

# Medicare Advantage Enrollment Process

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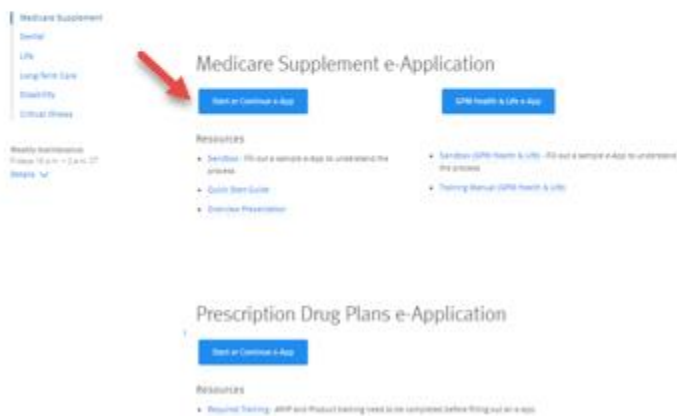
## Intended Use

The intended use of electronic application is only to be used for face to face enrollments, unless you are using a CMS approved script, storing a recording of the call for 10 years and have been granted approval by Mutual of Omaha.

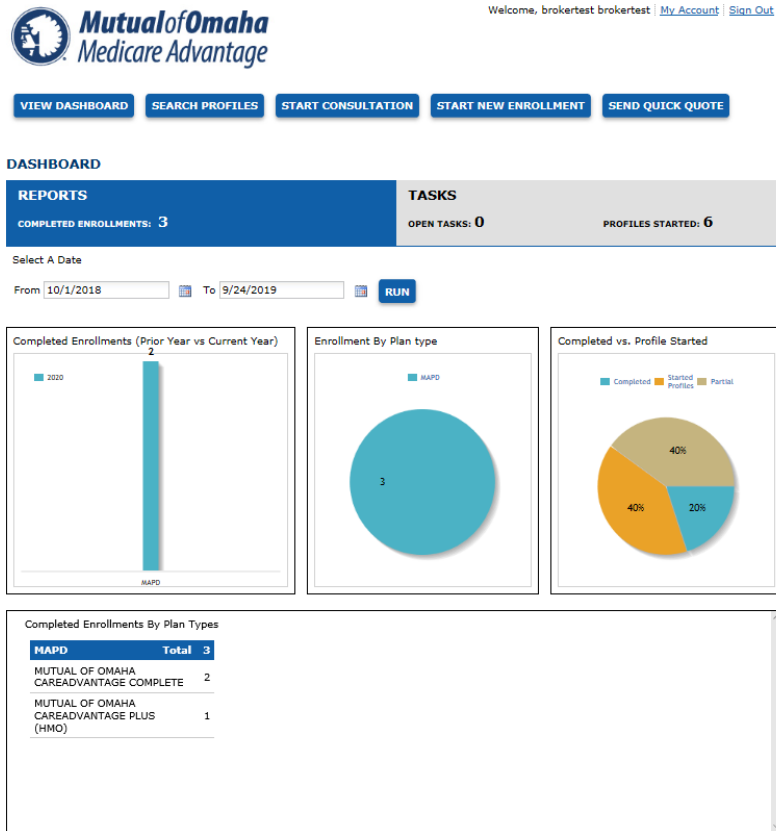
If you are working with a customer over the phone, you can send them the quote and the customer can complete the application on their own (still attributable to you if completed through the link). Please refer to **Profile** section (page 10&11) for the steps to go through when sending the access code to the customer.

## Getting Started

The link to the electronic application is located on Sales Professional Access (SPA)



If you are Ready to Sell this will be the landing page.



If you are not RTS, you will receive the screen below and will not be able to proceed. The Username and Password will not be available to you.

The login screen features the Mutual of Omaha Medicare Advantage logo and a sign-in form. The form includes fields for Username and Password, a Forgot Password link, and a LOGIN button. Below the form is a section titled 'WELCOME TO MUTUAL OF OMAHA MEDICARE ADVANTAGE COMPANY MEDICARE SHOPPING & ENROLLMENT TOOLS' with three bullet points: MORE SALES, TRACK LEADS, and SIMPLIFIED ADMINISTRATION. The bottom of the screen has a footer with links to Privacy Policy and Terms of Use.

**SIGN IN WITH YOUR MUTUAL OF OMAHA MEDICARE ADVANTAGE COMPANY ACCOUNT**

Username:

Password:

[Forgot Password](#)

**LOGIN**

**WELCOME TO MUTUAL OF OMAHA MEDICARE ADVANTAGE COMPANY MEDICARE SHOPPING & ENROLLMENT TOOLS**

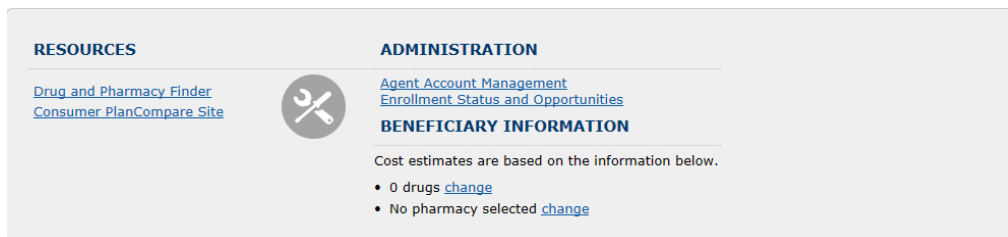
- **MORE SALES**  
Present plan options to clients and help generate sales.
- **TRACK LEADS**  
Capture leads and track their status through enrollment.
- **SIMPLIFIED ADMINISTRATION**  
Manage all your applications through one portal.

[Privacy Policy](#) [Terms of Use](#)

After clicking, Start New Application you will see 5 menu buttons, which will be discussed later:

- 1) View Dashboard
- 2) Search Profiles
- 3) Start Consultation
- 4) Start New Enrollment
- 5) Send Quick Quote

First let's examine the Resources, Administration and Beneficiary Information that appear at the bottom of the page.





