

Alignment Healthcare Broker Portal Training Manual

Part 1: Login

STEP 1: Navigate to <https://agents.alignmenthealthcare.com/login/> and click on the “Broker Portal Login” button under the “PARTNER EXPERIENCE” section on the left side of the screen (see Fig. 1).

The screenshot shows the Alignment Healthcare Broker Portal Login Page. At the top left is the Alignment Health Plan logo. To the right are navigation links: DISCOVER AHP, MEMBERS, PROVIDERS, AGENTS, and SCHEDULE APPT. An 'Enroll Now' button is located in the top right corner. The main content area features a large image of a smiling man and woman in business attire, with the text 'Partner Experience' overlaid. Below this is a section titled 'Greetings Agents/Agency Partners' with a welcome message and a paragraph about the company's mission. On the left side, there is a sidebar with a blue header 'PARTNER EXPERIENCE' and a list of options: Agent Requirements, New Agent, Recertifying Agent, and Broker Portal Login. The 'Broker Portal Login' option is highlighted with a red rectangular box.

Fig 1: Broker Portal Login Page

STEP 2: Enter your username and password and hit the “Submit” button (see Fig. 2).

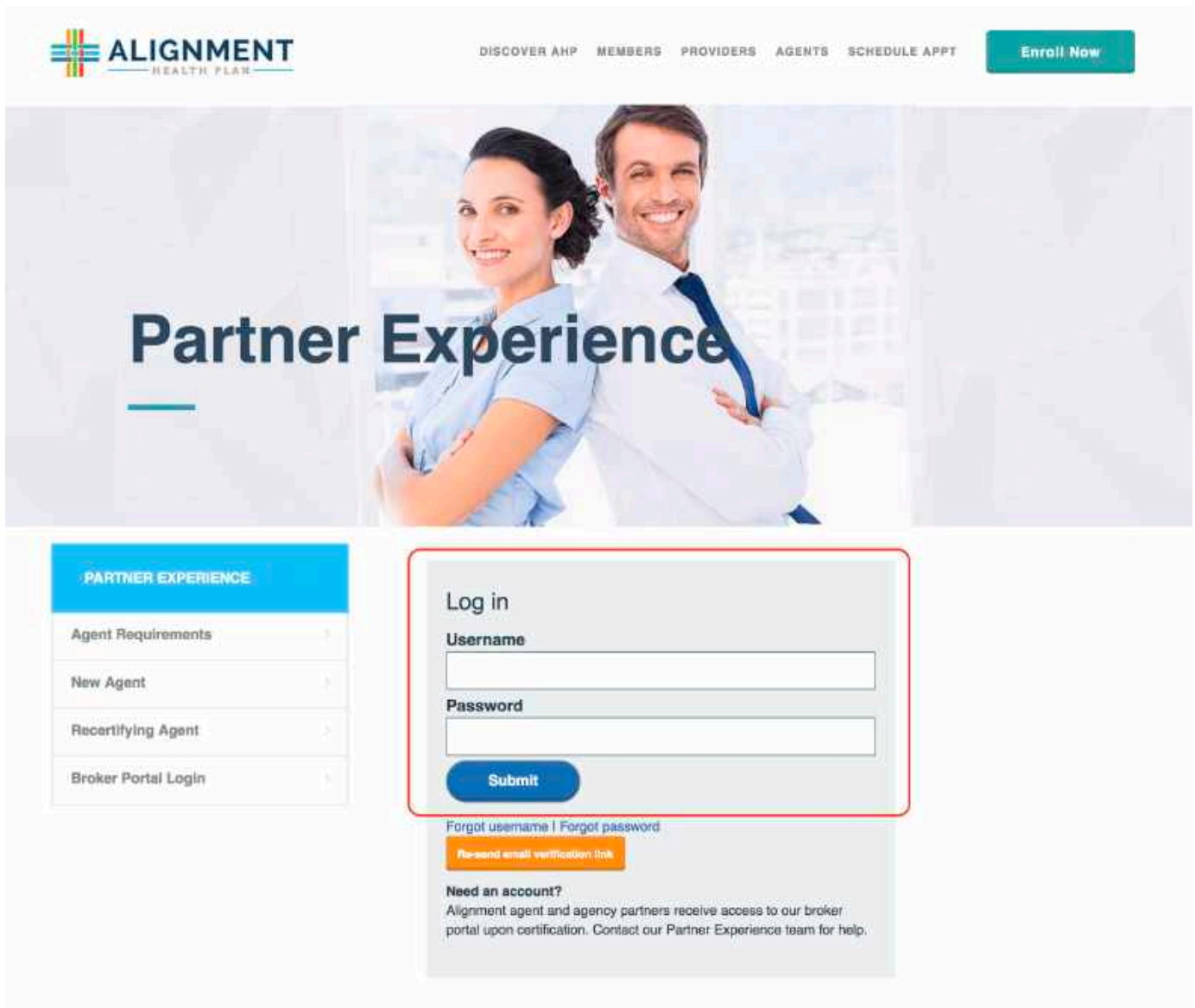


Fig 2: Broker Portal Login Credentials Page

Part 2: Create Client

STEP 3: Click on the “Create Client” button under the “AGENT ACTIONS” section on the left side of the screen (see Fig 3).

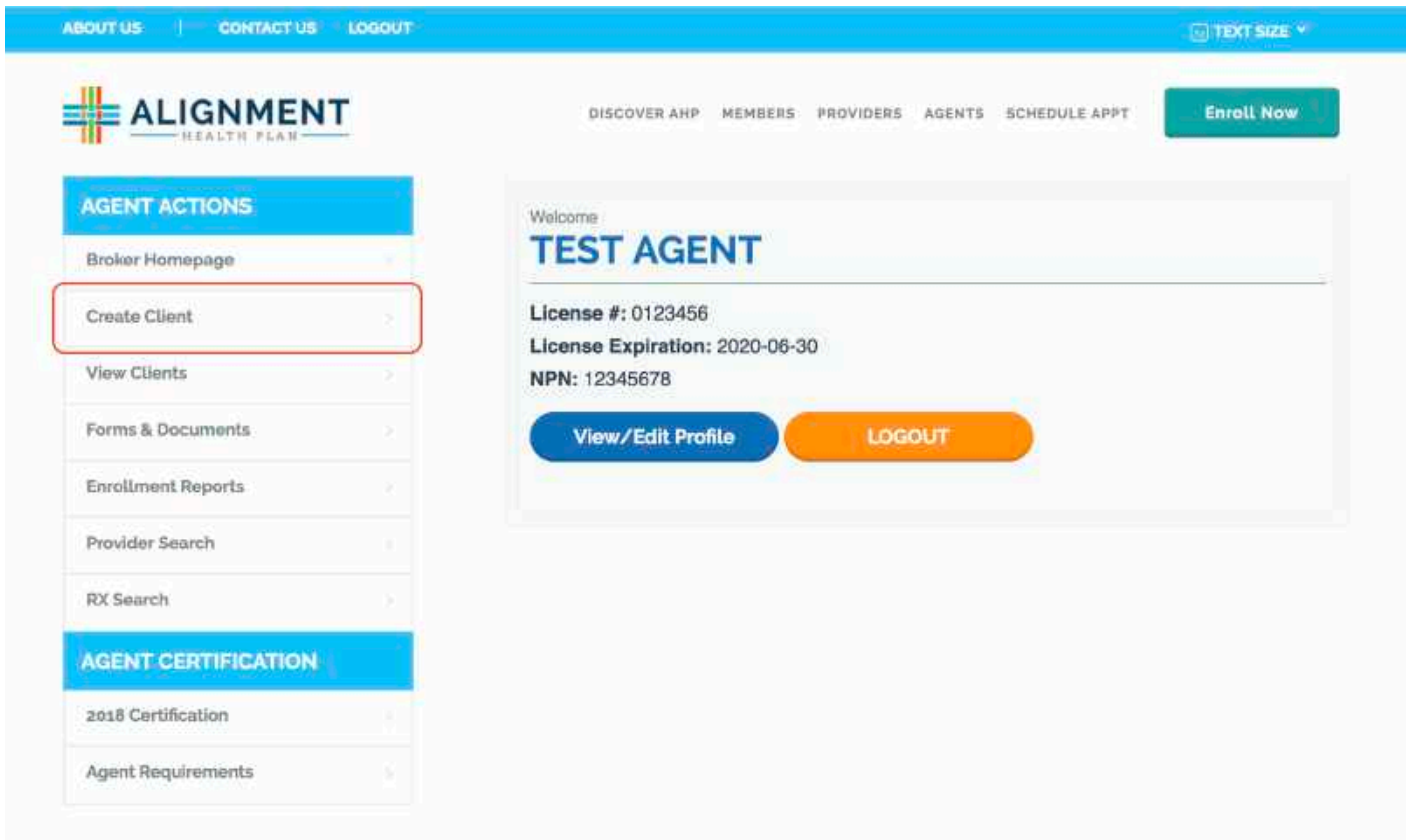


Fig 3: Create Client

STEP 4: Enter the client’s information. Please Note: Mandatory Information include the Client’s First Name, Last Name, Date of Birth, Gender, Initial Method of Contact, and Medicare ID#.

