



Tablet eEnrollment User Guide

Oct. 2013

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Introduction

What is the Tablet eEnrollment Application?

The Cigna-HealthSpring eEnrollment form is an online tool that allows Agents to walk an enrollee through a quick, paperless electronic application. The eEnrollment form:

- Is available via laptop and tablet browsers like the iPad;
- Uses a simple, straightforward question process;
- Creates a complete application that can be verified and signed before submission;
- Allows the Agent / Enrollee to submit a completed application immediately for processing.

Compatibility Check

The eEnrollment form is an internet application accessed through a web browser. It is officially supported on iPad tablets running iOS 6 and the native Safari web browser.

Note: *Other devices, operating systems, and browsers MAY be compatible with the eEnrollment form, but Cigna-HealthSpring will not be able to assist in supporting or troubleshooting the device in the event of a failure or error.*

Commissions Requirements

All eEnrollment applications MUST be accompanied by a valid Scope of Appointment or Telescope in order for the writing Agent to receive commission. There are absolutely NO exceptions.

Enrollment Essentials

In addition to a paper application or the eEnrollment Form, the Enrollee and/or Agent will need:

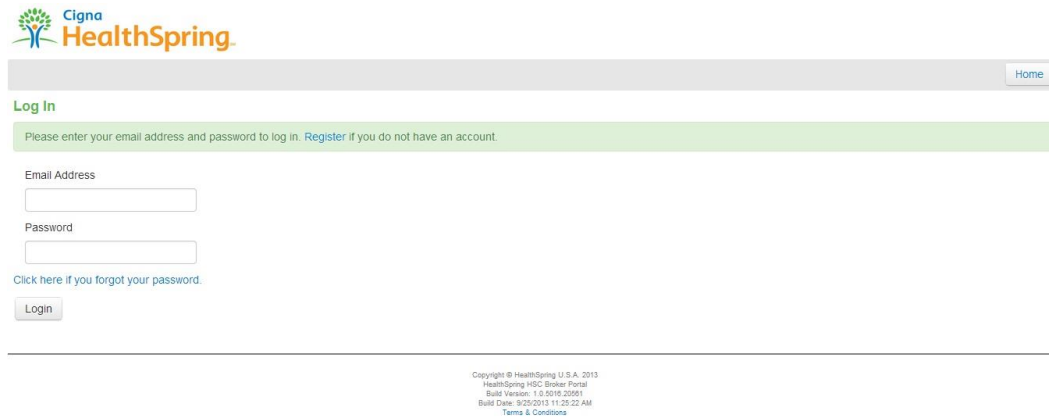
- Approximately 15-20 minutes of time
- The Enrollee's Red, White, and Blue Medicare Card

Getting Started

Launch the Website

Once you have opened your web browser, enter the following URL to display the eEnrollment Form login page:

<https://broker.hsconnectonline.com>



Registering

First time users will be required to register before accessing the eEnrollment Form. To register, click on the blue **Register** link in the highlighted green bar to begin the process.

1. To start, users will have to supply their:
 - Full Name: the Agent of Record name that appears on the application;
 - Email Address: the address to which the registration Confirmation Email will be sent;
 - Agent ID: the Agent ID to which commissions for approved applications will be given.

Note: *Don't know your Agent ID? Contact your Sales Manager or call the HealthSpring Agent Assistance Line (HAAL) at **1-866-442-7516***

2. Users will then have to read and **Accept** the HSC Broker Terms & Conditions.
3. Users are then prompted to set up their Password and three Security Questions. Passwords must comply with the restrictions listed on the page:

Passwords must be a minimum of 7 characters long, must not have been used as one of your past three passwords, and must contain at least three of the following: uppercase alphabet, lowercase alphabet, number, and symbol (non-alphanumeric).