The screenshot shows a light gray footer area with three main sections: **RESOURCES**, **ADMINISTRATION**, and **BENEFICIARY INFORMATION**. The **RESOURCES** section contains links for [Drug and Pharmacy Finder](#) and [Consumer PlanCompare Site](#). The **ADMINISTRATION** section contains links for [Agent Account Management](#) and [Enrollment Status and Opportunities](#). A central icon of crossed wrench and screwdriver is positioned between the Resources and Administration sections. The **BENEFICIARY INFORMATION** section includes a note: "Cost estimates are based on the information below." followed by two bullet points: "• 0 drugs [change](#)" and "• No pharmacy selected [change](#)".

## Resources


Under resources there is a link to the [Consumer PlanCompare Site](#).

The link will allow you to see (below) what a consumer sees when they go to the site to self-serve. This is useful if you receive a call from a client who has question about the site.

[A Increase Text Size](#)
[Print This Page](#)
[Contact Us](#)
[Select Your Language](#)
English

We're here to help: (San Antonio) 1(866)314-0918 or (Cincinnati) 1(877)603-0787 TTY:711 M-F 8am-8pm



Your expert guide to finding the right plan

Ready to shop and compare plans?

[Get Started](#)

I already know which plan fits my needs. [Enroll now](#)

New to Medicare?

Answer a few questions to get cost estimates for plans in your area!

---

Already have an account? [Log in](#)

Why create an account?


- It is absolutely free
- Save plans & complete enrollment later
- Begin an enrollment history
- Entered information can be saved for future visits

[Create Account](#)

[Home](#)
[Contact Us](#)
[Privacy Policy](#)
[Terms of Use](#)
[Accessibility Statement](#)

## Administration

Under Administration is an [Enrollment Status and Opportunities](#) link. This provides you a list of enrolments started, partially completed and submitted via this application. You can choose Start and End dates for a specific Plan Year then click RUN to return the data.



Welcome, brokertest brokertest
[My Account](#)
[Sign Out](#)

[VIEW DASHBOARD](#)
[SEARCH PROFILES](#)
[START CONSULTATION](#)
[START NEW ENROLLMENT](#)
[SEND QUICK QUOTE](#)

Start Date: 
End Date:

Plan Year:

[RUN](#)

You will have a visual view of your enrollments.



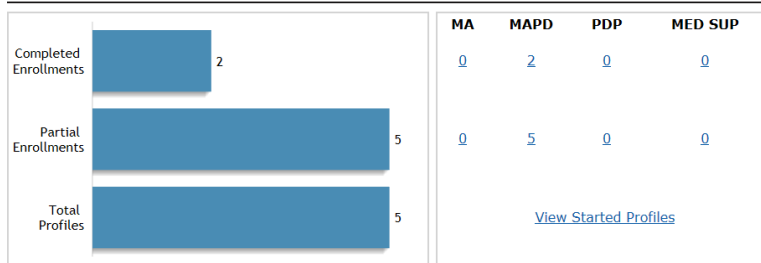
Welcome, brokertest brokertest | [My Account](#) | [Sign Out](#)

[VIEW DASHBOARD](#) [SEARCH PROFILES](#) [START CONSULTATION](#) [START NEW ENROLLMENT](#) [SEND QUICK QUOTE](#)

Start Date:  End Date:

Plan Year:

[RUN](#)



All data above is captured as of the close of business of the previous day and does not update in real time.

You can click on the numbers that display for Completed or Partial or View Started Profiles link to view the list associated with those categories.

Below is an example of the information displayed for a partial enrollment. Completed enrollments will have a Confirmation Number populated.

You may export this list by selecting the format type of .csv or txt.



[VIEW DASHBOARD](#) [SEARCH PROFILES](#) [START CONSULTATION](#) [START NEW ENROLLMENT](#) [SEND QUICK QUOTE](#)

#### ENROLLMENT STATUS

68 records found

Select Format Type ▾

[EXPORT](#)

Application Date	Name	Plan Name	Confirmation Number	Status
8/1/2018	Marshall Test	Mutual of Omaha CareAdvantage Complete		Partial

## Beneficiary Information

When you click on the Change link you can provide cost estimates for drugs. The screen display is the same as the Drugs section (see page 15) on the electronic application.

Below is an explanation of the 5 navigation buttons in the electronic enrollment application>

## View Dashboard

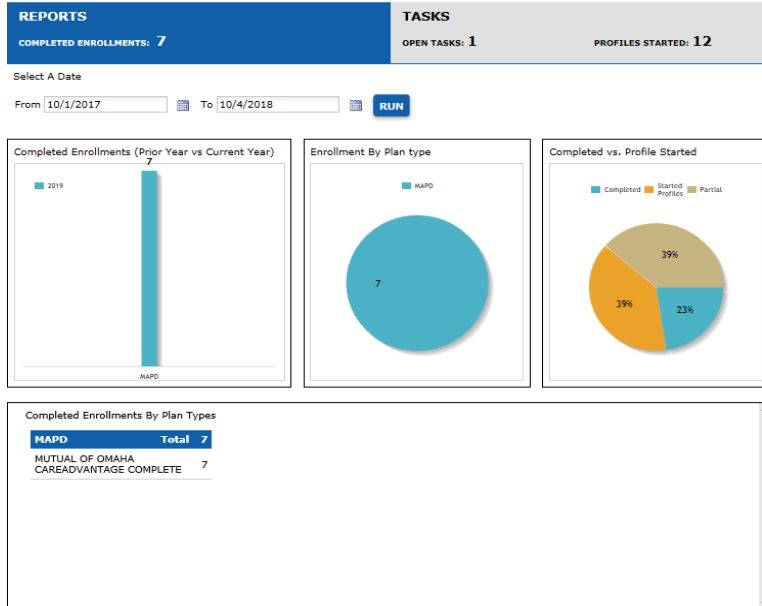
Dashboard provides visual information on your enrollments as well as a place to complete your tasks. The page is divided into two tabs, Reports and Tasks. Below is a view of the Reports tab.



[VIEW DASHBOARD](#) [SEARCH PROFILES](#) [START CONSULTATION](#) [START NEW ENROLLMENT](#) [SEND QUICK QUOTE](#)



## DASHBOARD



Click on **TASKS** bar to view your tasks. When you have completed the task check the box to the far right labeled **Check if Completed**.



