Physician (continued)

- 1. After you click the “Search” button, the new PCP information is displayed.
- 2. Choose a reason for changing provider(s) from the “Provider Change Reason” dropdown list located in the Provider Assignment section. For a list of reasons, see page 86.
- 3. Click the “Validate” button.
- 4. If the reason selected is not valid, an error message will display at the bottom of the page and a new reason selection must be made.

Provider Change (Member ID:)

Provider Change Options

Active Member(s)

To find a Doctor click [Provider Finder](#)

Active Member(s)

Provider Search

Medical Group / PCP / PCPA / NPI Number

124

Effective Date

08/01/2015

Term Date

12/31/9999

08/01/2015-12/31/9999

Medical Group #: 124Medical Group Name: ADVOCATE LUTHERAN GENERAL PHYS PARTNERS

Provider Assignment

Member

UATILCURRENTPLAN

UATILFUTUREPLAN (Primary)

UATILSPOUSECURRENT

UATILFUTUREPLAN (Spouse)

-- select --

Referral Problems

Retired

New Member Benefit Not Supported

No Reason Given

New Enrollee

Member Preferred One Doctor For Family

Members Former Provider In Network

Doctor/Med Grp Location

Left Network (Closed)

Hospital Affiliated

Dependent Age

Concern With Service

Change Of Residence

Concern With Physician

Concern With Access

Asked Out

-- select --

Group

Member

UATILCURRENTPLAN

UATILFUTUREPLAN (Primary)

UATILSPOUSECURRENT

UATILFUTUREPLAN (Spouse)

-- select --

-- select --

Member

UATILCURRENTPLAN

UATILFUTUREPLAN (Primary)

UATILSPOUSECURRENT

UATILFUTUREPLAN (Spouse)

Provider Change Reason

Concern With Service

Asked Out

Error(s):

UATILSPOUSECURRENT UATILFUTUREPLAN (Spouse)

Member was previously asked out of this Medical Group, please select a new Medical Group

Cancel

Validate

Change Primary Care Physician (continued)

- 5. If you do not receive an Error message, verify the PCP changes are correct
- 6. Select the "Finish" button.
- 7. A message appears that the change was successful and new ID Cards were generated.

Provider Change

Provider Change Confirmation

John Doe (primary)

	Current	5 Updated
Medical Group #	597	<input checked="" type="checkbox"/> 124
Medical Group Name	BCBS HMO ILLINOIS	<input checked="" type="checkbox"/> ADVOCATE LUTHERAN GENERAL PHYS PARTNERS
Effective Date	07/01/2015	<input checked="" type="checkbox"/> 08/01/2015
Term Date	12/31/9999	12/31/9999
Request Received Date	06/10/2015	<input checked="" type="checkbox"/> 07/30/2015
Provider Assigned By	Selected by member	Selected by member
Provider Change Reason	No Reason Given	<input checked="" type="checkbox"/> Concern With Service

Jane Doe (spouse)

	Current	5 Updated
Medical Group #	597	<input checked="" type="checkbox"/> 124
Medical Group Name	BCBS HMO ILLINOIS	<input checked="" type="checkbox"/> ADVOCATE LUTHERAN GENERAL PHYS PARTNERS
Effective Date	06/01/2015	<input checked="" type="checkbox"/> 08/01/2015
Term Date	12/31/9999	12/31/9999
Request Received Date	05/22/2015	<input checked="" type="checkbox"/> 07/30/2015
Provider Assigned By	Selected by member	Selected by member
Provider Change Reason	Data Entered Incorrectly	<input checked="" type="checkbox"/> Asked Out

Please verify the changes made. If the information is correct, select "Finish" to complete the workflow and save the changes made. If the information is not correct, please select "Back" to make changes.

6

BackCancelFinish & Re-LaunchFinish

Provider Change (Member ID:)

Success:

The transaction was successful and all applicable ID cards were requested.

7

Change Primary Care Physician (continued)

PCP Changes

Each client’s PCP can only be updated one time, per transaction. Reasons for changing a PCP include:

- Referral problems
- Retired
- New member benefit not supported
- No reason given
- New enrollee
- Member preferred one doctor for family
- Member’s former provider in network
- Doctor/medical group location
- Left network (closed)
- Hospital affiliated
- Dependent age
- Concern with service
- Change of residence
- Concern with physician
- Concern with access
- Asked out

Provider Termination Dates

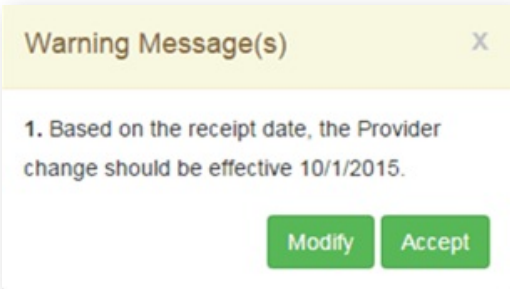
You don’t need to enter a termination date for the new PCP. The termination date will automatically default to December 31, 9999. The new PCP assignment will remain in effect until the member makes another change or until coverage ends. Please do not alter the date.