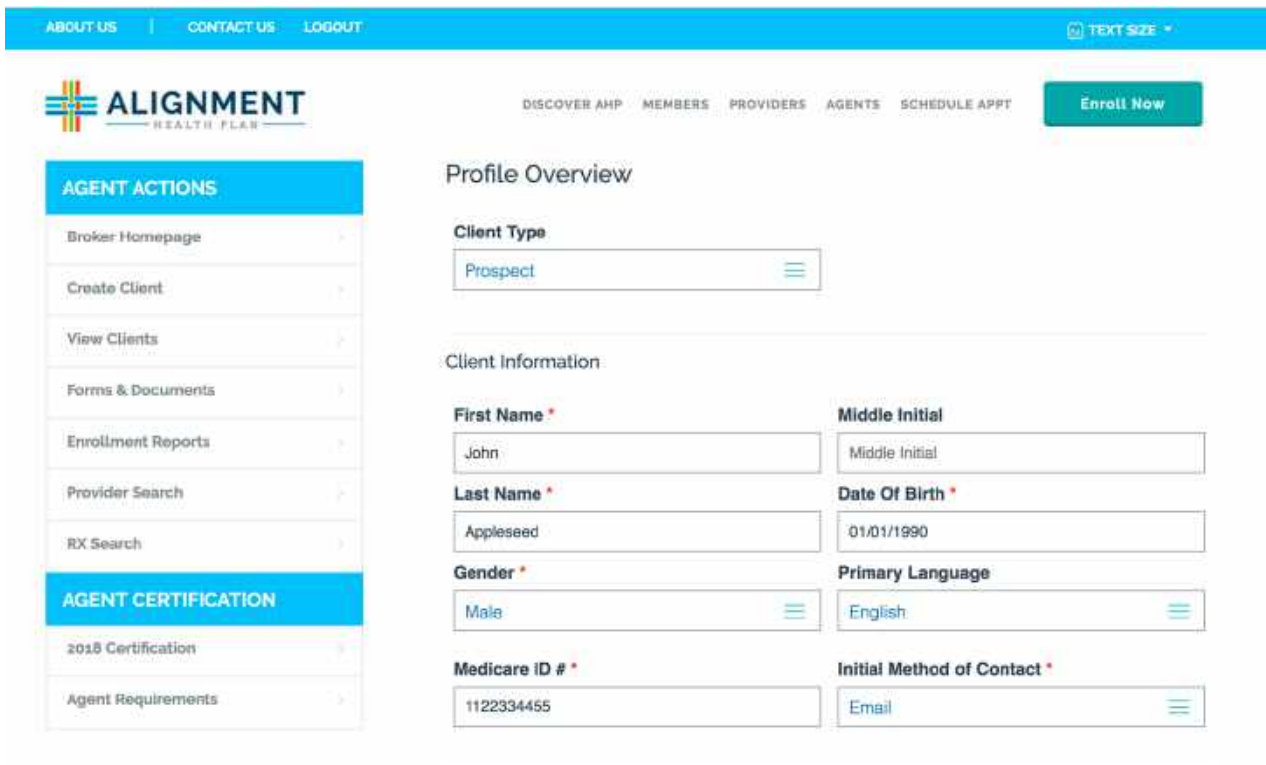


Fig 4: Client's Details

STEP 5: Click "Create Client" button on the bottom of the screen (see Fig 5a). A message will appear on the top of the screen notifying you that the new client was successfully created (see Fig 5b).

City Los Angeles	State CALIFORNIA
ZIP * 90001	
Mailing Address	
Address Line 1 Address Line 1	Address Line 2 Address Line 2
City City	State Select A State
ZIP Zip Code	
Email john@appleseed.com	Primary Phone No. 123-456-7890
Mobile Phone No. Phone Number	Preferred Contact Method Phone
Create Client	

Fig 5a: Create Client Button

ABOUT US | CONTACT US | LOGOUT TEXT SIZE

ALIGNMENT HEALTH PLAN DISCOVER AMP MEMBERS PROVIDERS AGENTS SCHEDULE APPT **Enroll Now**

AGENT ACTIONS

- Broker Homepage
- Create Client
- View Clients
- Forms & Documents
- Enrollment Reports
- Provider Search
- RX Search

AGENT CERTIFICATION

- 2018 Certification
- Agent Requirements

Client John Appleseed created successfully. Click on View Clients to see the client.

Profile Overview

Client Type
Prospect

Client Information

First Name * John	Middle Initial Middle Initial
Last Name * Appleseed	Date Of Birth * 01/01/1990
Gender * Male	Primary Language English
Medicare ID # * 1122334455	Initial Method of Contact * Email

Fig 5b: Client Created

STEP 6: Click “View Clients” button under the “AGENT ACTIONS” section on the left side of the screen (see Fig 6a). The “Client List” window lists all the clients that were created by you (see Fig 6b).

