BlueCross BlueShield
Illinois · Montana · New Mexico
Oklahoma · Texas

JANUARY 24, 2024

Retail Producer Portal Guide: Enrolling Clients in Medicare Supplement Plans

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 Supplement Plans

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

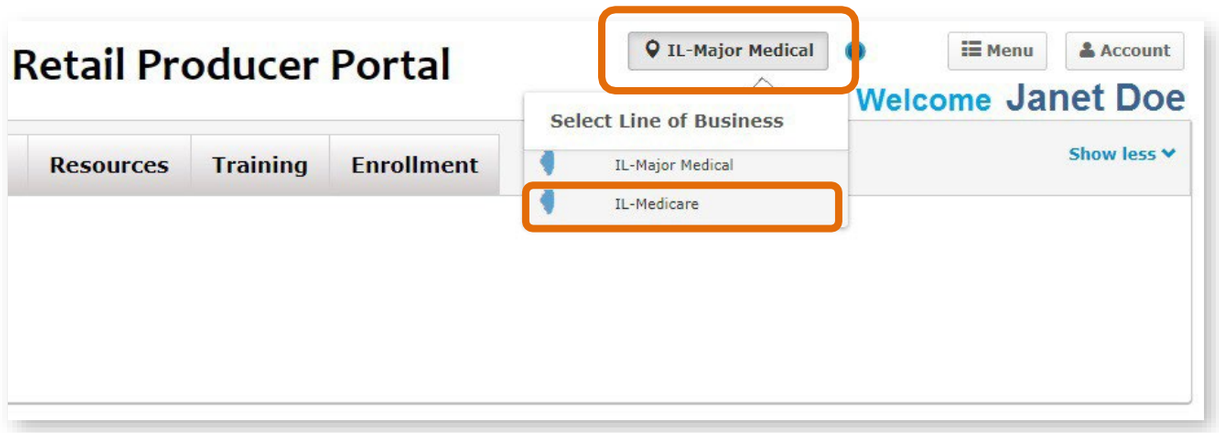
For applicants/members of new plans, some correspondence, payment and application data will be unavailable. As we focus on moving new Medicare Supplement members to a new membership platform, digital copies of member correspondence are not yet available. Some applicant information will be unavailable:

- 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."

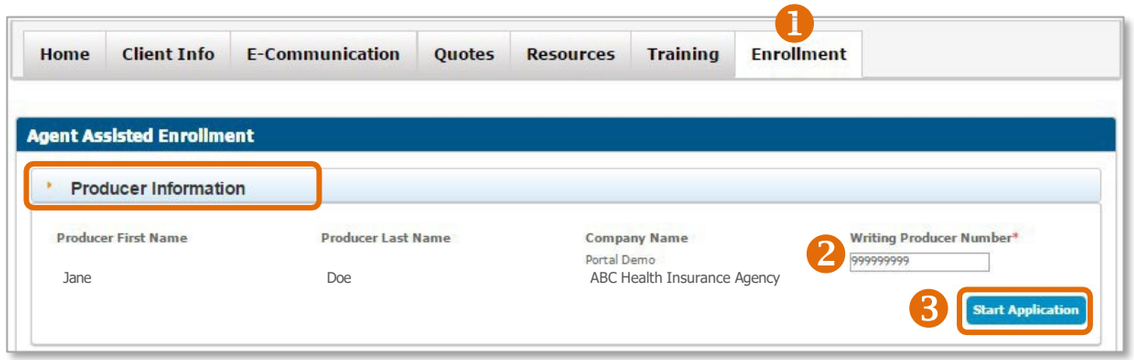


There is more than one path to enrollment. During quoting, you can select "Apply For This Plan" and information used during the quoting process will prepopulate many enrollment application fields. If you begin the enrollment process directly from the Enrollment tab, only the producer's information is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

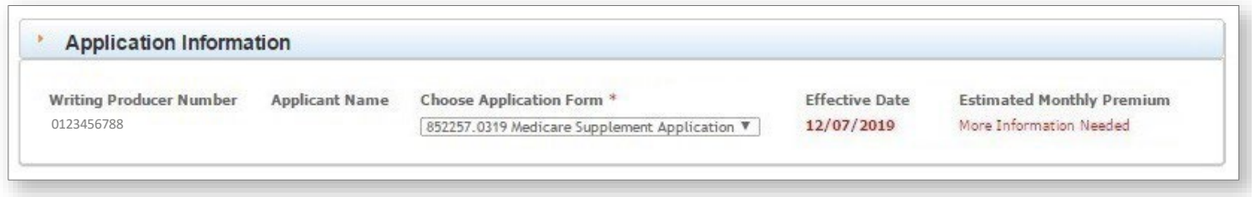
Producer Information

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.