Selecting Two PCPs

A client may have a PCP for one period of time and another PCP effective on a future date. (Example: PCP 1 is effective from October 1 to December 31, and PCP 2 is effective from January 1 onward.) If the client wants two different PCPs for two different time periods, you will need to complete two separate PCP update transactions. Examples of when this might take place are when a PCP is leaving a network or when a client is moving to a new policy/network in the future.

Effective Dates for PCPs

In some instances, depending on the state, an effective/start date for a PCP can only be on the first of the month. In those cases, a “Warning Message(s)” will display. You may click “Accept” or “Modify” if you wish to change the effective date of the new PCP selection.



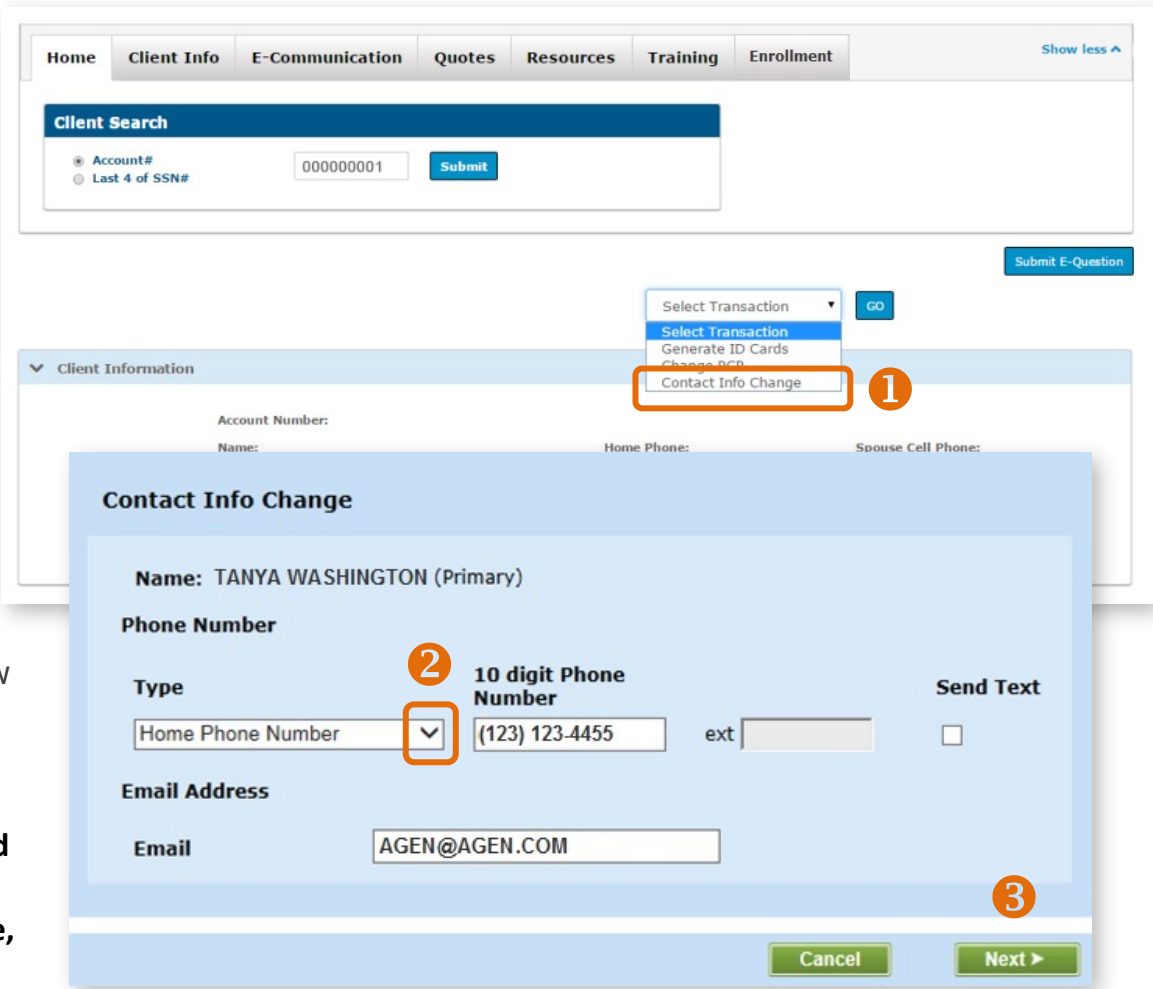
Change Client Information

Producers have the ability to change contact information – phone numbers and email addresses – on their clients’ behalf. When submitted, these changes are updated in our member systems **in approximately 4 hours**.