[VIEW DASHBOARD](#) [SEARCH PROFILES](#) [START CONSULTATION](#) [START NEW ENROLLMENT](#) [SEND QUICK QUOTE](#)

## DASHBOARD

REPORTS

COMPLETED ENROLLMENTS: 7

TASKS

OPEN TASKS: 1

PROFILES STARTED: 12

Click to Hide/Show Task List Report

Filter by: Incomplete

TASK LIST REPORT

Agent Name	Beneficiary Agent ID Name	Task Details	Created	Schedule Date	Days Past Due	Completed Date	Check if Completed
brokertest	brokertestJane Doe	Need to call back	10/03/18	10/04/18	0		<input type="checkbox"/>
brokertest			12:06 PM	12:00 AM			

## Search Profiles

This function allows you to search your client base for those you have created a profile. You can Export this list to a .csv or .txt file.



[VIEW DASHBOARD](#) [SEARCH PROFILES](#) [START CONSULTATION](#) [START NEW ENROLLMENT](#) [SEND QUICK QUOTE](#)



#### SEARCH PROFILES & ENROLLMENTS

First Name	<input type="text"/>	<a href="#">?</a>
Last Name	<input type="text" value="doe"/>	<a href="#">?</a>
Phone	<input type="text"/>	<a href="#">?</a>
Date of Birth	<input type="text"/>	<a href="#">?</a>
Confirmation Number	<input type="text"/>	<a href="#">?</a>
HICN/MBI	<input type="text"/>	<a href="#">?</a>
Application Start Date	<input type="text"/>	<a href="#">?</a>
Application End Date	<input type="text"/>	<a href="#">?</a>

[SEARCH](#)

#### ALL PROFILES

Select Format

[EXPORT](#)

5 results found

Name/ZIP/Confirmation	Last Update	Phone/Email	Status	
<a href="#">Jane Doe</a> TX,78152	10/2/2018	<a href="#">800-811-1111</a>	Registrant	<a href="#">Enroll History</a>
<a href="#">Jane Doe</a> 3301 Dodge Saint Hedwig,TX A79514138314967M	10/2/2018	<a href="#">800-811-1111</a>	Applicant	<a href="#">Enroll History</a>
<a href="#">Jane Doe</a> TX,78101	10/3/2018	<a href="#">800-112-1111</a>	Applicant	<a href="#">Enroll History</a>
<a href="#">John Doe</a> 100 Main St San Antonio,TX	9/11/2018	<a href="#">402-123-1234</a>	Applicant	<a href="#">Enroll History</a>
<a href="#">John Doe</a> 123 Main Cincinnati,OH A67882133976739M	9/11/2018	123-456-7890	Applicant	<a href="#">Enroll History</a>

You can click on the name or the Enroll History to view their profile. Enroll History will provide you details if the application had been submitted otherwise it will show no history. See below an enrollment history for an application submitted. By clicking **View**, you can view the enrollment forms.



[VIEW DASHBOARD](#) [SEARCH PROFILES](#) [START CONSULTATION](#) [START NEW ENROLLMENT](#) [SEND QUICK QUOTE](#)

#### Applicant: Jane Doe

Date and Time (Pacific)	Plan	Confirmation Number	
10/2/2018 5:03:00 AM	Mutual of Omaha CareAdvantage Complete	A79514138314967M	<a href="#">View</a>

[< PREVIOUS](#)

## Start Consultation





Welcome,

[My Account](#) [Sign Out](#)

[VIEW DASHBOARD](#)

[SEARCH PROFILES](#)

[START CONSULTATION](#)

[START NEW ENROLLMENT](#)

[SEND QUICK QUOTE](#)



There are tabs within the consultation process. These steps allow the collection of information regarding a potential applicant. By filling out this information, it allows for pre-populating Quote and Enrollment.

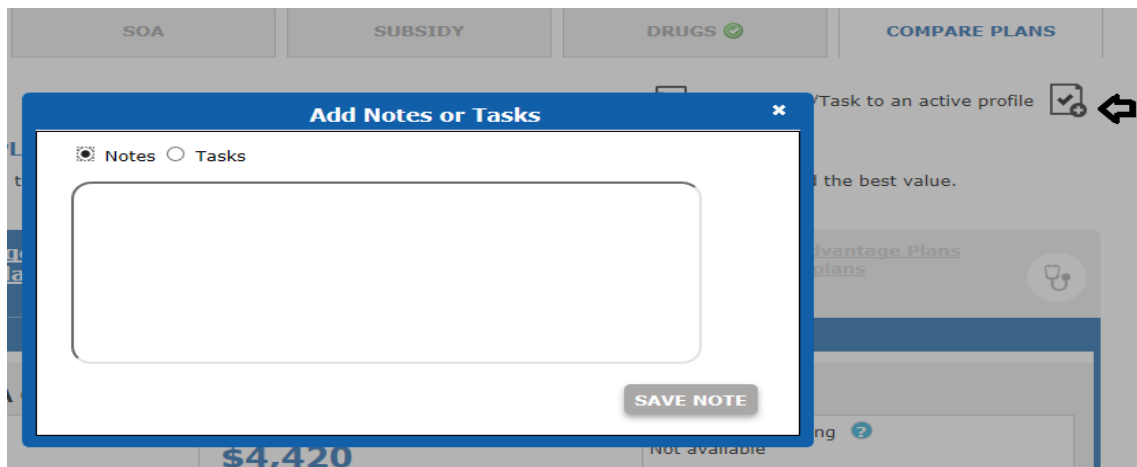
You can add notes or tasks on any of the tabs and pages within the enrollment process. The tasks will appear on the bottom of the profile page. Notes are displayed here as well by changing the Filter to All or Notes.

Click to Hide/Show Task List Report

Filter by: Incomplete

TASK LIST REPORT							
Agent Name	Agent ID	Task Details	Created	Schedule Date	Days Past Due	Completed Date	Check if Completed
brokertest	brokertest	Need to call back	10/03/18 12:06 PM	10/04/18 12:00 AM	0		<input type="checkbox"/>
brokertest							

You can add a Note or Task on any page in which the icon below appears (see arrow).



The first tab under Start Consultation is completing a Profile.

## Profile

Fill in the required fields noted by the red \*. Email is not required by preferred. After filling in the information, you may click **Continue** or click **Send Access to Consumer Site** for the applicant to finish the process. If you click **Continue**, the next step that becomes available is Scope of Appointment (SOA). You must click **Continue** before clicking on a tab to save the information entered.

If you click **Send Access to Consumer Site**, a box will display for you to enter the email address of the client.