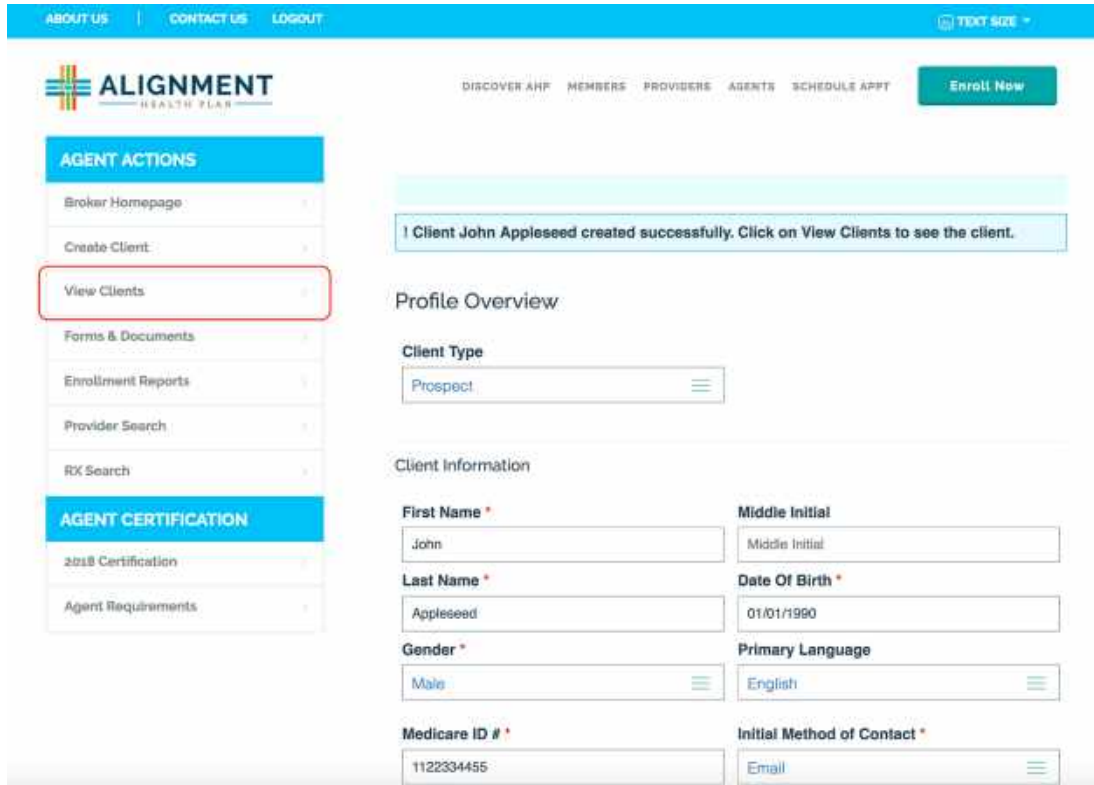


Fig 6a: View Clients

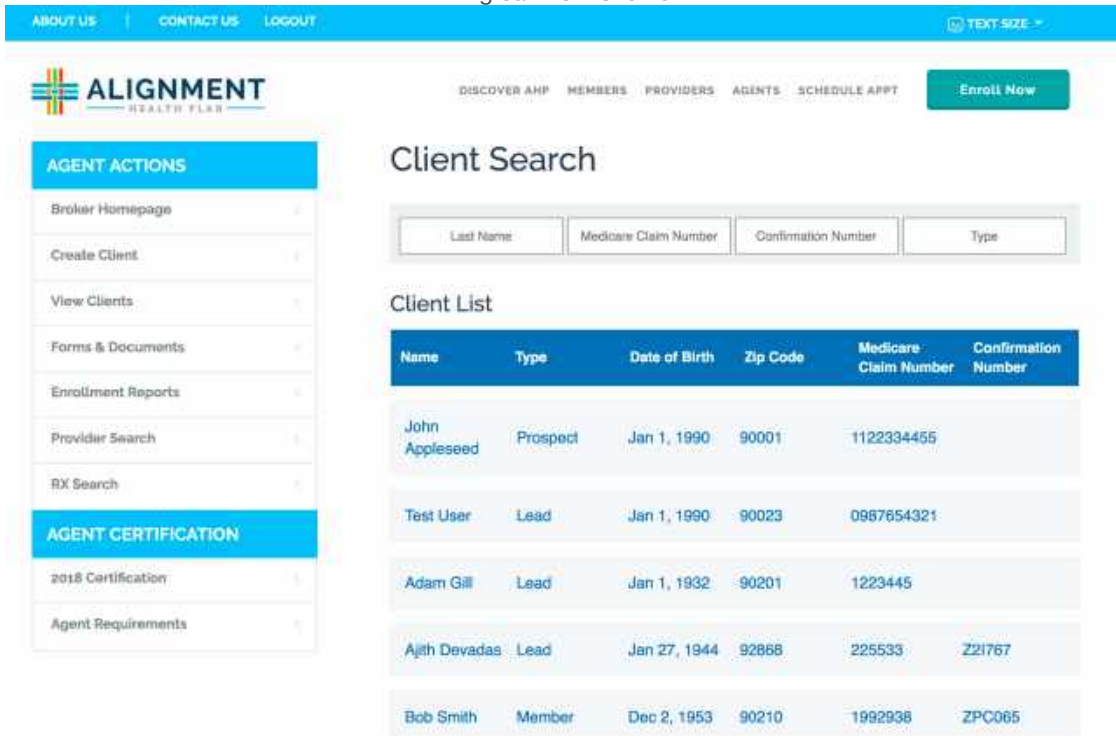


Fig 6b: Clients' List

STEP 7: Click on the Client’s name that you just created (see Fig 7). This will open a new screen that will display all the information about the client and will also allow you to add and/or update client’s information before starting their enrollment application.

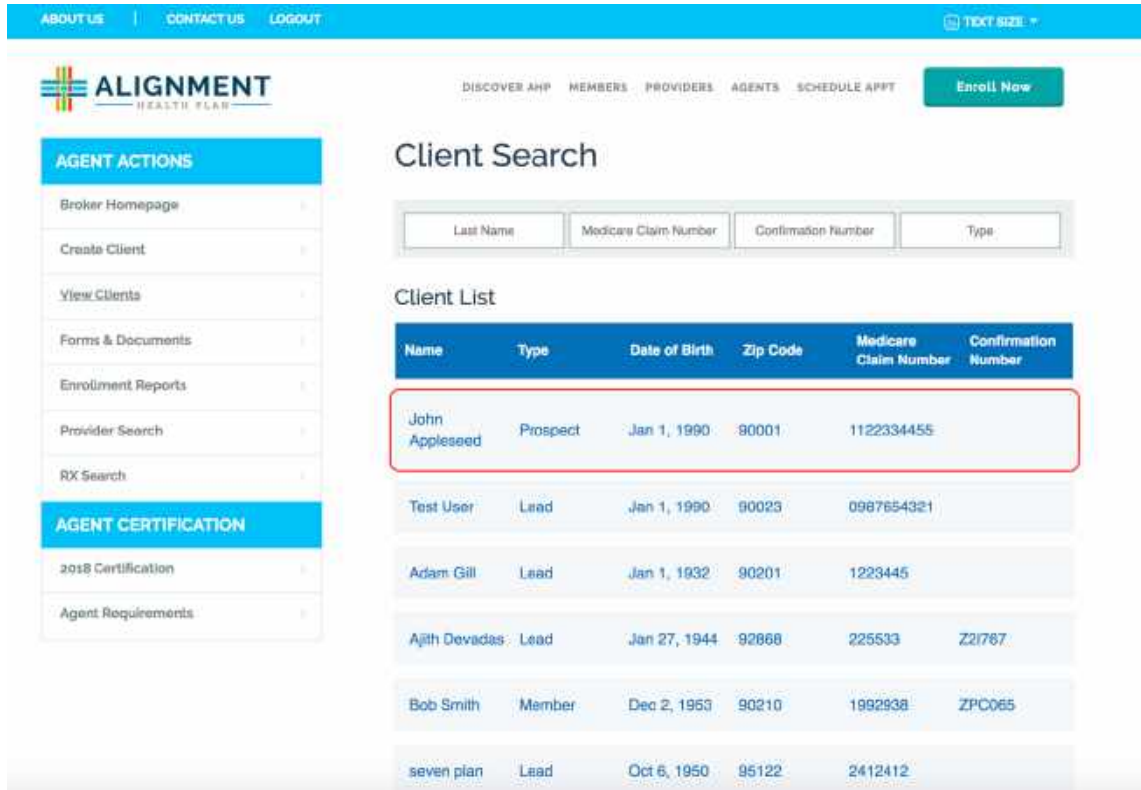


Fig 7: Choose Client

STEP 8: Select the correct Effective Date from the “Proposed Effective Date” drop down menu and click “Start new application” button (see Fig 8a and Fig 8b)