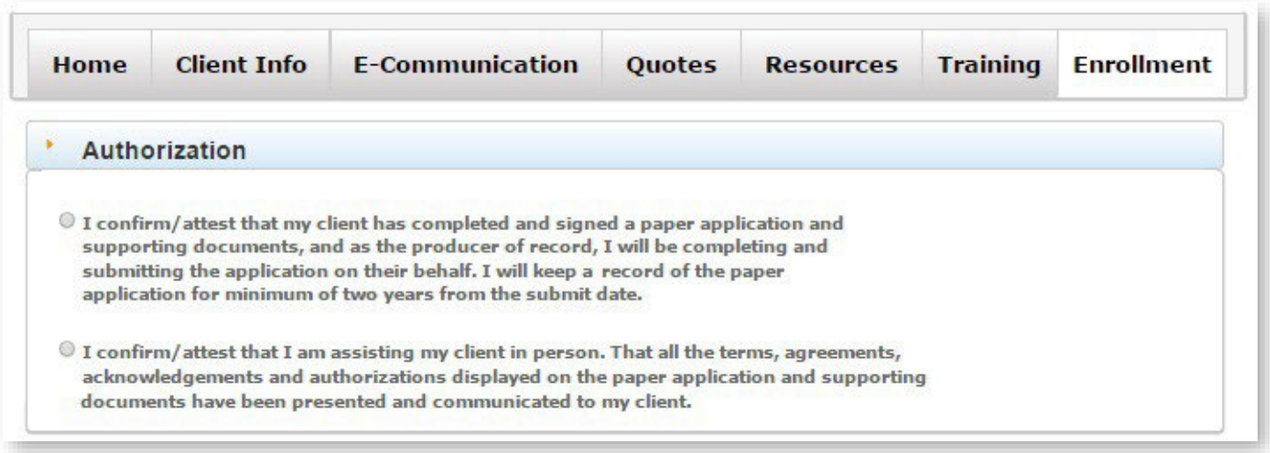
Application Information



- 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.

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.

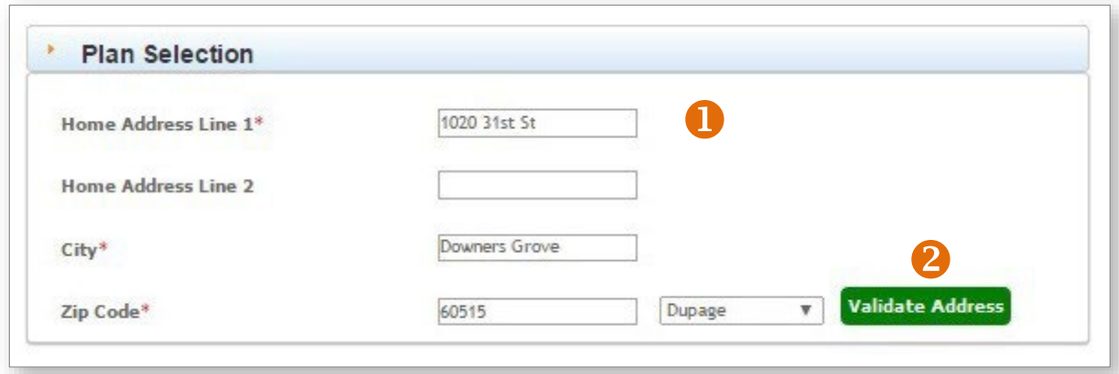
We recommend creating an attestation statement *each time* a signature is obtained by method (2.) or (3.). You could use the following example attestation. Be sure to save attestations for your records.