Producers do not have access to change the contact information of spouses or dependents*. They can only change contact information for the primary insured. After updating an email address or telephone number, allow up to 4 hours for the client information to refresh in the Retail Producer Portal.

- 1. After finding a member from completing a simple search from the "Home" tab or an advanced search from the "Client Info" tab, select "Contact Info Change" from the dropdown menu and click "GO".
- 2. Make all applicable contact info changes. When adding a telephone number, select an option from the "Type" drop down list. If an existing telephone number does not have a designated type, make a selection now or an error message will display when you click the "Next" button.
- 3. Click the "Next" button.

* **NOTE: A dependent under the age of 18 is required to use the telephone number and email address of the primary insured. Others on the policy can change their contact information via their Blue Access for Members account or by calling customer service, whose number is on the back of their member ID cards.**



Change Client Information (continued)

- 4. Confirm changes are correct.
- 5. Select “Finish.”
- 6. A message should appear that the updates were successfully saved.
- 7. If there is an issue, an error message will display. Follow instructions and click the “OK” button.

Contact Info Change Confirmation

Name: TANYA WASHINGTON (Primary)

Phone Number

	Current			Updated			
Type	Phone Number	Extension	Send Text	Type	Phone Number	Extension	Send Text
Home Phone Number	(123) 123-6677		No	Cellular Phone Number	(123) 123-4455		No
EmailAddress	IL@SDF.COM				AGEN@AGEN.COM		

Please verify the changes made. If the information is correct, select "Finish" to complete the workflow and save the changes made. If the information is not correct, please select "Back" to make changes.

Cancel

Back

Finish

Your updates were successfully saved.

Your request was unsuccessful.

Error(s) from MemberManagement service:

- UATILSPOUSECURRENT UATILFUTUREPLAN (Spouse): No change to the existing record

Please contact IT Help Desk (312) 653-6675.

Click OK to continue.

OK

9 Using Reports

The reporting functions in the Retail Producer Portal continue to expand. Producers can choose from a variety of options to create and run reports. In addition, producers can save the report parameters and view them at any time.

This section of the guide covers the following:

- Select Report Options
- Creating and Saving Custom Reports
- Viewing Custom Reports
- Examples of Frequently Used Reports
- Using Book of Business (Agencies only)

Renewal Indicator

Select

Reports

Home

Client Info

E-Communication

Quotes


Resources

Training

Enrollment

Show less ^

Client Search



Client Leads

Add New Prospect

Search for Prospects

Reporting

Create Report

View My Custom Reports

Create Report

eApp Start Date

App Signature Date ?

Coverage Effective Date

Policy Term Date

Current Paid to Date

Coverage Issue Date

App Received Date

Coverage Issue Date

Coverage Issue Date

From MM/DD/YYYY

To MM/DD/YYYY

Members Approaching 65

Members Approaching 26

Application Status ?

Select One

Policy Status ?

Select One

Product Name ?

On Exchange

Grandfathered

Medical Only

Temporary Plans

Off Exchange

Non-Grandfathered

Dental Only

Both Medical And Dental

All selected

Producer First Name ?

Producer Last Name ?

Nine Digit Producer Number ?

Clear All

Go to My Custom Reports

Save as Custom Report

Submit

Select Report Options

- 1. Click on "Client Info."
- 2. Select the "Create Report" link in the Reporting section.
- 3. Create a report by selecting parameters in one of the reporting sections. See the following pages for details on each report type, which are divided into four types of reports:
 - ✓ **Section 1:** Date-Driven Reports (page 91)
 - ✓ **Section 2:** Retention Reports (page 91)
 - ✓ **Section 3:** Application Status Reports (page 92), Policy Status Reports (page 93) and Renewal Indicator Reports (page 94)
 - ✓ **Section 4:** Producer Reports (page 94)
- 4. Click the "Clear All" button to remove all selections made on the page.
- 5. Click the "Submit" button to pull the report using the report parameters you selected.

The screenshot displays the 'Create Report' interface of the Retail Producer Portal. At the top, a navigation bar includes links for Home, Client Info (marked with a '1'), E-Communication, Quotes, Resources, Training, and Enrollment. Below this, a 'Reporting' section contains links for 'Create Report' (marked with a '2') and 'View My Custom Reports'. The main area is titled 'Create Report' (marked with a '3') and is divided into four sections: Section 1 (Date-Driven Reports) with radio buttons for eApp Start Date, App Signature Date, Coverage Effective Date, Policy Term Date, Current Paid to Date, and Coverage Issue Date; Section 2 (Retention Reports) with radio buttons for Members Approaching 65 and Members Approaching 26; Section 3 (Application Status, Policy Status, and Renewal Indicator Reports) with dropdown menus for Application Status, Policy Status, and Renewal Indicator, and radio buttons for Product Name (On Exchange, Grandfathered, Medical Only, Temporary Plans, Off Exchange, Non-Grandfathered, Dental Only, Both Medical And Dental); and Section 4 (Producer Reports) with text input fields for Producer First Name, Producer Last Name, and Nine Digit Producer Number. At the bottom, there are four buttons: 'Clear All' (marked with a '4'), 'Go to My Custom Reports', 'Save as Custom Report', and 'Submit' (marked with a '5').