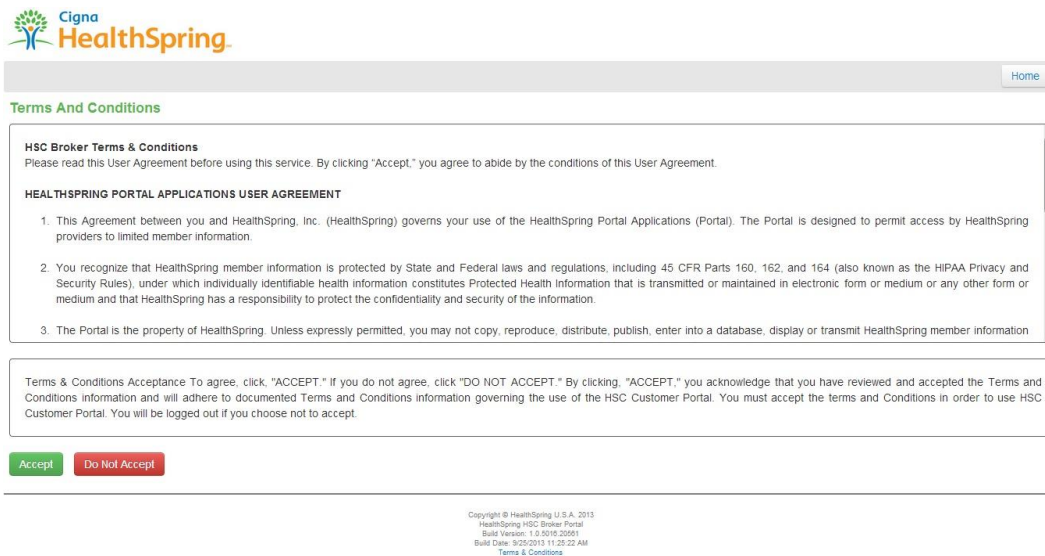
4. After your account is successfully created, you will receive a Verification Email from HealthSpring@healthspring.com. Click the link in the email to activate your account.

Logging In

Type in your email address and password, and press enter or click on the **Login** button at the bottom.

All users will have to reaffirm their agreement to the “Terms & Conditions” each time a login is attempted. Clicking **Do Not Accept** means you do not accept the HSC Broker Terms & Conditions FOR THAT SESSION, and you will be logged out. It is the Agent’s responsibility to understand the User Agreement prior to clicking **Accept** for every session.

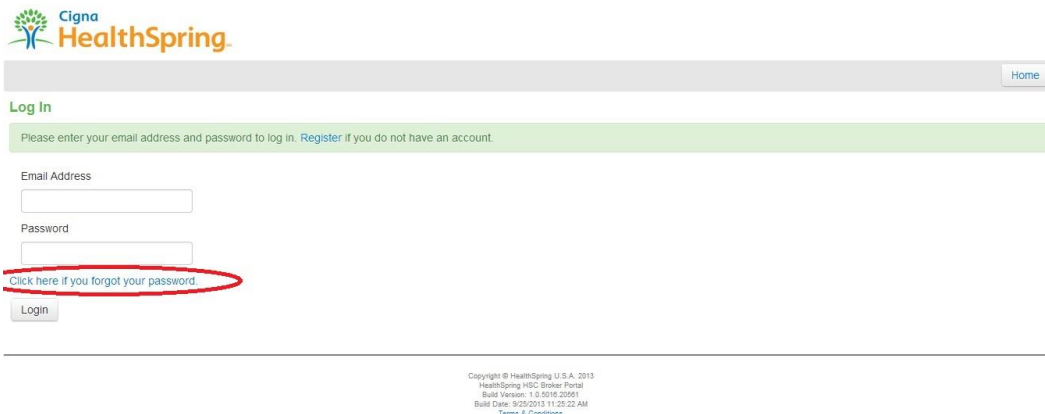
Note: Users that do not agree to the “Terms & Conditions” may still fill out and fax paper applications for processing.