Send Access to Consumer Site

Email Address

SEND ACCESS

CODE 6XFS6W2u

This Authorization Code will be sent to the beneficiary under separate email.

The applicant will receive two emails. The first one contains an authorization code. The second allows the applicant to begin the application process. Once the **Get Started** button is clicked, the authorization code must be entered to proceed. When the client completes the process, you will be noted as Agent of Record.



## Scope of Appointment (SOA)

If sending the SOA via email, a Profile must be completed. If the applicant does not have an email address, select Mail to print and mail to applicant.

PROFILE

SOA

SUBSIDY

DRUGS

COMPARE PLANS

Calculator Add Notes/Task to an active profile

### SCOPE OF APPOINTMENT

The Centers for Medicare and Medicaid Services 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 their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her representative. We recommend email as the simplest method. After you complete the sales appointment, you will be able to return to this screen and complete and submit the SOA.

Signed SOAs    There are no signed SOAs for this beneficiary profile.

Select Scope of Appointment Method:

☒ Email

☐ Mail

Important

You must [create a profile](#) or use an existing profile of a beneficiary before sending an SOA

\* Denotes required fields

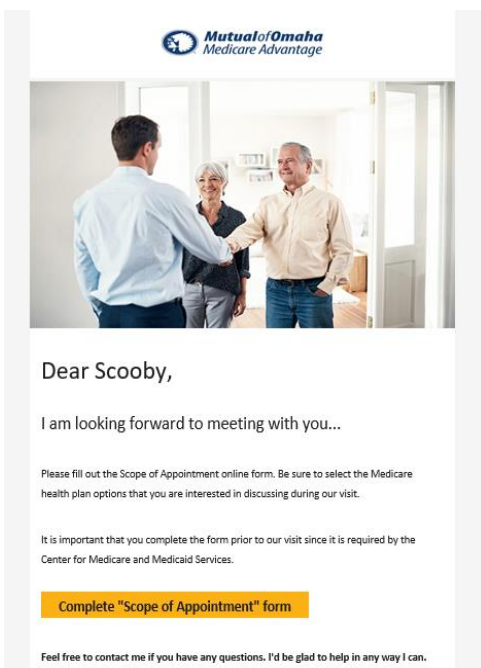
\* Email Address

Email SOA

Tip: Select "Add Notes/Task" (upper right corner) to schedule a follow-up reminder.

After clicking **Email SOA**, the email field will be cleared and under the Email SOA button verbiage will appear "Your SOA has been sent successfully."

The applicant will receive the email below.



The applicant will complete the SOA below and hit submit.



## Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services 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 their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Fields marked with an asterisk (\*) are required.

Please check one or ALL the product(s) below that you want the agent to discuss. \*

- ☐ Stand-alone Medicare Prescription Drug Plans (Part D)
- ☐ Medicare Advantage Plans (Part C) and Cost Plans
- ☐ Medicare Supplement (Medigap) Products
- ☐ Ancillary Products

[View](#) complete Medicare product descriptions.

### Beneficiary or Authorized Representative Information

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's First Name *	<input type="text"/>
Beneficiary's Last Name *	<input type="text"/>
Address (Line 1)	<input type="text"/>
Address (Line 2)	<input type="text"/>
City	<input type="text"/>
State	<input type="text" value="Select"/>
Zip Code	<input type="text"/>
Phone Number	<input type="text"/>

Are you the authorized representative acting on behalf of the beneficiary?

☐ Yes ☐ No

\*

☐ By checking this box, I have read and understand the contents of the Scope of Appointment form, and that I confirm that the information I have provided is accurate. If submitted by an authorized individual (as described above), this submission certifies that 1) this person is authorized under State law to complete the Scope of Appointment form, and 2) documentation of this authority is available upon request by Medicare.

**SUBMIT**

The applicant will receive confirmation the SOA has been submitted. Once the SOA has been submitted by the applicant, 'Awaiting to be submitted' will appear on the applicant profile. At this time, you may then meet with the applicant. After the meeting, you will need to click on the 'Awaiting to be submitted,' complete the SOA and hit submit.



PROFILE

SOA

SUBSIDY

DRUGS

COMPARE PLANS


Calculator 
 Add Notes/Task to an active profile 

#### SCOPE OF APPOINTMENT

The Centers for Medicare and Medicaid Services 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 their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her representative. We recommend email as the simplest method. After you complete the sales appointment, you will be able to return to this screen and complete and submit the SOA.

Date Created	Date Submitted	Plan Type	Confirmation Number	Status
10/04/2018		Stand alone Medicare Prescription Drug Plans Part D	4QENJ6ZT9KIMNCJPL2JW	<a href="#">Awaiting to be submitted</a>





### Scope of Sales Appointment Form (To Be Completed by Agent)

Scope of Appointment form needs to be completed and submitted for all scheduled appointments (even for no-shows, cancelled appointments, or those that do not result in a sale).

Agent First Name \*

Agent Last Name \*

Agent Phone

Please enter your 10 digit phone number with no hyphen or spaces (e.g., 2125551212).

Initial Method of Contact \*

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

Plan(s) represented during this meeting: \*

Date Appointment Completed \*

\*  
☐ By checking this box, I confirm the information represented here is true and accurate. I authorize my signature on the Scope of Appointment form using this information.

clear

**SUBMIT**

The SOA status will now show Submitted. Click continue to advance to the Subsidy tab.



PROFILE

SOA

SUBSIDY

DRUGS

COMPARE PLANS

Calculator  Add Notes/Task to an active profile 

#### SCOPE OF APPOINTMENT

The Centers for Medicare and Medicaid Services 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 their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her representative. We recommend email as the simplest method. After you complete the sales appointment, you will be able to return to this screen and complete and submit the SOA.

Date Created	Date Submitted	Plan Type	Confirmation Number	Status
10/04/2018	10/04/2018	Stand alone Medicare Prescription Drug Plans Part D	58G3A5H9HF	Submitted

## Subsidy

Indicate the appropriate level of extra help the applicant requires (if they qualify for Low Income Subsidy) then click **Continue**. Entering the subsidy level will adjust subsidized drug pricing and drug premiums.



PROFILE

SOA

SUBSIDY

DRUGS

COMPARE PLANS


Calculator  Add Notes/Task to an active profile 

#### MEDICARE EXTRA HELP

Estimated costs can be reduced to account for Medicare's Low Income Subsidy to help pay prescription drug costs.