Section 1: Date-Driven Reports

1. Select one option from the following report types:
- eAPP START DATE: displays information about electronic applications that have been started.

POLICY TERM DATE: displays the dates that member policies were terminated due to a variety of reasons, including non-payment.

APP RECEIVED DATE: displays all applications received within a date range.

APP SIGNATURE DATE: displays the dates members signed their applications.

CURRENT PAID TO DATE: displays the “paid to” dates of member policies.

COVERAGE ISSUE DATE: displays all applications issued within a date range.

COVERAGE EFFECTIVE DATE: displays the dates member policies become effective.
2. Enter a “From” and/or “To” date. There’s a convenient dropdown calendar for selecting these dates. If you do not select a “To” date, today’s date will be applied.
3. Click on the “Submit” button. Note that only the primary applicant data is pulled.

☐ eApp Start Date

☐ Policy Term Date

☐ App Received Date

☐ App Signature Date

☐ Current Paid to Date

☐ Coverage Issue Date

☐ Coverage Effective Date

From

To

Section 2: Retention Reports

1. Select one option to view those who might be ready for a new policy.
- The MEMBERS APPROACHING 65 report displays members turning 65 years of age within the next 365 days. Both primary and spouse data are pulled. Help keep members Blue by finding these members a Medicare Supplement policy, Medicare Advantage with Prescription Drug coverage policy (MAPD) and/or stand-alone Prescription Drug Plan (PDP).

The MEMBERS APPROACHING 26 report displays members who are turning 26 within the next 365 days. Members approaching 26 who are on family policies as dependents will need their own individual policies.
2. Click on the “Submit” button.

☐ Members Approaching 65

☐ Members Approaching 26

Section 3: Policy Status Reports

1. For policy reports, select the “Policy Status” radio button and select one of the following from its dropdown menu:

- All
- Grace Period
- Termed
- Active
- Missing Binder Payment

2. You can select (but are not required to) an additional filtering report option from the “Product Name” section if you like. This section is for members that have been effectuated. Options include:

- Use the “All” pull down menu to select one product or multiple products. For example, you could use the multiple plan selection option to choose plans for a specific metallic, network or plan type.
- ON EXCHANGE: displays members with On Exchange policies.
- OFF EXCHANGE: displays members with Off Exchange policies.
- GRANDFATHERED: displays members with a non QHP policy. Options will populate for states with active members.
- NON-GRANDFATHERED: displays members with a QHP policy but it is not a metallic policy. Options will populate for states with active members.
- MEDICAL ONLY: displays members who only have medical policies, not dental policies.
- DENTAL ONLY: shows members who only have dental policies, not medical policies.
- BOTH MEDICAL AND DENTAL: displays members who have a medical and dental policy.

NOTE: All of these options are available for “Policy Status” reports only. You must select from the “Policy Status” dropdown menu before you can choose an additional filtering option from the “Product Name” section.

3. Click on the “Submit” button.

The screenshot shows a web form for generating reports. It has three main sections: 'Application Status', 'Policy Status', and 'Product Name'. The 'Policy Status' section is highlighted with an orange box and a circled '1'. The 'Product Name' section is also highlighted with an orange box and a circled '2'. Below the 'Product Name' section, there is a dropdown menu that is open, showing a list of product names with checkboxes next to them. An orange arrow points from the dropdown arrow in the 'Product Name' section to the open dropdown menu. The 'Application Status' section has a dropdown menu with 'Select One' as the current selection. The 'Renewal Indicator' section has a button labeled 'Select'. The 'Product Name' section has radio buttons for 'On Exchange', 'Off Exchange', 'Grandfathered', 'Non-Grandfathered', 'Medical Only', 'Dental Only', 'Temporary Plans', and 'Both Medical And Dental'. The dropdown menu is currently set to 'All'.

Application Status ?
Select One

Policy Status ?
Select One

Renewal Indicator
Select

Product Name ?
On Exchange
Off Exchange
Grandfathered
Non-Grandfathered
Medical Only
Dental Only
Temporary Plans
Both Medical And Dental

All

☑ All
☑ Basic Blue
☑ Blue Choice Bronze PPO 005
☑ Blue Choice Bronze PPO 006
☑ Blue Choice Gold PPO 001
☑ Blue Choice Gold PPO 002
☑ Blue Choice Gold PPO 007
☑ Blue Choice Preferred Bronze PPO 105
☑ Blue Choice Preferred Bronze PPO 106
☑ Blue Choice Preferred Bronze PPO 107
☑ Blue Choice Preferred Bronze PPO 107 - One \$0 PCP Visit
☑ Blue Choice Preferred Bronze PPO 108
☑ Blue Choice Preferred Gold PPO 101
☑ Blue Choice Preferred Security PPO 100
☑ Blue Choice Preferred Silver PPO 102
All selected

Section 3: Application Status Reports

Application Status reports display primary applicants **not yet effectuated**. For application reports, select the “Application Status” radio button, choose one of the following from its dropdown menu and click “Submit.” Dropdown options include:

- All
- Started
- Pending / In Progress (typically, these clients have not yet paid the first month’s premium OR haven’t supplied proper special enrollment validation documents)
- Withdrawn

Application Status ?

