Anthem 🕸



mProducer – w/eSOA & Transfer to Customer Option



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medicareagentsupport@anthem.com Phone: (888) 209-7839

Verify Eligibility

Phone: (844) 274-6355 medicaideligibility@anthem.com

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mProducer – Anthem's Online Enrollment Tool How do l access mProducer?

You can access mProducer directly at: <u>https://mproducer.anthem.com/mproducer/public/login</u>

You can also access mProducer via the Producer Tool Box at: <u>https://brokerportal.anthem.com/apps/ptb/login</u>

	Welcome!
	Log in to your mProducer account
	Username
	Password
	Login
	Forgot Username or Password ?
	Not Enrolled? Sign up now.
	Have a question? medicareagentsupport@anthem.com
	Producer Toolbox
at:	Login or register to get the latest information about COVID-19.
	Registered Brokers Log in Here
	Not signed up? Register now >
	Username
	Password

mProducer Dashboard

• The dashboard has a set of tiles that gives you access to the tools you will need for your enrollments.

(SOA, Eligibility Verification & Quoting/Application)



mProducer SOA

Required - to be completed by Agent (Prior to Appointment):

Agent Name	
Ishakeyra Serrano	
Agent Phone	
562-658-9108	
Beneficiary Name	
Walt Disney	
Beneficiary Phone (Optional)	
562-888-9999	
Beneficiary Address (Optional)	
123 Disney Dr Disney Land CA 00000	

Medicare ID Number

Initial Method/Location of Contact

Referral

Indicate here if beneficiary was a walk-in.

Anthem-affiliated health plans are Medicare Advantage Organizations and Prescription Drug Plans with a Medicare contract. For Dual-Eligible Special Needs Plans: Anthem-affiliated health plans are a D-SNP with a Medicare contract and a contract with the state Medicaid program. Enrollment in Anthem-affiliated health plans depends on contract renewal.

A Medicare-approved Part D sponsor.

 Fill out section above ONLY and click on Transfer to Bene to eSign

mProducer Agent to send SOA

ransfer eSOA to Beneficiary	×
ishakeyra.serrano@anthem.com	
Customer provided 4-digit PIN 1234	
Automated transfer emails are occassionally identified as Spam or Junk mail. Please ask the shopper to check Spam or Junk mail folder if they don't see an email from us. Additional Information	
Use this space to provide additional information in the email to your customer. Text entered in this box will only appear on this email notification to be retained.	
Please call me with questions]
Max 2000 characters	1
Cancel Send eSOA	

mProducer Email to Client

senioronlinestore@noreply.anthem.com

Your Medicare Scope of Appointment

Your agent, Ishakeyra Serrano, has started an electronic scope of appointment for you.

Notice from agent: Please sign SCOPE of appointment. Please call me with questions.

To access your scope of appointment, please click on the following link <u>https://shop.anthem.com/medicare/my-esoa/enterpin?esoa-pin=5322</u>

To view the scope of appointment, please use the link provided above. You will need to enter the Email address and the 4 digit PIN you provided to the agent.

Serrano, Ishakeyra

Name: Rene Polanco		Enter your PIN
Email Address: ishakeyra.serrano@anthem.com	Link opened	*
PIN: 4 digit pin you provided to the agent.		Enter your email address

Link to SCOPE

Access your Scope of appointment

Sat

Ishakeyra Serrano

mProducer Client Signs SOA

Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or his/her authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.





Stand-alone Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plan (PDP)

A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost plans, some Medicare Private Fee-for-Service plans, and Medicare Medical Savings Account plans.

Beneficiary initials

Medicare Advantage Plans (Part C)

Medicare Health Maintenance Organization (HMO) Plan

A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare Preferred Provider Organization (PPO) Plan

A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you

initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. The person does not work directly for the federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:

Clear

Signature

Scope of Appointment documentation is subject to CMS record retention requirements.