\* Denotes a required field.

Your subsidy level is required. Please select your Subsidy level.

- \* Extra Help level 
- ☐ Not eligible
  - ☐ Receiving Medicaid as well as Medicare
  - ☐ Medicare Savings Program (MSP)
  - ☐ Full Extra Help, not Medicaid
  - ☐ Partial Extra Help
  - ☐ Uncertain

< HEALTH

CONTINUE >

## Drugs

This tab allows for entry of the current medications taken to determine how much the drugs will cost with each plan available. The information is useful when shopping for plans with drug coverage.



PROFILE

SOA

SUBSIDY

DRUGS

COMPARE PLANS

Calculator  Add Notes/Task to an active profile 

### ADD DRUGS

For an estimate of how much drugs will cost with each plan, please provide prescriptions.

1 Type the first few letters of a drug name, then

2 Select the drug from the list that appears.

FIND DRUG

Not sure how the drug is spelled? See [alphabetical list](#)

< SUBSIDY

SKIP

DRUG LIST IS COMPLETE >

Type in the name of the drug, select the drug then indicate proper dosage and quantity. Click **Add Drug**. Continue till the drug list is complete. Then click **Drug List Complete**. If they client has no drugs to be entered click **Skip**.

## Compare Plans

The applicant's zip code from the Profile will be populated. Click **Submit**. The available plans in the area will display. If the tab is greyed out, there are no plans of that type available.



PROFILE

SOA

SUBSIDY

DRUGS

COMPARE PLANS

Calculator  Add Notes/Task to an active profile 

### VIEW AND COMPARE PLANS

Here are the plans available in the ZIP code entered. They are sorted in order of lowest estimated costs, to help you find the best value.

< PREVIOUS

Enter your ZIP code, and submit

x

SUBMIT



### VIEW AND COMPARE PLANS

Here are the plans available in the ZIP code entered. They are sorted in order of lowest estimated costs, to help you find the best value.

< PREVIOUS

Medicare Advantage Prescription Drug Plans

1 plan

Prescription Drug Plans

0 plans

Medicare Advantage Plans

0 plans

MUTUAL OF OMAHA CAREADVANTAGE COMPLETE

Premium (Monthly Price)	Total Estimated Costs	Medicare Star Rating
\$0.00	\$4,420	Not available

ENROLL

VIEW DETAILS

SEND QUOTE

< PREVIOUS

If more than one plan is available, you can **Check to compare** the plan box to see a side by side comparison. When checked it will indicate “Compare Now”. Click **Compare up to 3 Plans**.

### VIEW AND COMPARE PLANS

Here are the plans available in the ZIP code entered. They are sorted in order of lowest estimated costs, to help you find the best value.

< PREVIOUS

Medicare Advantage Prescription Drug Plans

2 plans

Prescription Drug Plans

0 plans

Medicare Advantage Plans

0 plans

COMPARE UP TO 3 PLANS

Total Estimated Costs

Compare Now

MUTUAL OF OMAHA CAREADVANTAGE COMPLETE

Premium (Monthly Price)	Total Estimated Costs	Medicare Star Rating
\$0.00	\$0	Not available

ENROLL

VIEW DETAILS

SEND QUOTE

Compare Now

MUTUAL OF OMAHA CAREADVANTAGE PLUS

Premium (Monthly Price)	Total Estimated Costs	Medicare Star Rating
\$29.00	\$348	Not available

ENROLL

VIEW DETAILS

SEND QUOTE

< PREVIOUS

17

## PLAN COMPARISON

Here are plan highlights for the plans you selected.

This is a summary, not a comprehensive description of benefits. Benefits, premium and/or copayments/coinsurance may change on January 1, 2020

<a href="#">SEND MULTI-PLAN QUOTE</a>	Mutual of Omaha CareAdvantage Complete	Mutual of Omaha CareAdvantage Plus
	<a href="#">VIEW DETAILS</a> <a href="#">SEND QUOTE</a> <a href="#">ENROLL</a>	<a href="#">VIEW DETAILS</a> <a href="#">SEND QUOTE</a> <a href="#">ENROLL</a>
< PREVIOUS		
Costs		
Premium <a href="#">?</a>	\$0.00 per month	\$29.00 per month
Estimated medical costs based on age and health <a href="#">?</a>	\$0 per year	\$0 per year
Estimated Drug Costs based on 0 drugs in Drug List <a href="#">?</a>	\$0 per year	\$0 per year
Total Estimated Costs <a href="#">?</a>	\$0 per year	\$348 per year
Coverage Overview		
Medicare Star Rating <a href="#">?</a>	N/A	N/A
Is My Physician in the Network?	<a href="#">Physician Directory</a>	<a href="#">Physician Directory</a>
Is My Pharmacy in the Network?	<a href="#">Pharmacy Directory</a>	<a href="#">Pharmacy Directory</a>
Are My Drugs Covered? <a href="#">?</a>	0 of 0 drugs are covered	0 of 0 drugs are covered
Benefits—Amounts You Pay		
Medical Deductible <a href="#">?</a>	\$0.00	\$0.00
Medical Out of Pocket Maximum <a href="#">?</a>	\$4,500.00	\$4,250.00
Doctor Office Visit <a href="#">?</a>	In-Network: \$5 copay per visit	In-Network: \$5 copay per visit
Specialist Office Visit <a href="#">?</a>	In-Network: \$40 copay per visit	In-Network: \$30 copay per visit
Hospital Inpatient Stay <a href="#">?</a>	In-Network: \$315 copay for days 1-5, \$0 copay for days 6-90.	In-Network: \$275 copay for days 1-5, \$0 copay for days 6-90.
Prescription Deductible <a href="#">?</a>	\$0.00	\$0.00
Prescription Initial Coverage Limit <a href="#">?</a>	\$3,820.00	\$3,820.00
Prescription Drugs	<b>One Month Supply (Retail) Pharmacy with Preferred Cost Sharing</b> <ul style="list-style-type: none"> <li>Preferred Generic: \$2.00</li> <li>Generic: \$7.00</li> <li>Preferred Brand: \$42.00</li> <li>Non-Preferred Drug: \$85.00</li> <li>Specialty Tier: 33%</li> </ul> <b>One Month Supply (Retail) Standard Pharmacy</b> <ul style="list-style-type: none"> <li>Preferred Generic: \$8.00</li> <li>Generic: \$15.00</li> <li>Preferred Brand: \$47.00</li> <li>Non-Preferred Drug: \$97.00</li> <li>Specialty Tier: 33%</li> </ul> <b>Three Month Supply (Mail-Order) Standard Pharmacy</b> <ul style="list-style-type: none"> <li>Preferred Generic: \$0.00</li> <li>Generic: \$0.00</li> <li>Preferred Brand: \$115.00</li> <li>Non-Preferred Drug: \$240.00</li> </ul>	<b>One Month Supply (Retail) Pharmacy with Preferred Cost Sharing</b> <ul style="list-style-type: none"> <li>Preferred Generic: \$0.00</li> <li>Generic: \$5.00</li> <li>Preferred Brand: \$42.00</li> <li>Non-Preferred Drug: \$85.00</li> <li>Specialty Tier: 33%</li> </ul> <b>One Month Supply (Retail) Standard Pharmacy</b> <ul style="list-style-type: none"> <li>Preferred Generic: \$5.00</li> <li>Generic: \$10.00</li> <li>Preferred Brand: \$47.00</li> <li>Non-Preferred Drug: \$97.00</li> <li>Specialty Tier: 33%</li> </ul> <b>Three Month Supply (Mail-Order) Standard Pharmacy</b> <ul style="list-style-type: none"> <li>Preferred Generic: \$0.00</li> <li>Generic: \$0.00</li> <li>Preferred Brand: \$115.00</li> <li>Non-Preferred Drug: \$240.00</li> </ul>
< PREVIOUS		
	Mutual of Omaha CareAdvantage Complete	Mutual of Omaha CareAdvantage Plus
	<a href="#">VIEW DETAILS</a> <a href="#">SEND QUOTE</a> <a href="#">ENROLL</a>	<a href="#">VIEW DETAILS</a> <a href="#">SEND QUOTE</a> <a href="#">ENROLL</a>