Select One

Policy Status ?

Select One

Renewal Indicator

Select

Product Name ?

On Exchange

Off Exchange

Grandfathered

Non-Grandfathered

Medical Only

Dental Only

Temporary Plans

Both Medical And Dental

All

Note that Application Status reports now display the submission “Source” of the applications. Like the other columns, this column can be sorted A-Z or Z-A. Sources include:

- RPP: online apps submitted through the Retail Producer Portal
- RSC: online apps submitted through the Retail Shopping Cart
- Paper: “paper” apps sent through the mail, sent via fax or *uploaded through the Retail Producer Portal*
- eBroker: online apps sent via third-party web brokers

Export Selected RowsPrint Selected Rows

259 of 259 Search Results

Export AllPrint All

Show 100 entries

Previous123Next

	Last Name	First Name	Record Type	E-App Number	E-App Started	E-App Submitted	Group Number	Account Number	Status	Product Name	Product Type	Source	App. Received	Issue Date	Coverage Effective Date	Paid To Date	Termed	Producer Name
<input type="checkbox"/>	Jones	May	Application		5/15/2019		A12131		In Progress	BlueCare Dental 1A	OFF-EXCHANGE	Paper	5/13/2019			6/01/2019		Jane Doe
<input type="checkbox"/>	May	Anthony	Application		5/10/2019		DI2904		In Progress	BlueCare Dental 4 Kids 1B	OFF-EXCHANGE	RSC	5/10/2019			6/01/2019		Jane Doe
<input type="checkbox"/>	Davidson	Joseph	Application		5/10/2019		B12226		In Progress	Blue Choice Preferred Silver PPO 303	OFF-EXCHANGE	RPP	5/10/2019			6/01/2019		Jane Doe
<input type="checkbox"/>	Curtis	April	Application		5/10/2019		IG2800		In Progress	Blue Precision Gold HMO 207	OFF-EXCHANGE	eBroker	5/10/2019			6/01/2019		Jane Doe
<input type="checkbox"/>	Cruz	Sara	Application		5/10/2019		C12345		In Progress	BlueCare Dental 4 Kids 1B	OFF-EXCHANGE	RPP	5/10/2019			6/01/2019		Jane Doe

Section 3: Renewal Indicator Reports

This report type provides information on both renewals and new sales. For Renewal Indicator Reports, options include:

- All
- Active (all active renewals)
- CMS (passive renewals from CMS, most likely on-exchange plans submitted via healthcare.gov)
- HCSC (passive renewals from our organization)
- None (not a renewal at all, but a new application/sale)
- Blank (renewal type not known or available)

Application Status ?

Select One

Policy Status ?

Select One

Renewal Indicator

Select

All

Active

CMS

HCSC

None

Blank

Product Name ?

On Exchange

Off Exchange

Grandfathered

Non-Grandfathered

Medical Only

Dental Only

Temporary Plans

Both Medical And Dental

All

Section 4: Producer Reports

The options for this report only displays for General Agents and Agencies. Subproducers don’t have access to these reports. Select report options for Section 1, 2 or 3 and then enter producer/subproducer data in Section 4 to see producer-specific reports. For example, to pull active members for a specific producer or subproducer, select “Policy Status” from Section 3, then “Active” in the dropdown menu and enter a subproducer’s nine-digit ID number.

