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Retail Producer Portal Guide: Enrolling Clients in MAPD and PDP

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. [This section covers enrolling clients in Medicare Advantage with Prescription Drug \(MAPD\) and stand-alone Prescription Drug Plan \(PDP\) policies.](#)

Enrolling Clients in MAPD and PDP

Select Medicare Line of Business

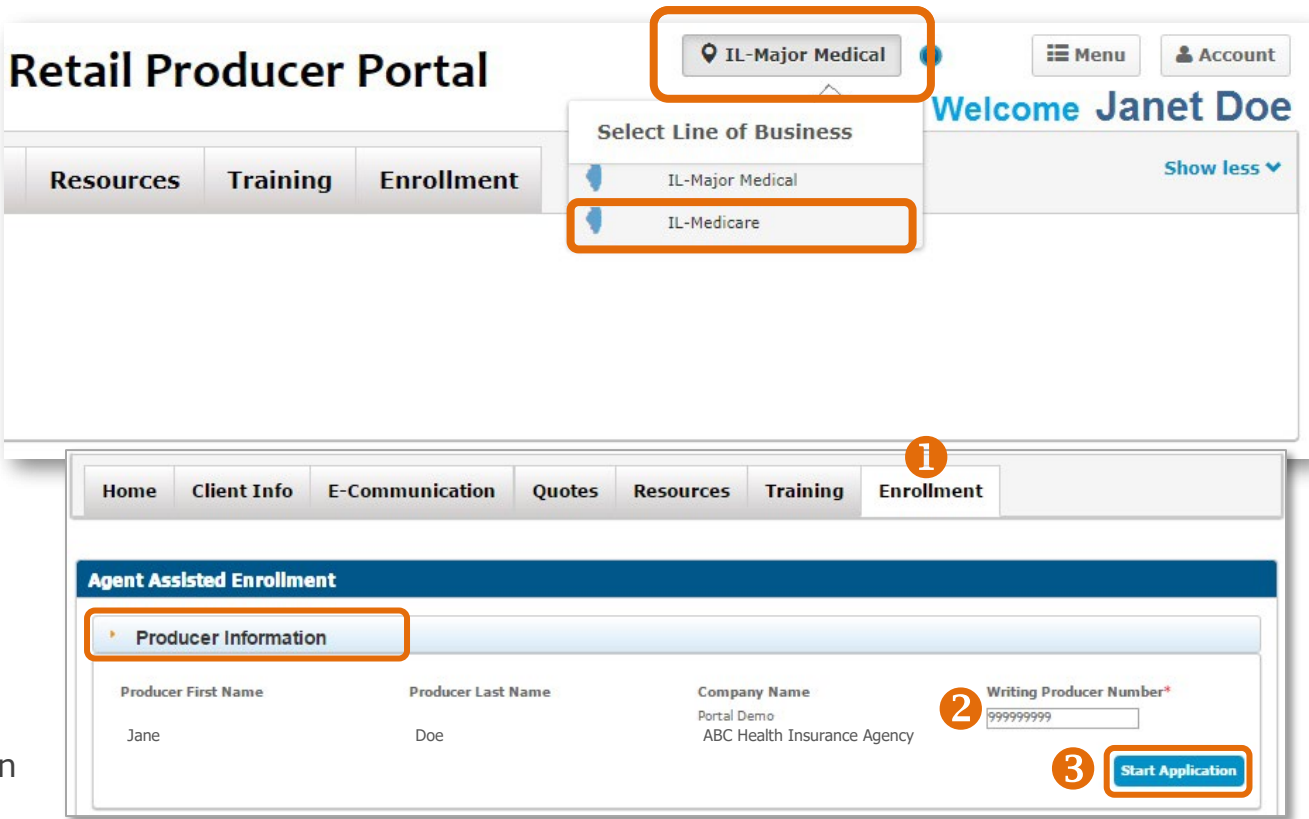
After logging in to the portal, check the line of business indicator located on the top right of the display window. A display of “Major Medical,” refers to under-65 qualified health plans. A display of “Medicare” refers to Medicare Supplement, MAPD and PDP lines of business. Select “Medicare.” Begin 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

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

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. 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

Home Address Line 1*1

Home Address Line 2

City*

Zip Code, County*County

Change Address

Date of Birth*5MM/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 CoverageSelect One

Address Validation

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

Original Address4040 Helene Avenue
Naperville, IL 60564
Dupage County

Recommended Address4040 S Helene Ave
Naperville, IL 60564
Dupage County

Submit Paper Application3

Use this Address2

4Close

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

Provider Finder

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?

Yes

No

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

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

Yes

No

3. Are you enrolled in your state Medicaid program?

Yes

No

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 Coverage

ID Number

Group Number

Name of Institution

Address Line 1

Address Line 2

City

State

AL

Zip Code

Primary Phone

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

Medicaid Number

Other Company

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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