You have 3 options:

- 1) Enroll the applicant
- 2) View Details of the plan
- 3) Send Quote

Upon viewing the details of the plan, at bottom right of screen you can from here also **Send Quote** or **Enroll** the applicant.

Mutual of Omaha CareAdvantage Complete

[SEND QUOTE](#) [ENROLL](#)

## Send a Quick Quote

Welcome,

[My Account](#) | [Sign Out](#)



[VIEW DASHBOARD](#)

[SEARCH PROFILES](#)

[START CONSULTATION](#)

[START NEW ENROLLMENT](#)

[SEND QUICK QUOTE](#)



When clicking **Send Quote**, the name will auto populate from the profile created. Fill out the rest of the information. If using **Send Quick Quote** from menu bar, the zip code will need to be entered. The 'Message' box can be edited. If you choose to send:

- Quote and Enrollment – the applicant will be able to enroll without assistance. If you are assisting them, advise them not to proceed. If they proceed to self -enroll, you will still be indicated as Agent of Record.
- Enrollment Form only- allows them to self-enroll and determine their own plan comparison.

Quick Quote

\* First Name

\* Last Name

\* Phone

( ) -

\* What would you like to send?

☒ Quote and enrollment

☐ Enrollment form only

How would you like to send this information?

☒ Email

☐ Mailing Address

\* Email Address

This message below will appear on the beneficiary's quote. Please remember all compliance guidelines when updating this message.

Message

Thank you for taking the time to meet with me today. Here are plans that I think will meet your needs below.

SEND QUICK QUOTE

CODE ELrB752o

The applicant will receive two emails. One, with the quote and another with an authorization code.

When viewing the quote, they will be asked to enter the authorization code and create a new username and password.



Click **Enroll** to begin the application process consisting of 6 steps.

**Contact Info>Benefit Info>Other Info>Review>Agent Info>Submit**

## Contact Information

Enter all applicant information that is required as noted by the red \*. Depending how questions are answered, additional questions may appear.



### CONTACT INFORMATION

Please complete the electronic enrollment form below. Be sure to keep any paper documents, such as Scope of Appointment and Agent Checklist, in your files and be able to produce them if requested to do so.

Fields marked with an asterisk (\*) are required

Documents to support this enrollment that the member has signed need to be submitted to the plan. Please click "Choose Files" below to upload required documents. You can upload up to three (3) unique documents.

Browse...

### PERSONAL INFORMATION

Please enter your personal information in the spaces provided.

Title ☐ Mr. ☐ Mrs. ☐ Ms.

First Name \*

Middle Initial

Last Name \*

Date of Birth \*

Gender \* ☐ Male ☐ Female

Home Phone Number \*

Please enter your 10 digit phone number with no hyphen or spaces (e.g., 2125551212).

Email Address

Providing an email address authorizes us to contact you via email. Your email address will be handled consistent with our Privacy Policy.

### IMPORTANT INFORMATION

### OTHER ENROLLMENT METHODS

**Mutual of Omaha CareAdvantage Complete**  
P.O. Box 12487  
St. Louis, MO 63132

**Phone:**  
[1\(877\)603-0787](tel:18776030787)

**TTY:**  
711

**Hours:**  
8am- 8pm M-F

**Online:**  
Medicare beneficiaries may enroll in Mutual of Omaha CareAdvantage Complete through the CMS Medicare Online Enrollment Center located at [www.medicare.gov](http://www.medicare.gov).

---

### PERMANENT RESIDENCE

Please enter your permanent residence address below. (P.O. Box is not allowed.)

Address (Line 1) *	<input type="text"/>
Address (Line 2)	<input type="text"/>
City *	<input type="text" value="Saint Hedwig"/>
State *	<input type="text" value="TX"/>
ZIP Code *	<input type="text" value="78152"/>

---

### MAILING ADDRESS

Do you have a separate mailing address where you like to receive correspondence?

☐ Yes ☐ No

---

**Please check the box below if you would prefer us to send you information in a language other than English or in another format**

- ☐ Spanish
- ☐ Vietnamese
- ☐ Chinese
- ☐ Braille
- ☐ Large Print

Please contact Mutual of Omaha Medicare Advantage Company for Cincinnati (833)225-7020, for Denver [\(855\) 936-0342](tel:855-936-0342), for San Antonio (833)286-3880, for Dallas-Fort Worth [\(855\) 943-0364](tel:855-943-0364), for El Paso [\(855\) 948-0358](tel:855-948-0358) if you need information in another format or language than what is listed above. Our office hours are 8am - 8pm, 7 days a week. You may receive a messaging service on weekends and holidays from April 1 - September 30. TTY users should call 711.