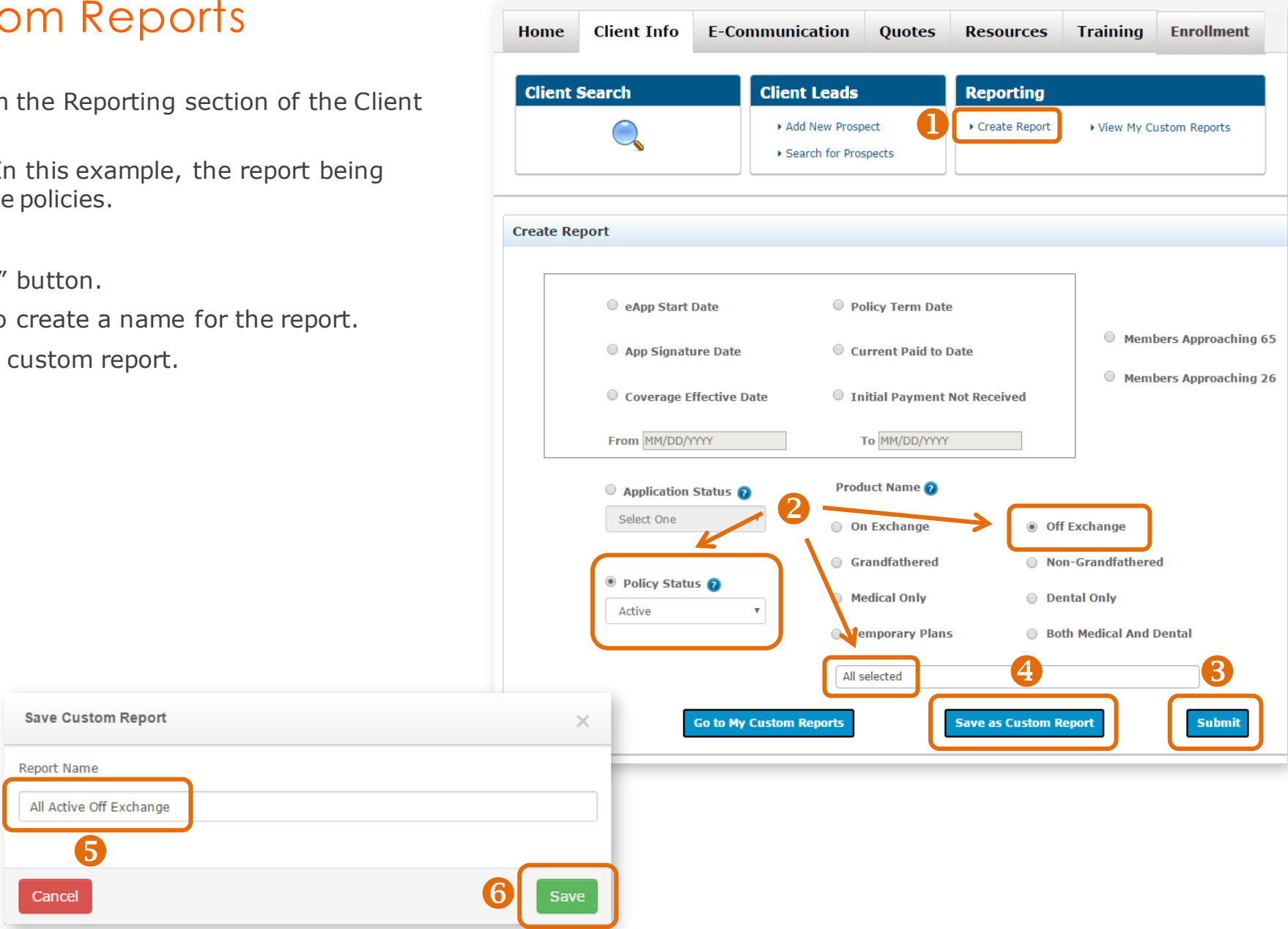
Producer First Name ?

Producer Last Name ?

Nine Digit Producer Number ?

Create & Save Custom Reports

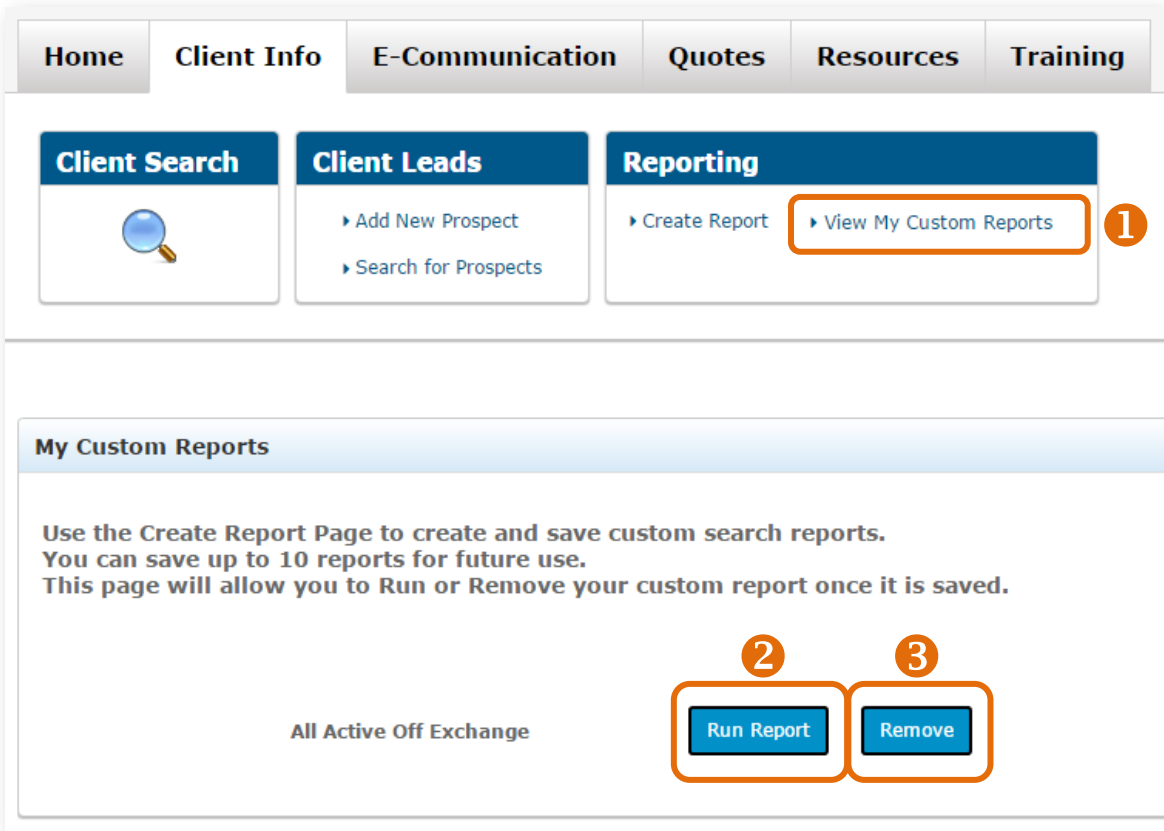
- 2. Select the "Create Report" link from the Reporting section of the Client Info tab.
- 3. Select your reporting parameters. In this example, the report being created is for all active off exchange policies.
- 4. Click the "Submit" button.
- 5. Select the "Save as Custom Report" button.
- 6. A pop-up box opens allowing you to create a name for the report.
- 7. Click the "Save" button to save the custom report.