The screenshot shows the HealthSpring portal's Terms and Conditions page. At the top left is the Cigna HealthSpring logo. A "Home" button is in the top right. Below the logo is a "Terms And Conditions" header. The main content area is titled "HSC Broker Terms & Conditions" and includes a paragraph: "Please read this User Agreement before using this service. By clicking 'Accept,' you agree to abide by the conditions of this User Agreement." Below this is the "HEALTHSPRING PORTAL APPLICATIONS USER AGREEMENT" section, which contains three numbered items: 1. This Agreement between you and HealthSpring, Inc. (HealthSpring) governs your use of the HealthSpring Portal Applications (Portal). The Portal is designed to permit access by HealthSpring providers to limited member information. 2. You recognize that HealthSpring member information is protected by State and Federal laws and regulations, including 45 CFR Parts 160, 162, and 164 (also known as the HIPAA Privacy and Security Rules), under which individually identifiable health information constitutes Protected Health Information that is transmitted or maintained in electronic form or medium or any other form or medium and that HealthSpring has a responsibility to protect the confidentiality and security of the information. 3. The Portal is the property of HealthSpring. Unless expressly permitted, you may not copy, reproduce, distribute, publish, enter into a database, display or transmit HealthSpring member information. Below the numbered items is a paragraph: "Terms & Conditions Acceptance To agree, click, 'ACCEPT.' If you do not agree, click 'DO NOT ACCEPT.' By clicking, 'ACCEPT,' you acknowledge that you have reviewed and accepted the Terms and Conditions information and will adhere to documented Terms and Conditions information governing the use of the HSC Customer Portal. You must accept the terms and Conditions in order to use HSC Customer Portal. You will be logged out if you choose not to accept." At the bottom of the main content area are two buttons: "Accept" (green) and "Do Not Accept" (red). At the very bottom of the page is a small copyright notice: "Copyright © HealthSpring U.S.A. 2013 HealthSpring HSC Broker Portal Build Version: 1.0.5019.20561 Build Date: 9/25/2013 11:25:22 AM Terms & Conditions".

Forget Your Password?

If, at any time, you forget your password, use the **Forgot Password** link on the login page above the **Login** button and follow the instructions on the page.



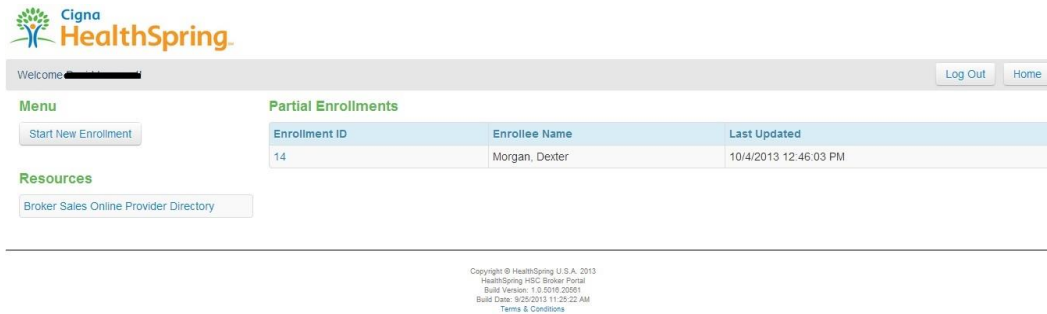
The screenshot shows the HealthSpring portal's login page. At the top left is the Cigna HealthSpring logo. A "Home" button is in the top right. Below the logo is a "Log In" header. Below the header is a green bar with the text: "Please enter your email address and password to log in. Register if you do not have an account." Below this are two input fields: "Email Address" and "Password". Below the "Password" field is a link: "Click here if you forgot your password", which is circled in red. Below the link is a "Login" button. At the very bottom of the page is a small copyright notice: "Copyright © HealthSpring U.S.A. 2013 HealthSpring HSC Broker Portal Build Version: 1.0.5019.20561 Build Date: 9/25/2013 11:25:22 AM Terms & Conditions".

You are now ready to start using the
eEnrollment Application!

Home Page / Main Menu

After accepting the Terms & Conditions agreement, the user will see the Home screen. Here, the user can:

- Start a New Enrollment
- Continue a Partial (Incomplete) Enrollment
- View the Cigna-HealthSpring Online Provider Directory



Start New Enrollment

Select a Language

The only option is “English.” Please click **Next** to continue.

Plan Selection

Enter the Enrollee’s state abbreviation, and then select the Enrollee’s county. If the county is not listed in the dropdown, please verify the correct state abbreviation was entered above.

Note: Please reference <https://www.usps.com/send/official-abbreviations.htm> for a complete list of official US state abbreviations.

If a covered state and county are selected, a list of available plans will display in the dropdown below.



VS.



Eligibility Check

In order for an Enrollee to qualify for Cigna-HealthSpring coverage, he or she must pass the Eligibility Check. ALL THREE statements must be checked in order to proceed with an application.

Note: *If the Enrollee has End Stage Renal Disease but DOES NOT require regular dialysis (or if they've had a successful kidney transplant), CHECK the box stating "Enrollee must not have End Stage Renal Disease." Later, the Enrollee will receive instructions for submitting a letter or records from their doctor within 48 hours as proof.*

VS.