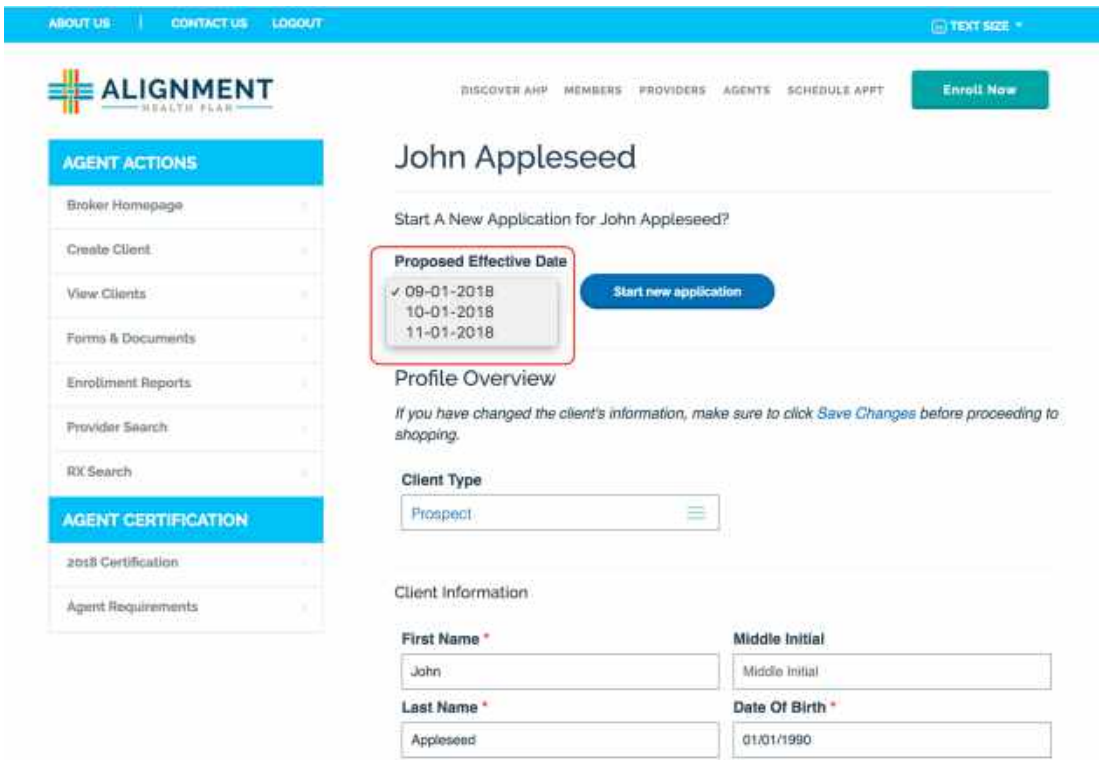


Fig 8a: Proposed Effective Date

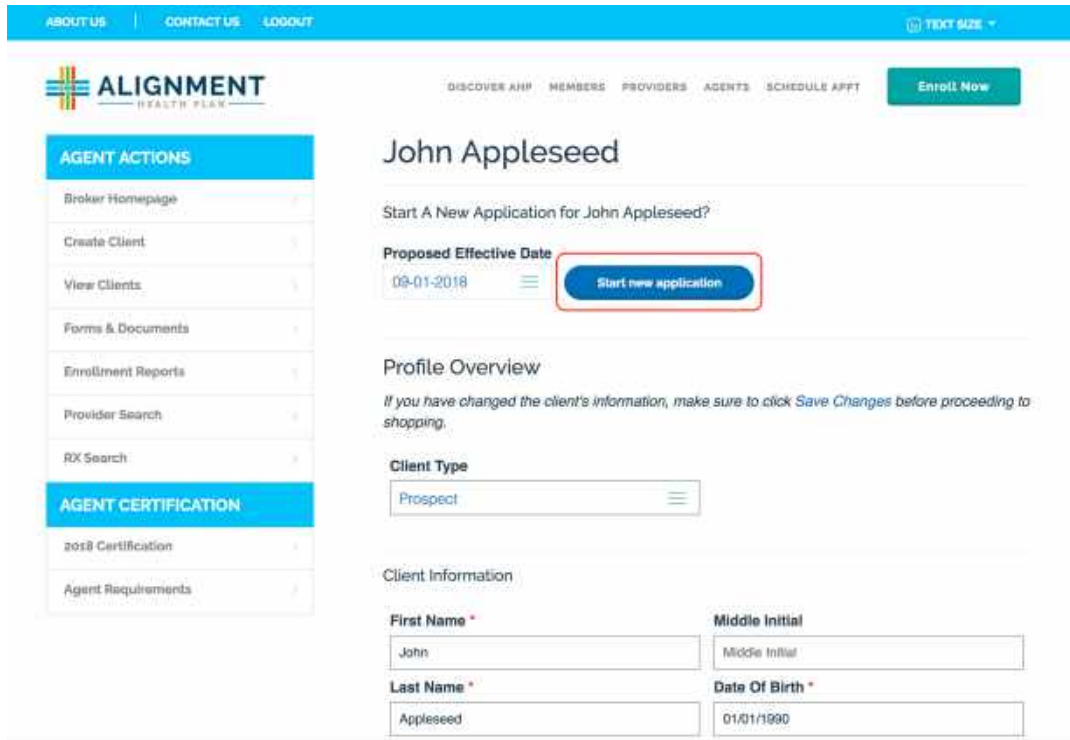


Fig 8b: Start New Application

Part 3: Complete SOA Prospect Signature

The first step in enrolling a client is to complete the “SOA PROSPECT SIGNATURE” step. This can be done in two ways depending on the availability of the client.

STEP 9: If the client is available in-person, click on the “Prospect’s SOA Signature” button (see Fig 9a). This will redirect to a DocuSign’s website where the client can sign the SOA form electronically (see Fig 9b).

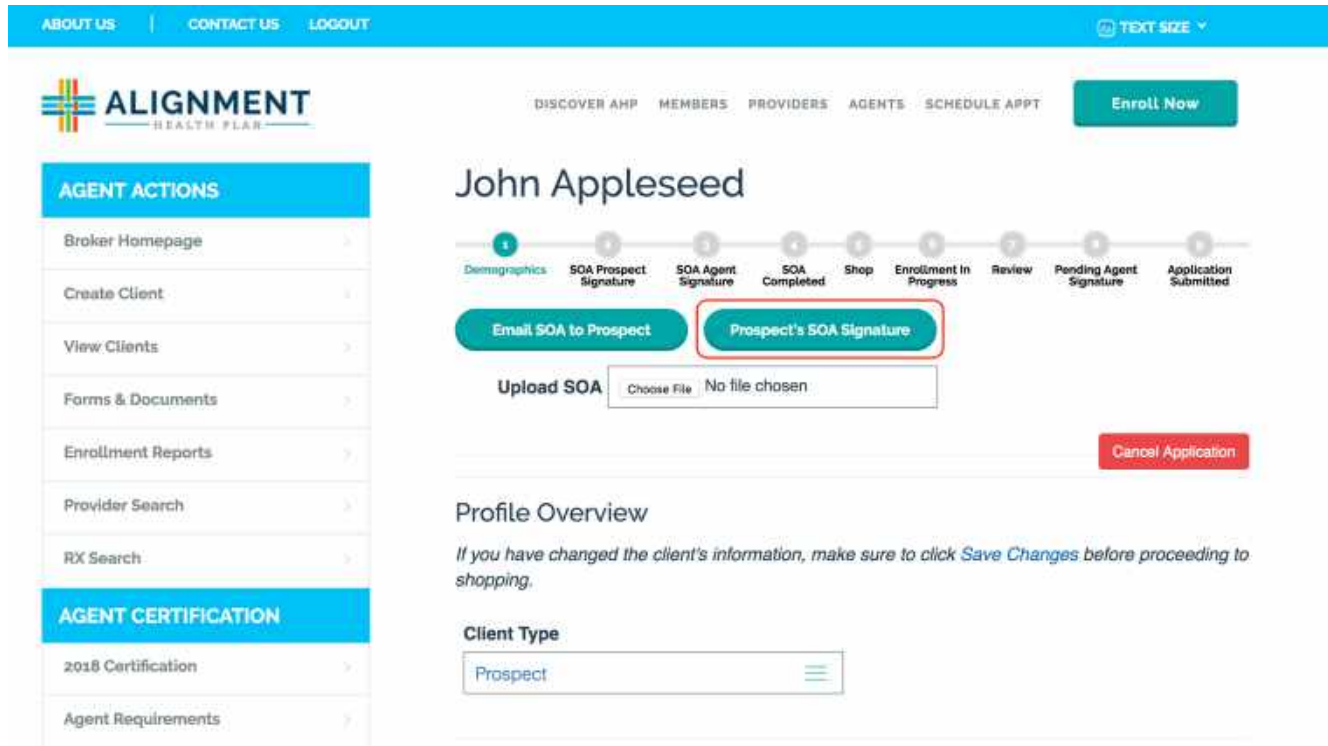


Fig 9a: Prospect SOA Signature

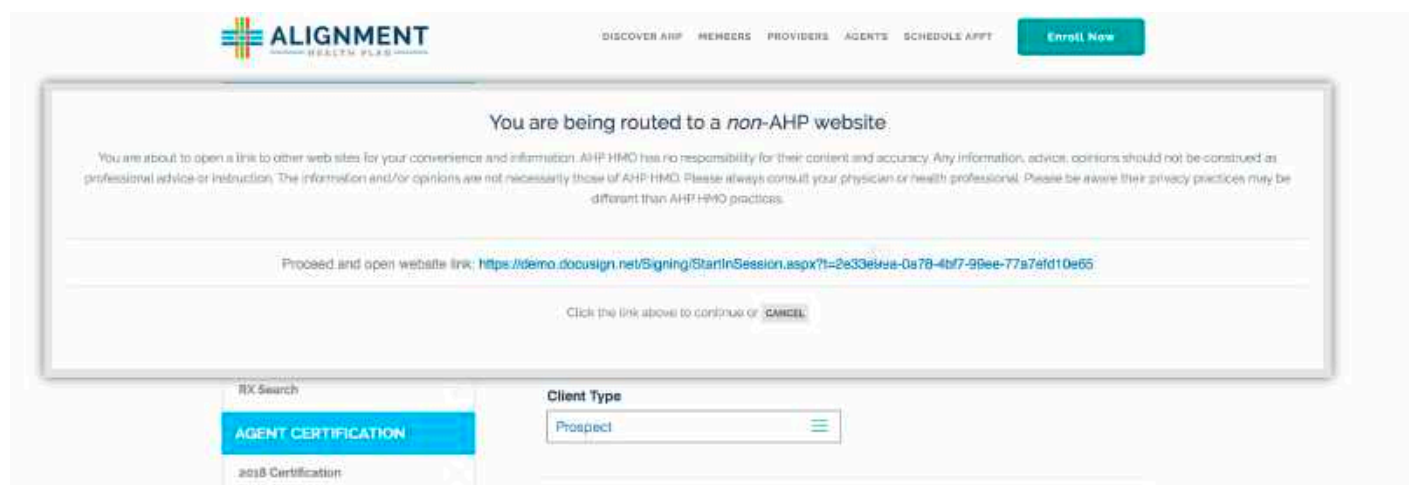


Fig 9b: DocuSign Website

STEP 10: In the DocuSign website, check the “I agree to use electronic records and signatures.” check box and click “CONTINUE” button (see Fig. 10a).



Fig 10a: DocuSign Website Buttons

STEP 11: Click on the yellow boxes that say “Initial” and click the “ADOPT AND INITIAL” button (see Fig 11a and 11b)



Fig 11a: Select Initial boxes

STEP 12: Click on the yellow box that says “Sign”. The client’s signature will be automatically generated and attached to the form (see Fig 12).