View Custom Reports

After saving custom reports, you can run them again at any time. You can save up to 10 custom reports.

- 1. Select "View My Custom Reports" from the Reporting section of the Client Info tab.
- 2. Click on the "Run Report" button to see refreshed data.
- 3. If you've saved 10 reports and need to save another, one saved report will need to be deleted by clicking on the "Remove" button before a new report can be added.



Examples of Frequently Used Reports

Pending Applications and Applications Needing Binder/Initial Payment

You can run a report of submitted **on-exchange and off-exchange** qualified health plan applications that still require that important initial payment. To create a report of those needing to pay their first premium, follow these steps:

1. Go to the "Client Info" tab
2. Click on the "Create Report" link from the Reporting section.
3. Select "Application Status" and choose "Pending / In Progress" from the dropdown menu.
4. Click "Submit".
5. Then, export your data. See page 99 for details on exporting data from your reports.
6. Repeat steps 1 and 2 above.
7. Select "Policy Status" and choose "Missing Binder Payment" from the dropdown menu.
8. Select optional filtering options from the "Product Name" section.
9. Repeat steps 4 and 5. These two reports will give you a complete picture of those needing support to get their applications completed and their policies effectuated.

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Show less

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App Signature Date

Coverage Effective Date

From MM/DD/YYYY

To MM/DD/YYYY

Policy Term Date

Current Paid to Date

App Received Date

Coverage Issue Date

Members Approaching 65

Members Approaching 26

Application Status

Select One

Policy Status

Select One

All

Grace Period

Termed

Active

Missing Binder Payment

Product Name

On Exchange

Grandfathered

Medical Only

Temporary Plans

All selected

Off Exchange

Non-Grandfathered

Dental Only

Both Medical And Dental

Producer First Name

Producer Last Name

Nine Digit Producer Number

Clear All

Go to My Custom Reports

Save as Custom Report

Submit

Examples of Frequently Used Reports (continued)

Multiple Plan Names

You can select as many or as few plan names as needed from the product name drop down list for a report.

1. Select the "Create Report" link from the Reporting section of the Client Info tab.
2. Select "Policy Status" and choose, from the drop down list: All, Grace Period, Termed, Active or Missing Binder Payment.
3. Click on the product name drop down list. Select multiple plan names. In this example, all dental plans are chosen. You could use this feature to select by metallic level, network, product type and much more.
4. Click the "Submit" button.

You can select as many or as few plan names as needed from the drop down list. What's more, you can save the report parameters and run the report in the future at any time.

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View My Custom Reports

Create Report

eApp Start Date

Policy Term Date

App Signature Date

Current Paid to Date

Coverage Effective Date

Members Approaching 65

Members Approaching 26

From MM/DD/YYYY

Application Status ?
Select One

Policy Status ?
Active

Blue PPO Silver 003

Blue PPO Silver 004

Blue Precision Bronze HMO 103

Blue Precision Bronze HMO 003

Blue Precision Gold HMO 101

Blue Precision Gold HMO 001

Blue Precision Silver HMO 102

Blue Precision Silver HMO 106

Blue Precision Silver HMO 002

Blue Security PPO 010

BlueCare Dental 1A

BlueCare Dental 1B

BlueCare Dental 4 Kids 1A

BlueCare Dental 4 Kids 1B

BlueCare Direct Bronze 103 with Advocate

4 of 55 selected

Clear All

Go to My Custom Reports

Save as Custom Report

Submit

Using Book of Business Reports

Book of Business reports are available to all General Agents and Agencies that have subproducers.

