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# 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:

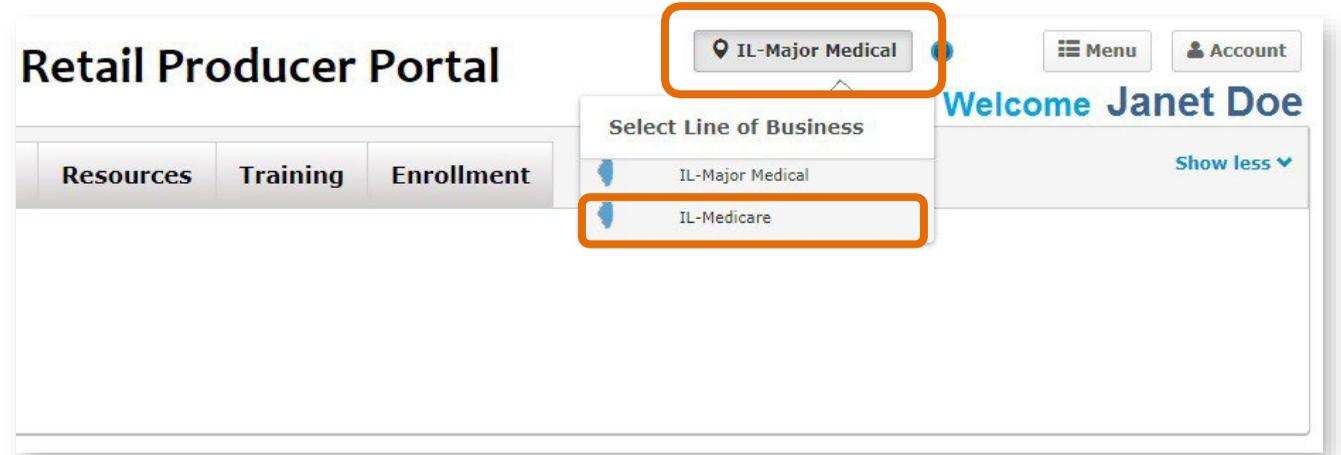
- PDF of the completed app
- The “Decision” display
- The app withdrawal date
- Email address and cell phone number (once the applicant becomes a member, all contact information will be available)

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

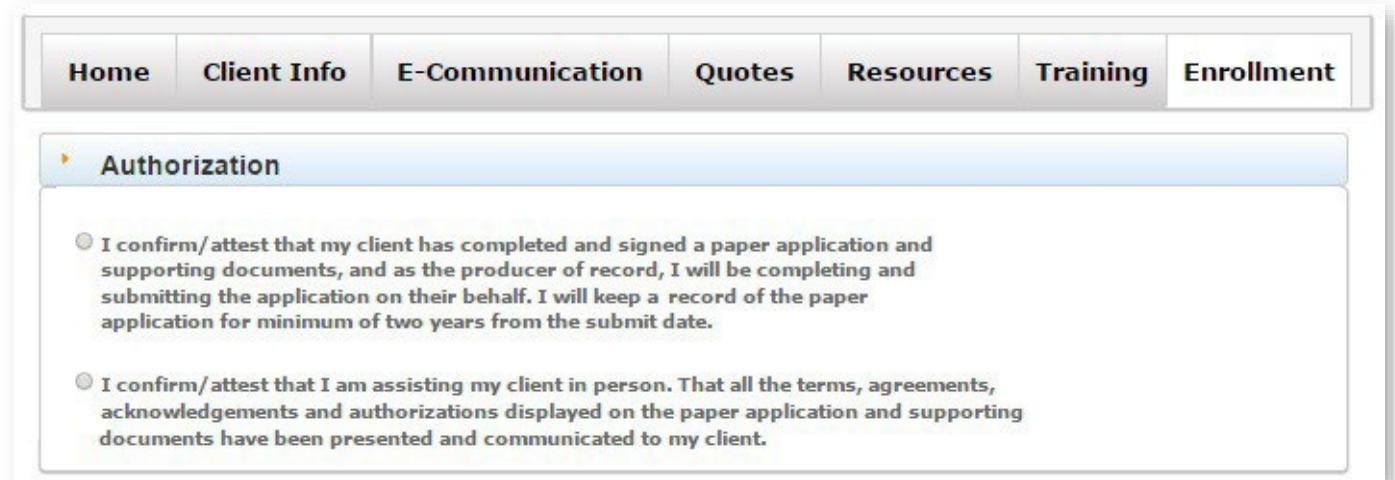
- Verify the Writing Producer Number. Once you begin with the producer ID number displayed here, **it can't be changed**. If it's incorrect here, click the Enrollment tab to start over.
- When you first begin applying, the applicant name won't be populated. As you move through the application, the field 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.

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.

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.

The screenshot shows a web form titled "Plan Selection" with the following fields and callouts:

- Home Address Line 1\***: 1020 31st St
- Home Address Line 2**: (empty)
- City\***: Downers Grove
- Zip Code\***: 60515 (Callout 1)
- Medicare Beneficiary Identifier**: (empty) (Callout 2)
- Part A Effective Date\***: MM/DD/YYYY (Callout 3)
- Part B Effective Date\***: MM/DD/YYYY (Callout 4)
- Date of Birth\***: MM/DD/YYYY (Callout 5)
- Requested Effective Date\***: 01/01/2020
- Select Medicare Supplement Coverage\***: A dropdown menu is open, showing options from "Select One" to "Plan N Standard".

Additional form elements include a "Dupage" dropdown menu and a green "Change Address" button.

## 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\*  Male  Female

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

## 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\*

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?  Yes  No\*

2. Did you enroll in Medicare Part B in the last 6 months?  Yes  No\* Effective Date

3. Are you covered for medical assistance through the state Medicaid program?  Yes  No\*

a. If yes, will Medicaid pay your premiums for this Medicare Supplement policy?  Yes  No\*

b. If yes, do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium?  Yes  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  End Date

a. If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare Supplement policy?  Yes  No

b. Was this your first time in this type of Medicare plan?  Yes  No

c. Did you drop a Medicare Advantage policy to enroll in the Medicare plan?  Yes  No

5. Do you have another Medicare Supplement policy in force?  Yes  No\*

a. If so, with what company, and what plan do you have? Plan Name\*  Other Company\*

b. If so, do you intend to replace your current Medicare Supplement policy with this policy?  Yes  No\*

6. Have you had coverage under any other health insurance within the past 63 days?  Yes  No\*

a. If so, with what company, and what kind of policy? Type  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  End Date

### 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

**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

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.

**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.

**\* This section does not appear for Illinois applicants.**

**There are no underwritten Medicare Supplement policies due to Illinois state law.**

**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

## 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?

2. What is your weight?

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?  Yes  No

- Taking Medications
- Eating
- Walking
- Bathing
- Dressing
- Toileting
- Moving from place to place in your home
- Getting in and out of bed or chairs

Cancel

Save and Exit

Submit Application