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. They **do 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:



Signature:

8/29/2018 | 10:17:34 AM PDT

Signature Date:

If you are the authorized representative, please sign above and print below:

Representative's Name:

Your Relationship to the Beneficiary:

Fig 12: Client's Signature box

STEP 13: Click on the "FINISH" button on the bottom of the page (see Fig 13). This will take you back to the broker's portal.

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

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

Alignment Health Plan is an HMO and HMO SNP plan with a Medicare contract. Enrollment in Alignment Health Plan depends on contract renewal.

H3815_16094EN



Fig 13: FINISH button

STEP 14: If the client is not available in-person, click the "Email SOA to Prospect" button (see Fig 14a). A confirmation message will be displayed that the email was sent to the client (see Fig 14b). The client will receive an email with the instruction to complete the SOA form using DocuSign.

ABOUT US | CONTACT US | LOGOUT TEXT SIZE ▾

ALIGNMENT
HEALTH PLAN

DISCOVER AHP | MEMBERS | PROVIDERS | AGENTS | SCHEDULE APPT **Enroll Now**

AGENT ACTIONS

- Broker Homepage
- Create Client
- View Clients
- Forms & Documents
- Enrollment Reports
- Provider Search
- RX Search

AGENT CERTIFICATION

- 2018 Certification
- Agent Requirements

John Appleseed

Email SOA to Prospect
Prospect's SOA Signature

Upload SOA

Cancel Application

Profile Overview

If you have changed the client's information, make sure to click Save Changes before proceeding to shopping.

Client Type

Prospect ▾

Client Information

First Name *	Middle Initial
<input type="text" value="John"/>	<input type="text" value="Middle Initial"/>

Fig 14a: Email SOA To Prospect

ABOUT US | CONTACT US | LOGOUT TEXT SIZE ▾

ALIGNMENT
HEALTH PLAN

DISCOVER AHP | MEMBERS | PROVIDERS | AGENTS | SCHEDULE APPT **Enroll Now**

AGENT ACTIONS

- Broker Homepage
- Create Client
- View Clients
- Forms & Documents
- Enrollment Reports
- Provider Search
- RX Search

AGENT CERTIFICATION

- 2018 Certification
- Agent Requirements

Email Sent

John Appleseed

Email SOA to Prospect
Prospect's SOA Signature

Upload SOA

Cancel Application

Profile Overview

If you have changed the client's information, make sure to click Save Changes before proceeding to shopping.

Client Type

Prospect ▾

Fig 14b: Email Sent Confirmation

Please note: If the e-mail address was not provided in STEP 4, you must enter this information before you can email SOA form to the client. Enter the e-mail address in the e-mail section towards the bottom of the screen, click “Save Changes” button and then click the “Email SOA to Prospect” button.

Once the SOA form is signed by the client, click the “Click to Refresh SOA Status” button (See Fig 14c). It can take up-to 10 seconds for DocuSign to process the signature.

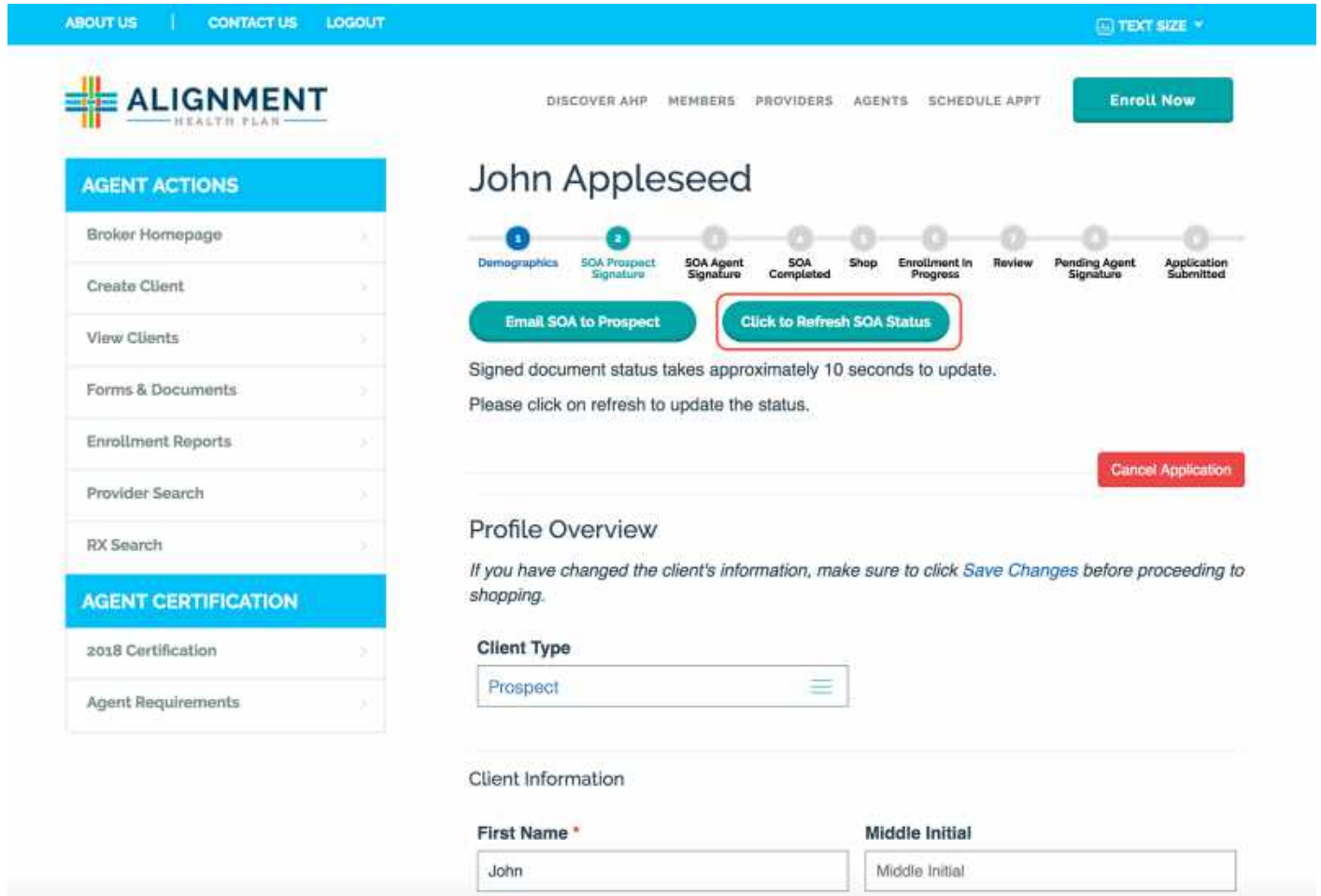


Fig 14c: Click To Refresh SOA Status

Part 4: Complete SOA Agent Signature

Once the SOA form is signed by the client, you must also sign this form.

STEP 15: Click on the “Agent’s SOA Signature” button (see Fig 15a) and follow the instruction on the DocuSign website to sign the SOA form (see Fig 9). After you submit your signature, you will be re-directed to the broker portal.

ABOUT US | CONTACT US | LOGOUT TEXT SIZE

DISCOVER ANP MEMBERS PROVIDERS AGENTS SCHEDULE APPT Enroll Now

AGENT ACTIONS

- Broker Homepage
- Create Client
- View Clients
- Forms & Documents
- Enrollment Reports
- Provider Search
- RX Search

AGENT CERTIFICATION

- 2018 Certification
- Agent Requirements

John Appleseed

- Demographics
- SOA Prospect Signature
- SOA Agent Signature**
- SOA Completed
- Shop
- Enrollment In Progress
- Review
- Pending Agent Signature
- Application Submitted

Agent's SOA Signature Cancel Application

Profile Overview

If you have changed the client's information, make sure to click Save Changes before proceeding to shopping.

Client Type
Prospect

Client Information

First Name * John	Middle Initial Middle Initial
Last Name * Appleseed	Date Of Birth * 01/01/1990

Fig 15a: Agent's SOA Signature

STEP 16: Click the "Click to Refresh SOA Status" button (see Fig 16). It can take up-to 10 seconds for DocuSign to process the signature.

ABOUT US | CONTACT US | LOGOUT TEXT SIZE

DISCOVER ANP MEMBERS PROVIDERS AGENTS SCHEDULE APPT Enroll Now

AGENT ACTIONS

- Broker Homepage
- Create Client
- View Clients
- Forms & Documents
- Enrollment Reports
- Provider Search
- RX Search

AGENT CERTIFICATION

- 2018 Certification
- Agent Requirements

John Appleseed

- Demographics
- SOA Prospect Signature
- SOA Agent Signature**
- SOA Completed
- Shop
- Enrollment In Progress
- Review
- Pending Agent Signature
- Application Submitted

Click to Refresh SOA Status Cancel Application

Signed document status takes approximately 10 seconds to update.
Please click on refresh to update the status.