Effective Date of Coverage

Use the drop-down selection box to select the Effective Date of Coverage.

Introduction

Ensure the Enrollee has 15-20 minutes of time to complete the application process. The Enrollee also needs his or her Red, White, and Blue Medicare card on hand.

The enrollment process should take approximately 15 – 20 minutes. You will need to have a few pieces of information available before we begin. You will need your red, white and blue Medicare card.

Personal Information

Follow the on-screen instructions to enter the Enrollee's:

- Name as it appears on the Medicare Card;
- Permanent Home Address (must be a physical street address);
- Mailing Address (if different from the Permanent Home Address);
- *Date of Birth, Gender, and *Social Security Number
- *Home Phone Number, *Alternate Phone Number, Email Address (all optional)
- *Medicare Claim Number, *Hospital Part A Effective Date, *Medical Part B Effective Date

Note: *When entering dates above, use the full 8-character format without special characters (e.g., 01/01/2013 would be entered as 01012013) – the form will automatically format the dates appropriately.*

Note: When entering other numeric values such as Social Security Number, Phone Number, and Medicare Claim Number, DO NOT use special characters such as hyphens, dashes, or slashes – the information will automatically be formatted during verification.

Premium Option

Ensure the Enrollee understands their Premium options, including payment types and late enrollment penalties. Have them read the two (2) blue informational boxes and confirm their understanding by clicking the **Next** button at the bottom.

Then, have the Enrollee select their premium payment option:

- Get a Monthly Bill;
- Automatic deduction from your month Social Security benefit check.

Premium Option

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 each month. You can also choose to pay your premium by automatic deduction from your Social Security benefit check each month.

Premium Option

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, 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 will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible 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 www.socialsecurity.gov/prescriptionhelp. If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part 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 don't select a payment option, you will get a bill each month.

Other Questions

Indicate whether the Enrollee:

- Has End Stage Renal Disease;
- Is a resident in a long-term care facility such as a nursing home;
- Has a spouse who works;
- Will have other prescription drug coverage in addition to Cigna-HealthSpring's coverage;
- Is enrolled in a state Medicaid program.

Note: If the Enrollee answered "yes" to **End Stage Renal Disease** and they no longer need regular dialysis, or if they have had a successful kidney transplant, the Enrollee must fax a letter or records from their doctor as proof. They must be faxed to record submissions at 1-877-818-9299 within 48 hours so the records can be associated to the application.

Primary Care Physician (PCP)

Type the name of the Enrollee's Primary Care Physician (PCP).

Communication & Language Needs

Indicate whether the Enrollee would prefer future plan information in Spanish, Braille, or Large Print. If the Enrollee requires a format other than those listed, have the Enrollee call Toll-Free at 1-800-668-3813 any day of the week, 8am – 8pm CST. TTY users should call 711.

Translation Services

Indicate whether the Enrollee requires Translation Services.

Emergency Contact

Indicate whether the Enrollee has an Emergency Contact. If so, take down the Contact's information on the eEnrollment form. If this individual is also the Enrollee's HIPAA Representative, indicate that as well.

Note: *When entering the Phone Number, DO NOT use special characters such as hyphens, dashes, or slashes. The information will automatically be formatted during verification.*

HIPAA POA

Indicate whether the Enrollee has a HIPAA Representative. If so, take down the Representative's information on the eEnrollment form.

Note: *When entering the Phone Number, DO NOT use special characters such as hyphens, dashes, or slashes. The information will automatically be formatted during verification.*

Other Coverage Disclaimers

Ensure the Enrollee understands the Coverage Disclaimers in case the Enrollee currently has health coverage from an employer or union. Have them read the blue informational box and confirm their understanding by clicking the **Next** button at the bottom.

Other Coverage Disclaimers

If you currently have health coverage from an employer or union, joining the plan could affect your employer or union health benefits. You could lose your employer or union health coverage if you join. Read the communications your employer or union sends you. If you have questions, visit their website or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Verify Entered Data

With the Enrollee, review and confirm all information that has been entered thus far on the application.

Agreement

Ensure the Enrollee understands the Cigna-HealthSpring coverage agreement. Have them read the four (4) blue informational boxes and confirm their understanding by clicking the **Next** button at the bottom.

Agreement

By completing this enrollment application, I agree to the following:

HealthSpring is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. **For MA-Only Plans:** I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 – December 7 of every year), or under certain special circumstances.