Agent: Ensure correct Scope of Appointment form is selected for beneficiary's plan enrollment choice. Also, if the form was signed by the beneficiary at the time of appointment, please provide explanation why SDA was not documented prior to meeting:

Anthem-affiliated health plans are Medicare Advantage Organizations and Prescription Drug Plans with a Medicare contract. For Dual-Eligible Special Needs Plans: Anthem-affiliated health plans are a D-SNP with a Medicare contract and a contract with the state Medicaid program. Enrollment in Anthem-affiliated health plans depends on contract renewal.

A Medicare-approved Part D sponsor.

Submit & Transfer Back to Agent

Thank You!

Your portion of scope of appointment form is complete. Your agent may now proceed to discuss the products you selected in your upcoming appointment.

mProducer SOA Agent Completion



mProducer SOA Agent Completion

Required - to be completed by Agent (Post Appointment):



Scope of Appointment documentation is subject to CMS record retention requirements.



mProducer SOA Agent Completion

Success! Your SOA is saved successfully.

Electronic Scope of Appointments List

Back to SOA

Search Beneficiary			Status Type		
			All	▼ Q	
BENEFICIARY NAME	PHONE	MEDICARE ID	CREATE DATE	STATUS	
Walt disney			2020-04-14	Completed	B

mProducer Dashboard





Plan Details

	Plan Name	Plan Description	Monthly Premium	
Anthem MediBlue Heart (HMO C-SNP) Benefit Summary Plan Documents		Anthem MediBlue Heart (HMO C-SNP) is a Health Maintenance Organization plan with a Medicare contract. This plan is designed exclusively for the needs of any Medicare beneficiary who has been diagnosed with cardiovascular disorders including chronic heart failure. You must have been diagnosed by your doctor with cardiovascular disorders and chronic heart failure to be eligible to join this plan.	\$0.00	Apply
	Anthem MediBlue ESRD (HMO C- SNP) Benefit Summary Plan Documents	Anthem MediBlue ESRD (HMO C-SNP) is a Health Maintenance Organization plan with a Medicare contract. This plan is designed exclusively for the needs of any Medicare beneficiary who has been diagnosed by their doctor with end-stage renal disease requiring dialysis (any mode of dialysis).	\$0.00	Арріу
	Anthem MediBlue Plus (HMO) Benefit Summary Plan Documents	Anthem MediBlue Plus (HMO) is a Medicare Advantage Health Maintenance Organization plan with a Medicare contract.	\$0.00	Apply
	Anthem MediBlue Connect (HMO D-SNP) Benefit Summary Plan Documents	Anthem MediBlue Connect (HMO D-SNP) is a Health Maintenance Organization plan with a Medicare contract. This plan is designed to meet the specialized needs of people who have both Medicare Parts A and B and receive full cost sharing assistance from the state Medicaid program.	\$0.00	Apply
	Anthem MediBlue Select (HMO) Benefit Summary Plan Documents	Anthem MediBlue Select (HMO) is a Medicare Advantage Health Maintenance Organization plan with a Medicare contract.	\$0.00	Apply
	Anthem MediBlue Value Plus (HMO) Benefit Summary Plan Documents	Anthem MediBlue Value Plus (HMO) is a Health Maintenance Organization plan with a Medicare contract. This is a general enrollment plan.	\$0.00	Apply