---

### EMERGENCY CONTACT


Would you like to provide an emergency contact?

☐ Yes ☐ No

**CONTINUE**

**SAVE AND EXIT**



Below is a screenshot of the Benefit Information pages. Most are self-explanatory.

**Mutual of Omaha**  
Medicare Advantage

Welcome, brokertest brokertest | [My Account](#) | [Sign Out](#)

[VIEW DASHBOARD](#) [SEARCH PROFILES](#) [START CONSULTATION](#) [START NEW ENROLLMENT](#) [SEND QUICK QUOTE](#)

**MUTUAL OF OMAHA CAREADVANTAGE COMPLETE (HMO)**  
Monthly Premium:\$0.00  
Plan: H6821-001-000

Calculator  Add Notes/Task to an active profile 

CONTACT  
INFO

**BENEFIT  
INFO**

OTHER  
INFO

REVIEW


AGENT  
INFO


SUBMIT

**BENEFITS INFORMATION**  
Please tell us about your current Medicare coverage and related benefits information.  
You can save your progress on this enrollment application if you want to come back and finish it later by using the *Save and Exit* option at the bottom of this page.  
**Fields marked with an asterisk (\*) are required**

**MEDICARE INFORMATION**  
Please take out your red, white, and blue Medicare card to complete this section. In the spaces provided, enter your Medicare Number and the Effective Dates for your Part A and Part B coverage.  
You must have Medicare Part A and Part B to join a Medicare Advantage plan.

Medicare Number \*

Hospital (Part A) Effective Date (MM/DD/YYYY)  

Medical (Part B) Effective Date (MM/DD/YYYY)  

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.

If none of these statements applies to you or you're not sure, please contact Mutual of Omaha Medicare Advantage Company at (833) 286-3880 (TTY users should call 711) to see if you are eligible to enroll. We are open 8am- 8pm CST.

**IMPORTANT INFORMATION**  
**OTHER ENROLLMENT METHODS**  
**Mutual of Omaha CareAdvantage Complete (HMO)**  
PO Box 12487  
St. Louis, MO 63132  
**Phone:**  
(833) 286-3880  
**TTY:**  
711  
**Hours:**  
8am- 8pm CST

During the Annual Enrollment Period (AEP- October 15 – December 7), the screen below will not appear. Outside of AEP, this section will need to be completed.

### ANNUAL ENROLLMENT PERIOD

☐ I am making my annual enrollment period election. (Oct. 15 - Dec. 7)

### SPECIAL ENROLLMENT PERIOD

\*

- ☐ I am new to Medicare. ?
- ☐ I recently moved outside of the service area for my current plan. ?
- ☐ I have both Medicare and Medicaid or my state helps pay for my Medicare premiums. ?
- ☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or rehabilitation hospital). ?
- ☐ I recently left a Program of All-Inclusive Care for the Elderly program. ?
- ☐ I recently involuntarily lost my creditable drug coverage. ?
- ☐ I am losing creditable drug coverage I had from an employer or union. ?
- ☐ I belong to a pharmacy assistance program provided by my state, or I am losing or recently lost participation in such a program. ?
- ☐ I recently returned to the United States after living permanently outside the U.S. ?
- ☐ In the last 12 months, I left a Medigap policy to join a Medicare Advantage Plan\* for the first time. (\*Medicare Advantage plan with prescription drug coverage) ?
- ☐ In the last 12 months, I joined a Medicare Advantage plan with prescription drug coverage when I turned 65. ?
- ☐ I am currently receiving Extra Help paying for Medicare prescription drug coverage, but do not have Medicaid. ?
- ☐ I am no longer eligible for Extra Help paying for my Medicare prescription drugs. ?
- ☐ I am disenrolling from a Medicare cost plan and had Medicare prescription drug coverage from the Medicare cost plan. ?
- ☐ I am being disenrolled from a Medicare special needs plan because I no longer have special needs status. ?
- ☐ I recently lost Medicare Part B but I still have Part A. ?
- ☐ I have had Medicare prior to now, but am now turning 65. ?
- ☐ 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 the natural disaster
- ☐ Other

### END STAGE RENAL DISEASE

Do you have End Stage Renal Disease, or ESRD? \*

☐ Yes ☐ No



### **PRESCRIPTION DRUG COVERAGE**

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

Will you have other prescription drug coverage in addition to this plan? \*

☐ Yes ☐ No

### **LONG TERM CARE**

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

☐ Yes ☐ No

### **MEDICAID ENROLLMENT**

Are you enrolled in your state Medicaid program? \*

☐ Yes ☐ No

### **EMPLOYMENT INFORMATION**

Do you or your spouse work? \*

☐ Yes ☐ No

[< PREVIOUS](#)

**CONTINUE**

**SAVE AND EXIT**

CONTACT  
INFO

BENEFIT  
INFO

OTHER  
INFO

REVIEW

AGENT  
INFO

SUBMIT

### **OTHER INFORMATION**

#### **PHYSICIAN SELECTION**

Please click "Physician Search" link to select a network PCP:

[Physician Search](#)

☐ Check here if Existing Patient

You may search for your physician or find a new one by clicking [Physician Search](#) link.

#### **Search Type** - Make a selection

Please select a way for choosing your PCP:

- ☐ I would like to find a new Primary Care Physician
- ☐ I have a Primary Care Physician and would like to see if they are in the provider network

*Make a selection to proceed.*

---

## PAYING YOUR PLAN PREMIUM

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail or you can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board benefit check each month. If you are assessed a Part D-Income Related Monthly Adjustment Amount (IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or Railroad Retirement Board. DO NOT pay Mutual of Omaha Medicare Advantage the Part D-IRMAA.

You can pay your monthly plan premium (including any late enrollment penalty you have or may owe) by mail or you can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board benefit check each month.

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people qualify for these savings and don't even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at <https://www.socialsecurity.gov/prescriptionhelp>.

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or a portion of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

If you do not select a payment option, you will get a bill each month.