Profile Overview

If you have changed the client's information, make sure to click Save Changes before proceeding to shopping.

Client Type
Prospect

Client Information

First Name * John	Middle Initial Middle Initial
Date Of Birth * 01/01/1990	

Fig 16: Click to Refresh SOA Status

Once this step completes, you can start shopping for the plans for the client.

Part 5: Shop Plans

STEP 17: Click on the “SHOP” button (see Fig 17a). Please select the “Yes” option if the client is an existing member. Please select the “No” option if the client is a new member (see Fig 17b).

ABOUT US | CONTACT US | LOGOUT TEXT SIZE

ALIGNMENT
HEALTH PLAN

DISCOVER AHP MEMBERS PROVIDERS AGENTS SCHEDULE APPT **Enroll Now**

AGENT ACTIONS

- Broker Homepage
- Create Client
- View Clients
- Forms & Documents
- Enrollment Reports
- Provider Search
- RX Search

AGENT CERTIFICATION

- 2018 Certification
- Agent Requirements

John Appleseed

1 Demographics 2 SOA Prospect Signature 3 SOA Agent Signature 4 SOA Completed 5 Shop 6 Enrollment in Progress 7 Review 8 Pending Agent Signature 9 Application Submitted

SHOP **Cancel Application**

Profile Overview

If you have changed the client's information, make sure to click [Save Changes](#) before proceeding to shopping.

Client Type
Prospect

Client Information

First Name * John	Middle Initial Middle Initial
Last Name * Appleseed	Date Of Birth * 01/01/1990

Fig 17a: Shop Button

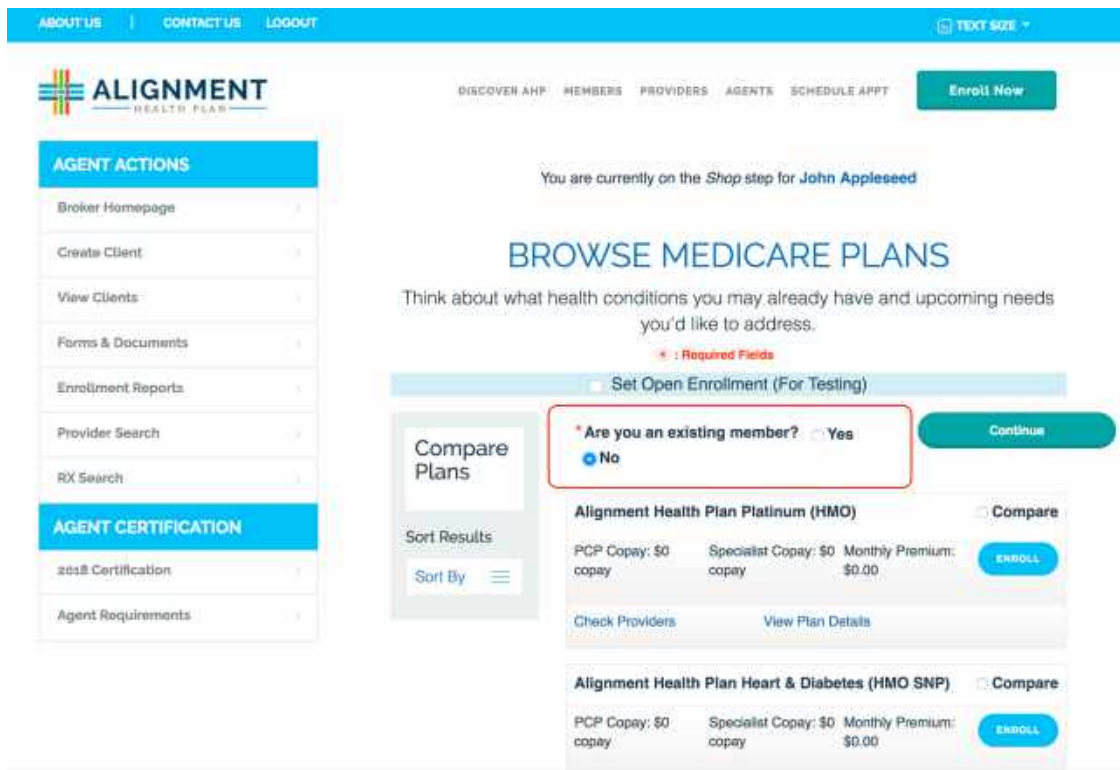


Fig 17b: Existing Member Selection

STEP 18: You can browse and compare between different plans in this screen. Once the client decides the plan that they would like to enroll for, click on the “Enroll” button next to that plan (see Fig 18).

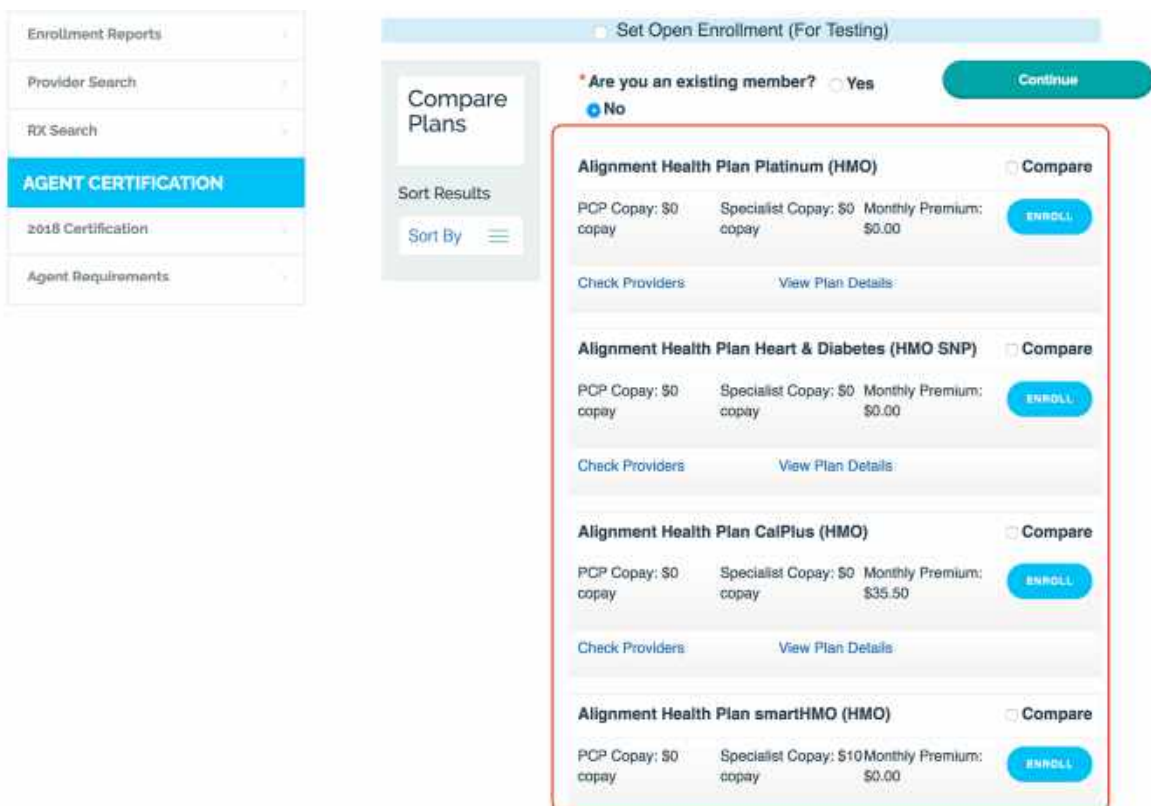


Fig 18: Browse, compare, and select plans

STEP 19: In the Check Out screen, review the plan and click “Continue To Enroll” button (see Fig 19).

ABOUT US | CONTACT US | LOGOUT

TEXT SIZE

ALIGNMENT HEALTH PLAN

DISCOVER AHP MEMBERS PROVIDERS AGENTS SCHEDULE APPT

Enroll Now

AGENT ACTIONS

- Broker Homepage
- Create Client
- View Clients
- Forms & Documents
- Enrollment Reports
- Provider Search
- RX Search

AGENT CERTIFICATION

- 2018 Certification
- Agent Requirements

You are currently on the *Shop* step for **John Appleseed**

CHECKOUT

Thanks for selecting coverage from Alignment Health Plan!