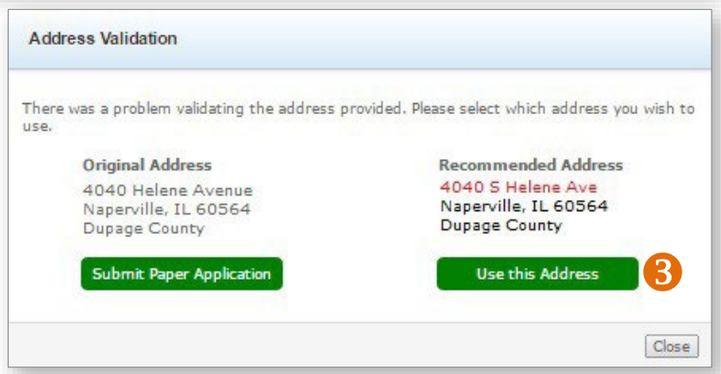
> I fully discussed the contents of the attached [DOCUMENT NAME] and hereby attest that [CLIENT/APPLICANT NAME] represented to me that they understood the contents of the [DOCUMENT NAME] and conveyed their approval of the contents of the [DOCUMENT NAME] to me. I explained that the [DOCUMENT NAME] would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

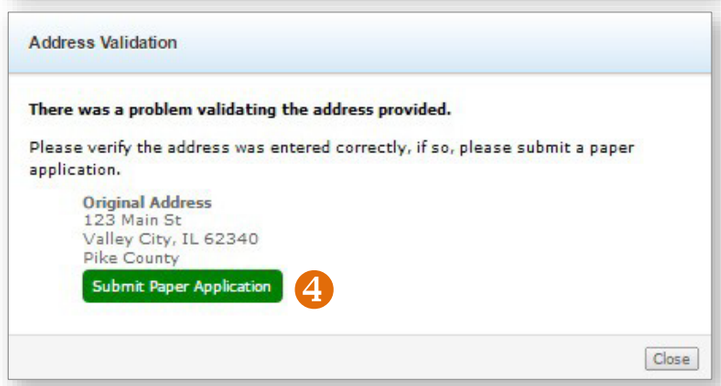
Plan Selection

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. 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.