**Please select a premium payment option: \***

☐ **Get a Monthly Bill**

☐ **Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.**

The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

☐ **Electronic Funds Transfer (EFT)**

If you choose to have the funds taken directly out of your checking account this is referred to as Electronic Funds Transfer (EFT). If you select this method of payment, you will receive a letter from the plan requesting a Voided Check be returned with the letter for account setup. Do not submit a voided check at time of enrollment. Your request will be processed within 10 business days of receipt of returned voided check and letter. Premiums are deducted from your bank account on the 9th day of the month for the current month's coverage.

## EFFECTIVE DATE

We must receive your completed, signed and dated enrollment form no later than the last working day of the month before you want coverage to begin. We will accommodate your requested effective date as best we can while still following Medicare guidelines.

I would like coverage to start: \*

Select ▼

< PREVIOUS

CONTINUE

SAVE AND EXIT

You will then be able to review the application information. You may move form page to page using 'Previous' or 'Continue.' You will also be able to 'Edit' the information if needed. When finished hit, Complete Review.

Fill out your agent information.



### AGENT INFORMATION

Review the Agent information below and signify your acceptance of this attestation to continue.

Agent Name:  
Agent ID/NPN:

**AS THE WRITING AGENT, I HEREBY ATTEST THAT:**

1. I am appropriately licensed to sell this product and appointed by the carrier to do so.
2. I have provided the applicant with the information necessary to make a sound, informed voluntary decision to enroll in this plan, understanding the implications of enrollment in areas including but not limited to benefit coverage, potential out-of-pocket costs, availability of specific medications on formulary, and network pharmacies.
3. The applicant has read this statement in person or I have read the statement aloud to the applicant and the applicant grants me permission to submit the application on his/her behalf.

\* ☐ I agree with the above statements.

[< PREVIOUS](#)

[CONTINUE](#)

[SAVE AND EXIT](#)

After clicking Continue, **'You must read the information to the enrollee'** that appears on the screen. (Note: below is a partial view of the screen).



### READ THIS IMPORTANT INFORMATION

Please read the legal information. After you complete your review, check the acknowledgment that you read the disclosures. Click *Submit Enrollment* to send us your enrollment form.

You can save your progress on this enrollment application if you want to come back and finish it later by using the *Save and Exit* option at the bottom of this page.

At the bottom of the screen you will select the appropriate statement and submit the enrollment application.

Please select the statement below that best describes your relationship to the person with Medicare listed on this enrollment form: \*

- ☐ I am the person listed on this enrollment form or I am simply helping to complete this enrollment form.
- ☐ I am the person authorized to act on behalf of the individual listed on this enrollment form under the laws of the State where the individual resides.

☐ I have a signed Paper Enrollment, Scope of Appointment and/or Agent Checklist that I am using to complete this Online Enrollment Form.

\*

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

After submitting the enrollment application, you will enter the applicant's email address, so they receive their confirmation. If they do not have an email address, you will need to read to them their Confirmation Number. If they are in your presence, you may print the application.

#### MUTUAL OF OMAHA CAREADVANTAGE COMPLETE

 Print Application

#### CONGRATULATIONS!

Thank you for applying to Mutual of Omaha CareAdvantage Complete.

Your enrollment application was received and will now be processed. It may take up to 10 days before you receive a confirmation letter in the mail.

If you entered your email address earlier, we'll email the confirmation to you.

<b>Confirmation Number</b>	A79514138314967M
Selected Plan	Mutual of Omaha CareAdvantage Complete
Monthly Premium	\$0.00
Application Date	10/2/2018
Contact Information	Mutual of Omaha Medicare Advantage Company P.O. Box 12487 St. Louis, MO 63132 <a href="tel:18776030787">1(877)603-0787</a> TTY: 711 8am - 8pm M-F <a href="https://www.mutualofomahacareadvantage.com">https://www.mutualofomahacareadvantage.com</a>
Member Name	Jane Doe
Member Address	3301 Dodge Saint Hedwig, TX 78152
Contract/Plan/Segment ID	H6821_001_000

To receive an email with your confirmation number, please enter your email address below .

E-mail Address

You are also provided a 'What's next' screen to provide additional information to your client.

#### WHAT'S NEXT:

This confirmation number can be used to help track the online enrollment, but it is not proof of membership. Please wait at least 10 days before calling the plan to ask about the status of your enrollment. Please keep this information in case you have any questions about your enrollment and need to contact your selected plan.

If any of the required information on your enrollment form was missing or does not match your Medicare record, the plan may contact you to get the missing or correct information. This could delay the plan's ability to process your enrollment.

Here are some important things to expect when your coverage is first effective if the plan determines that your enrollment meets all of the Medicare requirements and is complete. This information is especially important if you enrolled late in the month and you have not received a letter, or your membership card, by the day your coverage starts.

- After the plan has processed your application, you should get a letter from the plan you joined. This may take several days. If you do not receive correspondence from the plan in about 10 calendar days, you should contact the plan to check on the status of the enrollment.
  - Enrollment can be effective as early as the first of the next month depending on your circumstances. The plan you have selected will inform you of your effective date of enrollment.
  - If you need to fill a prescription before you get your plan membership card, let your pharmacist know your plan name and show any of the following materials as proof of membership:
    - Take your acknowledgement, welcome, or confirmation letter that you receive from the plan with you to the pharmacy. You can also bring the enrollment confirmation number that the plan gives you. This is a different number from the confirmation number you got from this website.
- Please Note: The confirmation number listed on this website cannot be used at your local pharmacy as proof of plan membership.**
- If you haven't gotten a letter yet, you might have a copy of an enrollment application signed by a plan representative.
  - If you have both Medicare and Medicaid, you should bring proof of enrollment in both programs such as your Medicare and Medicaid cards, a copy of a Medicare Summary Notice, a recent Medicaid bill, or a copy of your current Medicaid award letter. If you qualify for extra help (the low-income subsidy) you can also bring proof that you qualify such as a copy of your yellow or green automatic enrollment letter from Medicare (if you automatically qualify) or your approval letter from Social Security (if you applied and qualify).
  - As a last resort, if you pay out of pocket for your prescription, save your receipts and work with your plan to be reimbursed.
- If you have questions, call the plan's toll-free number.

Finally, the applicant is sent confirmation via email, as shown below.