Alignment Health Plan CalPlus (HMO)

Alignment Health Plan CalPlus (HMO)

PCP Copay: \$0 copay	Specialist Copay: \$0 copay	Monthly Premium: \$35.50
----------------------	-----------------------------	--------------------------

[Check Providers](#) [View Plan Details](#)

Covered by this plan:
John Appleseed

REMOVE THIS PLAN

\$ 35.50 / month

[Email Summary of Benefits](#)

Continue to Enroll

Fig 19: Continue To Enroll

STEP 20: Complete the “MEDICARE ADVANTAGE ELIGIBILITY VERIFICATION” form and click “Next” button (see Fig 20a and Fig 20b).

ABOUT US | CONTACT US | LOGOUT TEXT SIZE

ALIGNMENT
HEALTH PLAN

DISCOVER AHP MEMBERS PROVIDERS AGENTS SCHEDULE APPT Enroll Now

AGENT ACTIONS

- Broker Homepage >
- Create Client >
- View Clients >
- Forms & Documents >
- Enrollment Reports >
- Provider Search >
- RX Search >

AGENT CERTIFICATION

- 2018 Certification >
- Agent Requirements >

You are currently on the *Enrollment In Progress* step for **John Appleseed**

MEDICARE ADVANTAGE ELIGIBILITY VERIFICATION

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.

- 1. I am new to Medicare
- 2. 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.
- 3. I recently returned to the United States after living permanently outside of the U.S.
- 4. I have both Medicare and Medicaid or my state helps pay for my Medicare premiums.
- 5. I get extra help paying for Medicare prescription drugs.
- 6. I no longer qualify for extra help paying for my Medicare prescription drugs.
- 7. I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a long term care facility)

Fig 20a: Medicare Advantage Eligibility Verification Page

AGENT CERTIFICATION

- 2018 Certification >
- Agent Requirements >

- 8. 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.
- 3. I recently returned to the United States after living permanently outside of the U.S.
- 4. I have both Medicare and Medicaid or my state helps pay for my Medicare premiums.
- 5. I get extra help paying for Medicare prescription drugs.
- 6. I no longer qualify for extra help paying for my Medicare prescription drugs.
- 7. I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a long term care facility)
- 8. I recently left a PACE program.
- 9. I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's).
- 10. I am leaving employer or union coverage.
- 11. I belong to a pharmacy assistance program provided by my state.
- 12. My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- 13. I was enrolled in a Special Needs Plan(SNP), but I have lost the special needs qualification required to be in that plan.
- 14. I have been diagnosed with a chronic or disabling condition.

Previous

Next

Fig 20b: Medicare Advantage Eligibility Verification Page Next Button

STEP 21: Optional: To assign a Primary Care Provider (PCP), enter the PCP's name, NPI number or the Postal Code (Zip Code) and click "Search PCP". Select the PCP from the list and click "Select Doctor" to assign the PCP to the client. Click "Next" to go to next step (see Fig 21).

The screenshot displays a web interface for Medicare Advantage Eligibility Verification. On the left is a vertical navigation menu with items: Forms & Documents, Enrollment Reports, Provider Search, RX Search, AGENT CERTIFICATION (highlighted in blue), 2018 Certification, and Agent Requirements. The main content area is titled "Medicare Advantage Eligibility Verification" and includes the instruction: "Automatically populate your application by filling in the following fields:". Below this are two rows of input fields: "John" with "1122334455" and "Appleseed" with "01/01/1990". A central box titled "Primary Care Physician Selection" contains two search options: "Search by Name or National Provider Identifier (NPI)" with an input field "Enter name or NPI", and "Postal Code or Location" with an input field "Zipcode or Location". A "Search PCP" button is positioned below these options. Below the search box, a message states: "No PCP selected. If you want to proceed without selecting a Primary Care Physician, click 'Next'.". At the bottom are "Previous" and "Next" buttons, with the "Next" button highlighted by a red border.

Fig 21: Choose PCP

Part 6: Review Application

STEP 22: Complete the “MEDICARE ADVANTAGE ELIGIBILITY VERIFICATION” page and click “Next” (see Fig 22a and Fig 22b).

ABOUT US | CONTACT US | LOGOUT

TEXT SIZE

ALIGNMENT HEALTH PLAN

DISCOVER AHP MEMBERS PROVIDERS AGENTS SCHEDULE APPT

Enroll Now

AGENT ACTIONS

- Broker Homepage
- Create Client
- View Clients
- Forms & Documents
- Enrollment Reports
- Provider Search
- RX Search

AGENT CERTIFICATION

- 2018 Certification
- Agent Requirements

You are currently on the *Enrollment In Progress* step for **John Appleseed**

MEDICARE ADVANTAGE ELIGIBILITY VERIFICATION

Review and complete your application.
All fields are required unless indicated as optional.


* Last Name	* First Name	Middle Initial
Appleseed	John	Middle Initial

Permanent Residence Address

* Address	Suite, Apt	* City
123 Main Street	Suite, Apt	Los Angeles
* State	* Zip Code	<input type="checkbox"/> Your permanent address is the same as your mailing address.
CALIFORNIA	90001	

Fig 22a: Medicare Advantage Eligibility Verification Confirm Details Page

* **Primary Language**

ENGLISH 

* **How would you prefer to receive your member information?**

email print cd website

Please contact Alignment Health Plan at 1-888-979-2247 (TTY 711) if you need information in another format or language than what is listed above. Our office hours are 8am - 8pm, 7 days a week (except Thanksgiving and Christmas) from October 1 - February 14 and Monday - Friday (except holidays) from February 15 - September 30.

* **Do you have a Medicare card?**

Yes No

* **Do you have a letter of entitlement from SSI?**

Yes No

* **Do you have proof of ESRD (End Stage Renal Disease)?**

Yes No

[Previous](#)

[Next](#)

Fig 22b: Medicare Advantage Eligibility Verification Confirm Details Page

STEP 23: Complete the “ADDITIONAL INFORMATION” page and click “Next” (see Fig 23a and Fig 23b).

ABOUT US | CONTACT US | LOGOUT TEXT SIZE

ALIGNMENT
HEALTH PLAN

DISCOVER AHP | MEMBERS | PROVIDERS | AGENTS | SCHEDULE APPT Enroll Now

AGENT ACTIONS

- Broker Homepage
- Create Client
- View Clients
- Forms & Documents
- Enrollment Reports
- Provider Search
- RX Search

AGENT CERTIFICATION

- 2018 Certification
- Agent Requirements

You are currently on the *Enrollment In Progress* step for **John Applesseed**

ADDITIONAL INFORMATION

All fields are required unless indicated as optional.

- 1. Do you have End Stage Renal Disease (ESRD)?**
 Yes No
- 2. Are you a resident in a long-term care facility, such as a nursing home?**
 Yes No
- 3. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits or State pharmaceutical assistance programs. Will you have other prescription drug coverage in addition in addition to AHP HMO?**
 Yes No
- 4. Are you eligible for State Medicaid (Medi-Cal)?**
 Yes No
- 5. Are you enrolled in your State Medicaid Program (Medi-Cal)?**
 Yes No
- 6. Do you or spouse work?**
 Yes No
- 7. I understand that by selecting my Personal Primary Care Physician I am also selecting the physician group, hospitals and specialists associated with my Personal Primary Care Physician.**

Fig 23a: Additional Information Page

Release of Information: By joining this Medicare health plan, I acknowledge that Alignment Health Plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Alignment Health Plan will release my information, including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Emergency Contact Information (Optional)

First Name

Last Name

Middle Initial

Phone Number

Email

Relationship to Enrollee:

Select One

Previous

Next

Fig 23b: Additional Information Page

STEP 24 Review the application and click “E-Sign Form” button (see Fig 24.