Click on either to get PDF of Summary of Benefit and send to client

Plan Details

Plan Name	Plan Description	Monthly Premium		
Anthem MediBlue Heart (HMO C-SNP) Benefit Summary Plan Documents	Anthem MediBlue Heart (HMO C-SNP) is a Health Maintenance Organization plan with a Medicare contract. This plan is designed exclusively for the needs of any Medicare beneficiary who has been diagnosed with cardiovascular disorders including chronic heart failure. You must have been diagnosed by your doctor with cardiovascular disorders and chronic heart failure to be eligible to join this plan.	\$0.00	Apply	
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Anthem MediBlue Plus (HMO) Benefit Summary Plan Documents	Anthem MediBlue Plus (HMO) is a Medicare Advantage Health Maintenance Organization plan with a Medicare contract.	\$0.00	Apply	
Anthem MediBlue Connect (HMO D-SNP) Benefit Summary Plan Documents	Anthem MediBlue Connect (HMO D-SNP) is a Health Maintenance Organization plan with a Medicare contract. This plan is designed to meet the specialized needs of people who have both Medicare Parts A and B and receive full cost sharing assistance from the state Medicaid program.	\$0.00	Apply	Select apply on desired plan
Anthem MediBlue Select (HMO) Benefit Summary Plan Documents	Anthem MediBlue Select (HMO) is a Medicare Advantage Health Maintenance Organization plan with a Medicare contract.	\$0.00	Apply	
Anthem MediBlue Value Plus (HMO) Benefit Summary Plan Documents	Anthem MediBlue Value Plus (HMO) is a Health Maintenance Organization plan with a Medicare contract. This is a general enrollment plan.	\$0.00	Apply	

Plan Detail This plan contains additional options. Select those options you are interested in or continue without selections. Anthem MediBlue Select (HMO) Plan Premium \$0.00 Additional Coverage You have the option of enrolling in Optional Supplemental Benefits up to 90 days after your plan's effective date. The effective date you selected for this plan is listed below under "Coverage Begins". No Additional Coverage Dental and Vision Package \$31.00 Enhanced Dental and Vision Package \$51.00 Preventive Dental Package \$12.00 \$0.00 **Total Monthly Premium** Coverage Begins: May 2020 Continue

mProducer Application

	Customer De	etails	×
First Name			
Last Name			
Gender © Male ® Female			
Date of Birth 06/01/1951			
Zip Code (Primary Residence) 90604			
Email Address (Optional)			
Phone Number			
Coverage Begins			
May	2020		
	Create and Submit new Electronic application Create Electronic Application	Enter data directly from a completed paper application Submit Paper Application	
Complete all info and click here			

mProducer Complete Application

Primary Care Physi	cian							
		Need PCP ID?						
Note: For HMO plans; if a valid PCP ID is	; not provided, one will be selected for you.							
Click here to use the Online Store Search tool to	look up the Provider's PCP Information.							
Provider First Name	Pr	ovider MI		Provider Last Name				
Primary Medical Group (PMG) name								
Provider Address1	City		State		ZipCode			
PCP ID# (Please enter the full ID #, including	any leading zeros. PCPID should be 8 numeric characters.)		Are you now seeing or have you recently seen th Yes O No	is doctor?				
Please check one of the boxes below if you w	ould prefer us to send you information in a language other t	than English or in another format:						
◎ Spanish ◎ Chinese ◎ Korean(if avalia	able)							
Assistance for the visually impaired:								
Voice-Enabled (Audio) PDF	nt 🔍 None							
Со	mplete ALL pages of ap	plication						
	, here here h							
2 3 4 >					Save	PDF	Transfer to Customer	Cance



Applicant Signature		
Please select how you would like to capture applicants signature?		
○ Voice Signature ○ Paper Application Signature Pad	1	
Tap on the signature pad to begin to capture the application signature		
I have read and agree with the TERMS listed above	l agree to provide an original application if requested (if applicable)	Helped Applicant to fill this Application
○ Yes ○ No	⊖ Yes ⊖ No	● Yes ○ No
Agent Electronic Signature		
First Name*	Middle Initial	Last Name*
	·	
First Name (Retype)	Middle Initial (Retype)	Last Name (Retype)
City	State	

mProducer Agent Signature & Submit

Agent Electronic Signature First Name* Last Name* Middle Initial Middle Initial (Retype) First Name (Retype) Last Name (Retype) City State Fill out ALL Agent Electronic Signature Section < 1 2 3 4 Transfer to Customer Cancel PDF Submit Upload any required documents in top right corner & click "Transfer to Customer"



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