For General Agents and Agencies with this access, they can select the Book of Business link from the Reporting section of the Client Info tab. Other producers will not see the “Book of Business” link.

You can search and create reports for a specific producer by using the producer’s nine-digit producer number (as shown at right). You can also search your entire hierarchy. Additional options allow you to include subproducers, include dental business and filter by premium status. Filtering by premium status can be used for client outreach as non-payment can jeopardize coverage.

You have several options sorting data as shown in the table at right.

Only the first 1000 rows will display when the “Search” button is clicked. However, *all* results will be included when you click on the “Export All” or “Print All” buttons.

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Show less ^

Client Search

Client Leads

Reporting

Book of Business Reporting

Search by Nine Digit Producer Number

111222333

Search

Search within My Hierarchy

Clear All

Include Sub-Producers

Include Dental

Filter by Premium Status

Export Selected Rows

Print Selected Rows

Export All

Print All

The search results exceed 1000 records. Please select Export All (or) Print All to view the entire book of business

Items Per Page: 25

Previous 1 2 3 4 5 ... 40 Next

1,000 Search Results

	Premium Status	Primary Last Name	Primary First Name	Account Number	Status	Product Name	Coverage Effective Date	Paid To Date	Term Date	Renewal Type	Producer Name	Nine Digit Producer Number
<input type="checkbox"/>	Initial Premium Not Received	WASHINGTON	KATHRYN	0011223344	ACTIVE	BlueCare Direct Silver 102 with Advocate	06/01/2017	06/01/2017	12/31/9999	NONE	AAA AGENCY	111222333
<input type="checkbox"/>	Initial Premium Not Received	THOMAS	BEN	0011223355	ACTIVE	Blue Cross Blue Shield Premier 101, a Multi-State Plan	06/01/2017	06/01/2017	12/31/9999	NONE	AAA AGENCY	111222333
<input type="checkbox"/>	Initial Premium	RAMOS	CHRISTINE	1122334466	ACTIVE	Blue Choice	06/01/2017	06/01/2017	12/31/9999	NONE	AAA AGENCY	111222333

Exporting Reports

It’s easy to print and/or export some or all of the data from any report.

- 1. Export Selected Rows:** Select the rows that you’d like to export and click on the “Export Selected Rows” button. The data you selected is automatically saved to a Microsoft Excel spreadsheet file with the default filename of “AdvancedSearchResults.xls” and is downloaded to your computer’s download folder. Open the file and save it with an appropriate name to the location needed.
- 2. Print Selected Rows:** Select the rows that you’d like to print. Then click on the “Print Selected Rows” button. All of the data that you selected will appear in print preview. Select the “Print” link in the top right corner to send the data to your printer. If you have Adobe Acrobat, you can also save the data to a PDF file.
- 3. Export All:** All of the data in the table is automatically saved to a Microsoft Excel spreadsheet file with the default filename of “AdvancedSearchResults.xls” and downloaded to your computer’s download folder. Open the file and save it with an appropriate name to the location needed.
- 4. Print All:** Click “Print All” and all of the data in the table will appear in a print preview window. Select the “Print” link in the top right corner to send the data to your printer. If you have Adobe Acrobat, you can also save the data to a PDF file.

Export Selected Rows

Print Selected Rows

1

2

1000 of 3501 Search Results

The search results exceed 1000 records. Please select additional filters to narrow your results or Export All or Print All to view search results

Export All

Print All

3

4

Items Per Page: 25

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	Last Name	First Name	Record Type	E-App Number	E-App Started	Group Number	Account Number	Status	Product Name	Product Type	App. Received	Issue Date	Coverage Effective Date	Paid To Date
<input type="checkbox"/>	WASHINGTON	MARY	Application	0100300865	9/26/2017	IB2602		Started	Blue Choice Preferred Bronze PPO 105	OFF-EXCHANGE	9/26/2017			
<input type="checkbox"/>	ADAMS	SARA	Application	0100300865	9/26/2017	DI2603		Started	BlueCare Dental 4 Kids 1A	OFF-EXCHANGE	9/26/2017			
<input type="checkbox"/>	JEFFRESON	TOMAS	Application	0100300256	9/21/2017	IB2605		Started	Blue Precision Bronze HMO 103	OFF-EXCHANGE	9/21/2017			
<input type="checkbox"/>	MADISON	DAVID	Application	0100300259	9/21/2017	IB2605		Started	Blue Precision Bronze HMO 103	OFF-EXCHANGE	9/21/2017			

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Previous 1 2 3 4 5 ... 40 Next

Export Selected Rows

Print Selected Rows

Export All

Print All