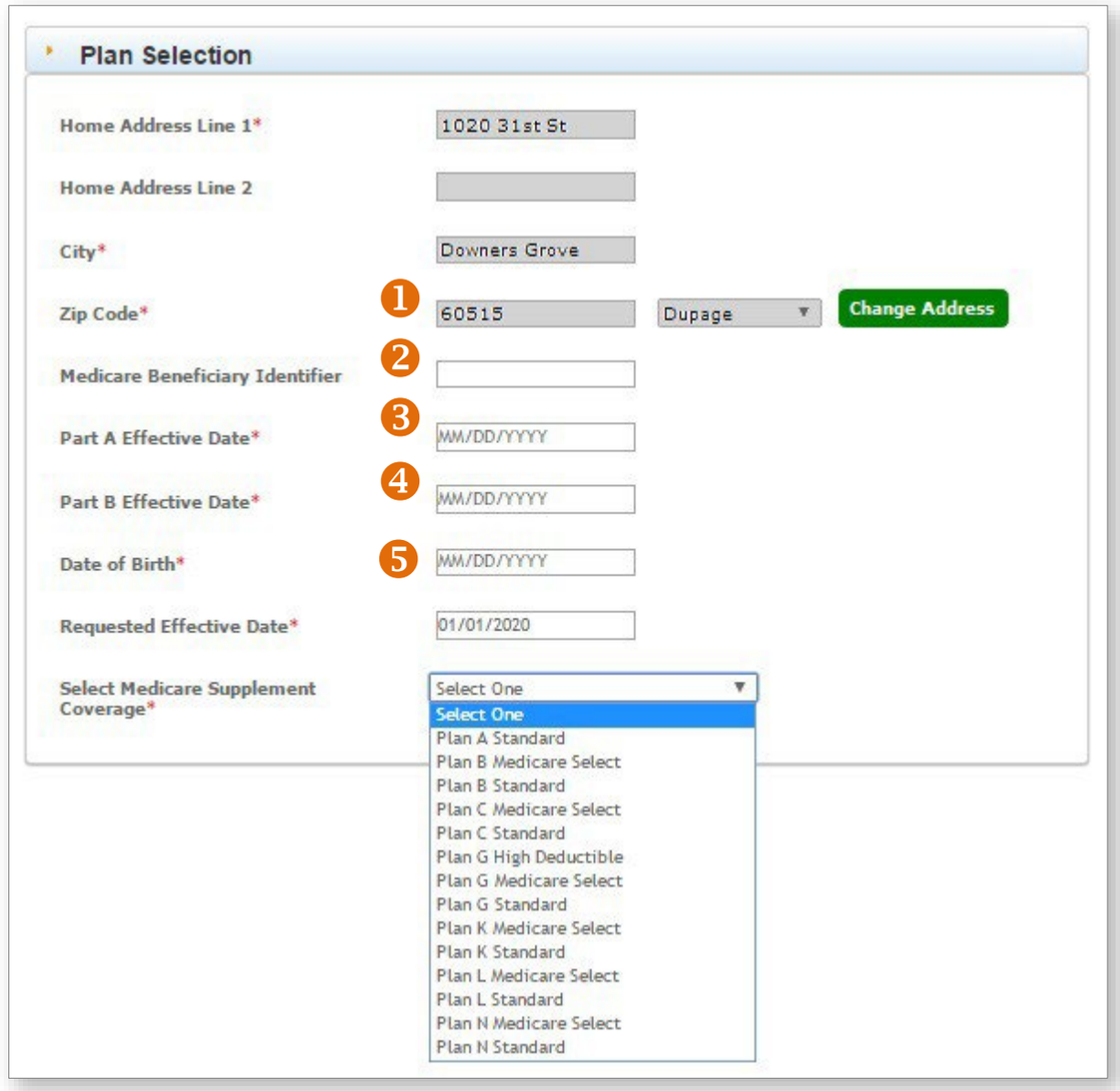






After entering an address and insuring that it's valid by clicking on the Validate Address button, complete the rest of the Plan Selection section of the application.

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.



Applicant Information

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

Tobacco Use

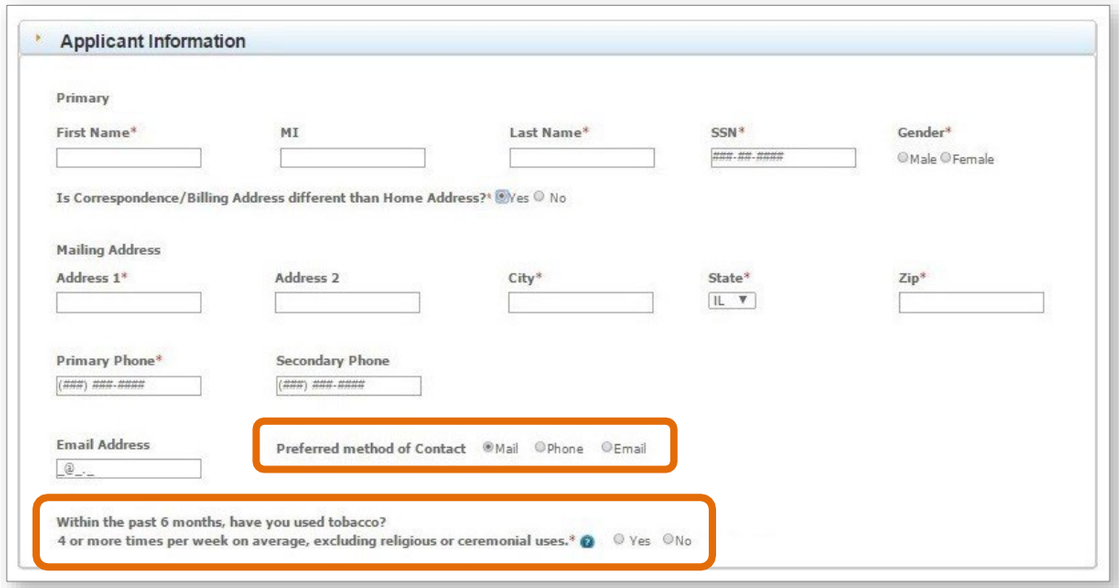
Rates are based on tobacco use. An applicant must be tobacco free for 6 months to be eligible for tobacco free rates. The tobacco use rate applies to all applicants, even if it's during their open enrollment period or they are applying for guaranteed issue policies. See our FAQs for more:

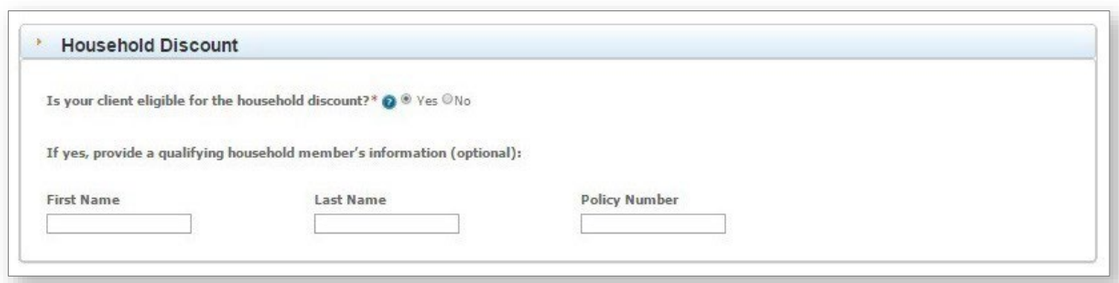
- Illinois
- New Mexico
- Oklahoma
- Texas

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





Payment

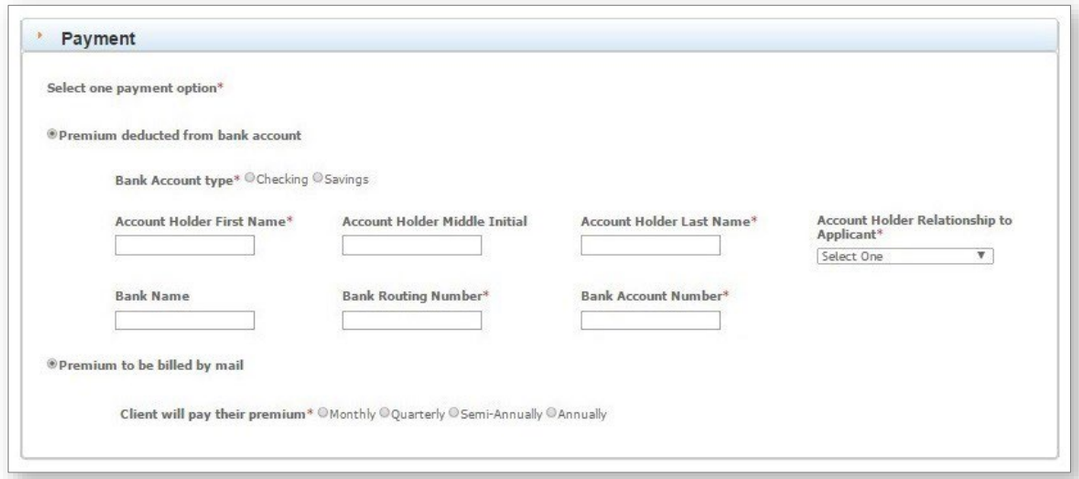
Select a payment option:

- 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:

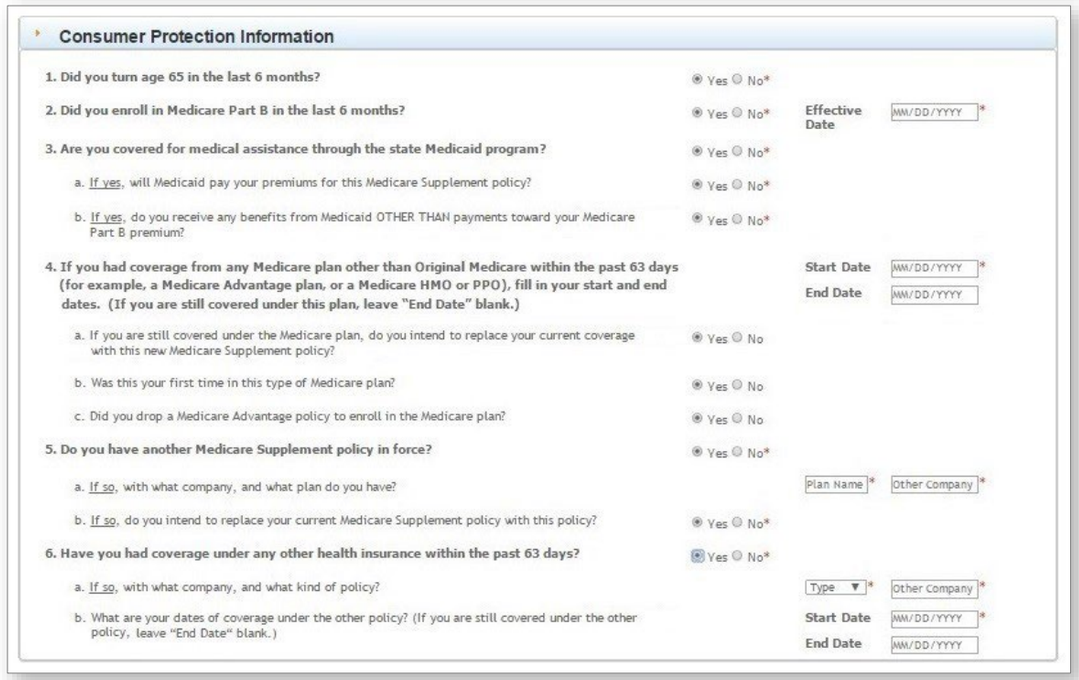
- Monthly
- Quarterly
- Semi-annual
- Annual

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

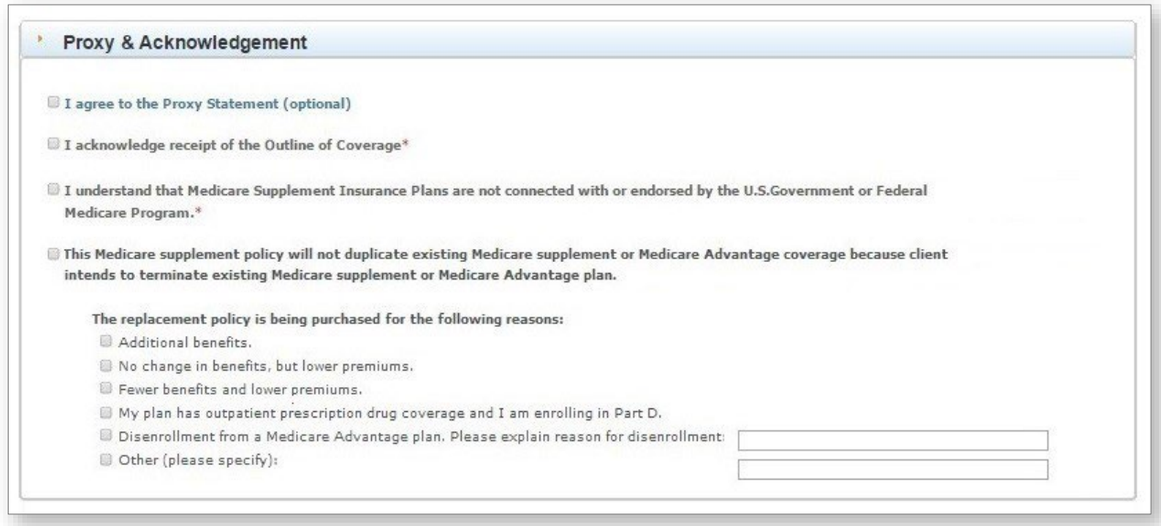
These questions help us understand what other coverages the applicant may currently have or have had in the recent past. Please answer all required (*) questions or an error will occur.