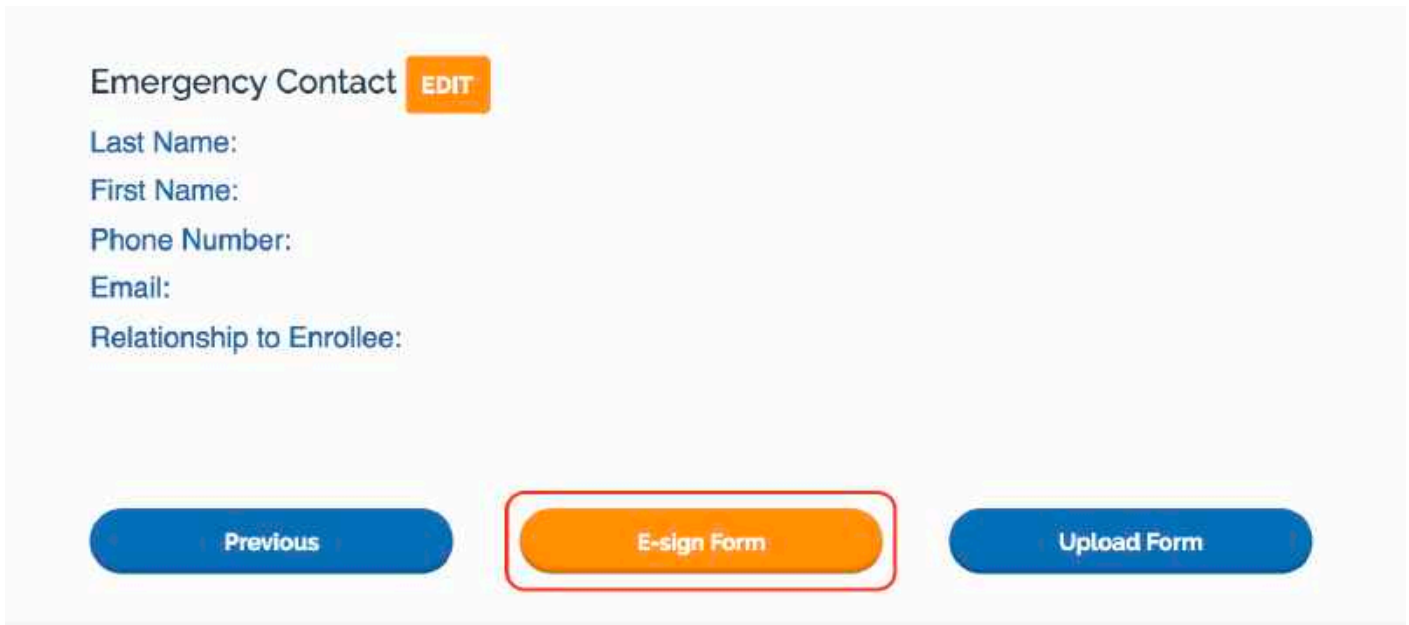


Fig 24: E-Sign Form

STEP 25: Have the client complete the e-sign process in the DocuSign website (similar to STEPS 10, 11, 12, and 13).

STEP 26 Click on the "Refresh Application Status" button. It can take up-to 10 seconds for DocuSign to process the signature.

Once the client signs the application, you will have to sign the application as well.

STEP 27: Click "Agent Signature" button and follow the instruction on the DocuSign website to sign the application (see Fig 27).

ABOUT US | CONTACT US | LOGOUT TEXT SIZE

ALIGNMENT
HEALTH PLAN

DISCOVER AHP MEMBERS PROVIDERS AGENTS SCHEDULE APPT **Enroll Now**

AGENT ACTIONS

- Broker Homepage
- Create Client
- View Clients
- Forms & Documents
- Enrollment Reports
- Provider Search
- RX Search

AGENT CERTIFICATION

- 2018 Certification
- Agent Requirements

John Appleseed

1 Demographics 2 SOA Prospect Signature 3 SOA Agent Signature 4 SOA Completed 5 Shop 6 Enrollment In Progress 7 Review 8 Pending Agent Signature 9 Application Submitted

Agent Signature Refresh Application Status

Signed document status takes approximately 10 seconds to update.
Please click on refresh to update the status.

Cancel Application

Profile Overview

If you have changed the client's information, make sure to click Save Changes before proceeding to shopping.

Client Type

Prospect

Client Information

First Name *	John	Middle Initial	Middle Initial
Last Name *	Appleseed	Date Of Birth *	01/01/1990

Fig 27: Agent Signature Button

STEP 28: Click on the “Refresh Application Status” button. It can take up-to 10 seconds for DocuSign to process the signature (see Fig 28).

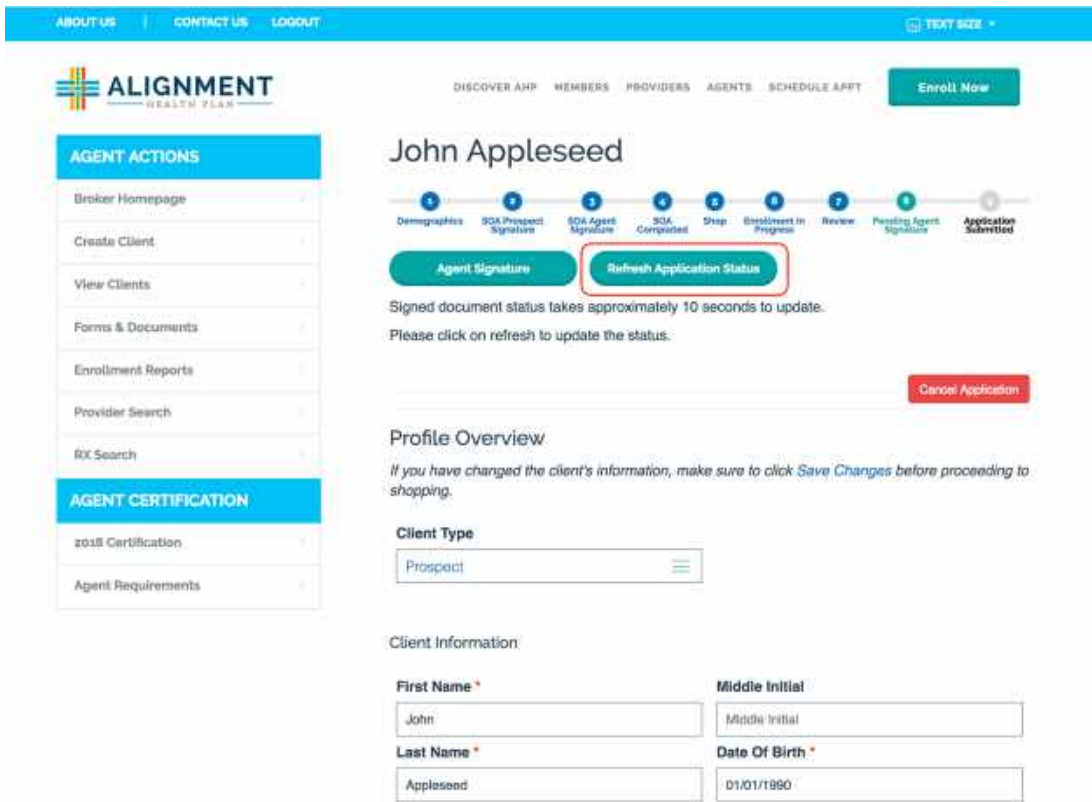


Fig 28: Refresh Application Status

Once the DocuSign completes this process, the enrollment application is complete. A confirmation Number will be generated and displayed (see Fig 29).

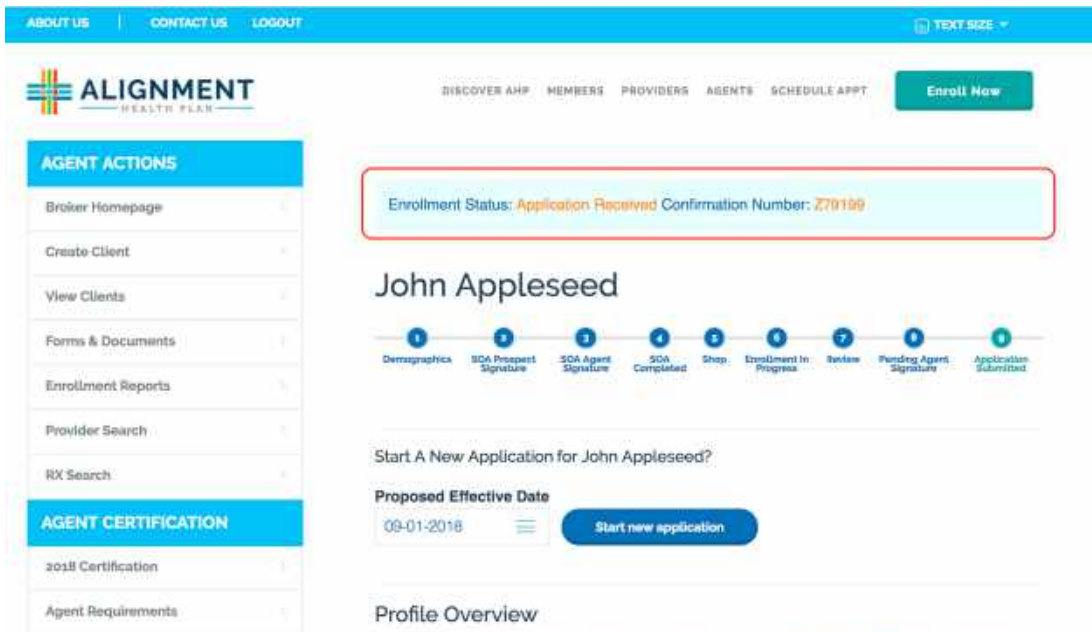


Fig 29: Application Complete