Proxy & Acknowledgement

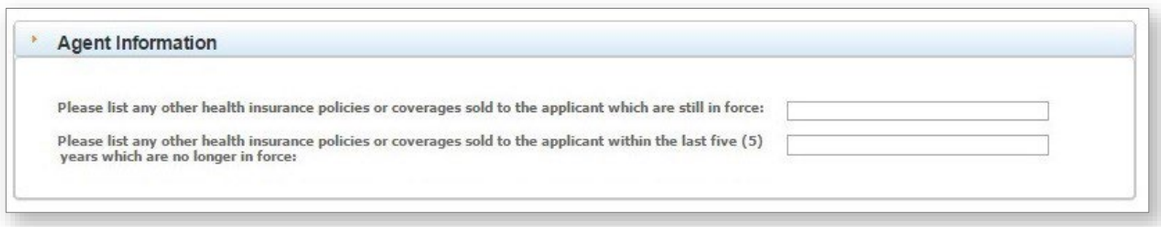
These statements act as a checklist to protect both the applicant and the producer. Make sure your client:

- 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.

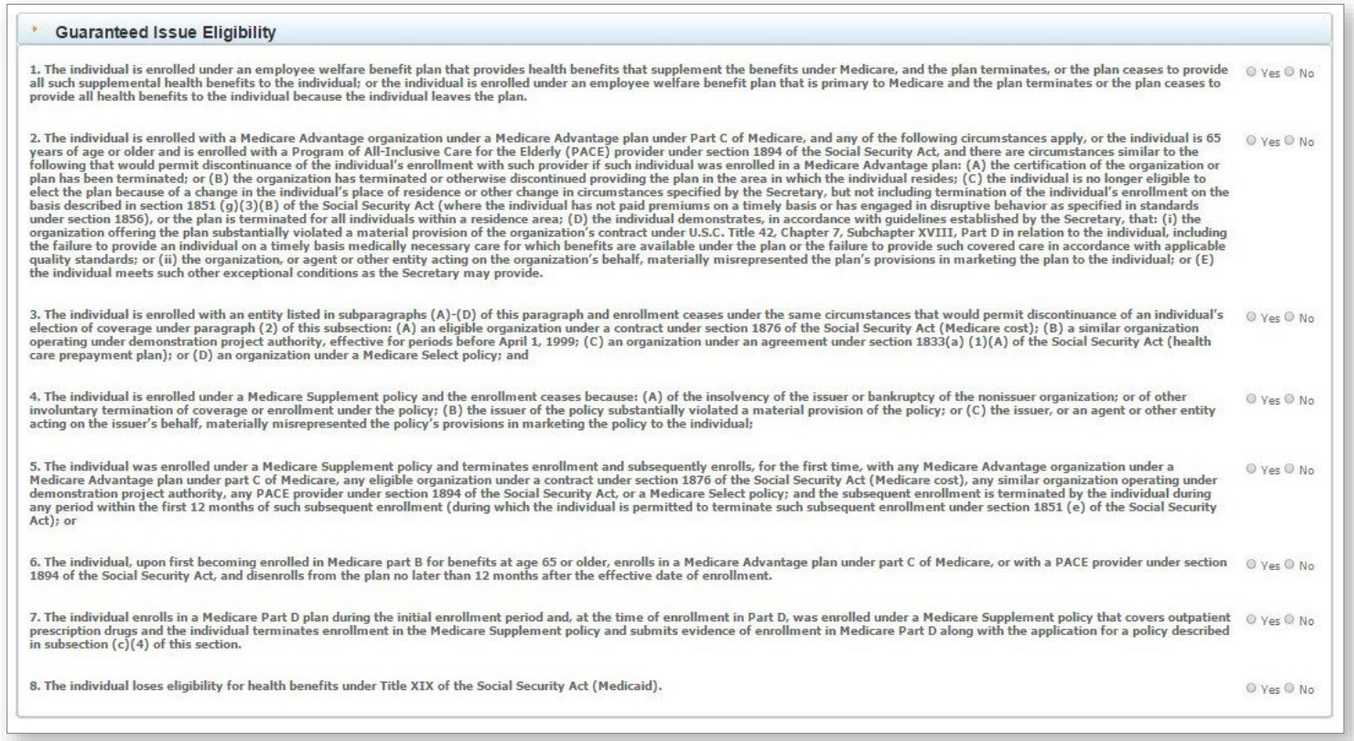


Guaranteed Issue Eligibility*

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.



*** 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.