Agreement - Continued

By completing this enrollment application, I agree to the following:

The plan serves a specific service area. If I move out of the area that the plan serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of the plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from the plan when I get it to know which rules I must follow to get coverage with the Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S Border.

Agreement - Continued

By completing this enrollment application, I agree to the following:

I understand that beginning on the date the plan coverage begins, I must get all of my health care from the plan, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by the Plan and other services contained in my Plans Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, NEITHER MEDICARE NOR THE PLAN WILL PAY FOR THE SERVICES.

Agreement - Continued

By completing this enrollment application, I agree to the following:

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with the Plan, he/she may be paid based on my enrollment in the Plan.

Release of Information

Ensure the Enrollee understands the Cigna-HealthSpring Release of Information agreement. Have them read the two (2) blue informational boxes and confirm their understanding by clicking the **Next** button at the bottom.

Release of Information

By joining this Medicare Health Plan, I acknowledge, that the Plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that the 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.

Release of Information

I understand my electronic 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 the 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 by the Plan or by Medicare.

Signatures

The Agent should use a stylus or a finger (or, if a laptop is used, the mouse) to sign the Enrollment Application first. Then, direct the Enrollee to sign within the signature box before submitting the Enrollment Application.

If a mistake is made, use the **Clear** button to erase the signature box and sign again.

Sales Agent Signature



Current Date 10/7/2013

Partial Enrollments

The **Partial Enrollments** section on the Home Page displays all Enrollments that have been started but not submitted. Completed Enrollments that have been submitted will not be available for viewing or editing through this portal.

To resume an open Enrollment, simply click on the **Enrollment ID** in the table (circled in red). This will resume the application process from last submission page in the eEnrollment (i.e., the last section in which the **Next** button was clicked).

The screenshot shows the Cigna HealthSpring portal interface. At the top left is the logo. Below it is a 'Welcome' message and 'Log Out' and 'Home' buttons. A 'Menu' section contains a 'Start New Enrollment' button. A 'Resources' section contains a 'Broker Sales Online Provider Directory' button. The main content area is titled 'Partial Enrollments' and contains a table with the following data:

Enrollment ID	Enrollee Name	Last Updated
14	Morgan, Dexter	10/4/2013 12:46:03 PM

At the bottom of the page, there is a copyright notice: Copyright © HealthSpring U.S.A. 2013, HealthSpring HSC Broker Portal, Build Version: 1.0.2016.20091, Build Date: 3/25/2013 11:25:22 AM, Terms & Conditions.

Resources

The resources section displays a clickable link to the Cigna-HealthSpring **Broker Sales Online Provider Director**. You can use this tool to look up Cigna-HealthSpring approved Primary Care Physicians or Specialists by Network, County, Zip, Specialty, and Plans Accepted.

The screenshot shows the Cigna HealthSpring Broker Sales Provider Search tool. The search criteria are: Search Type: Primary Care Physician, State of Residence: TN, County of Residence: DAVIDSON, Market: MTN. The search results are displayed in a grid format with columns for Network, County, ZIP, Panel, Specialty, and Plans Accepted.

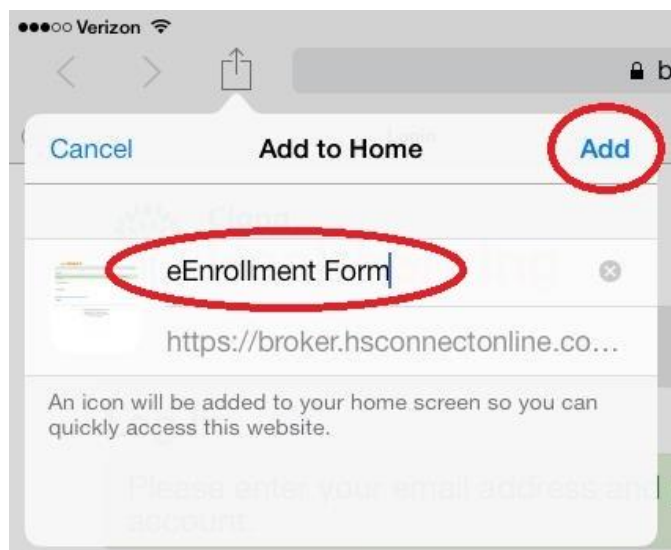
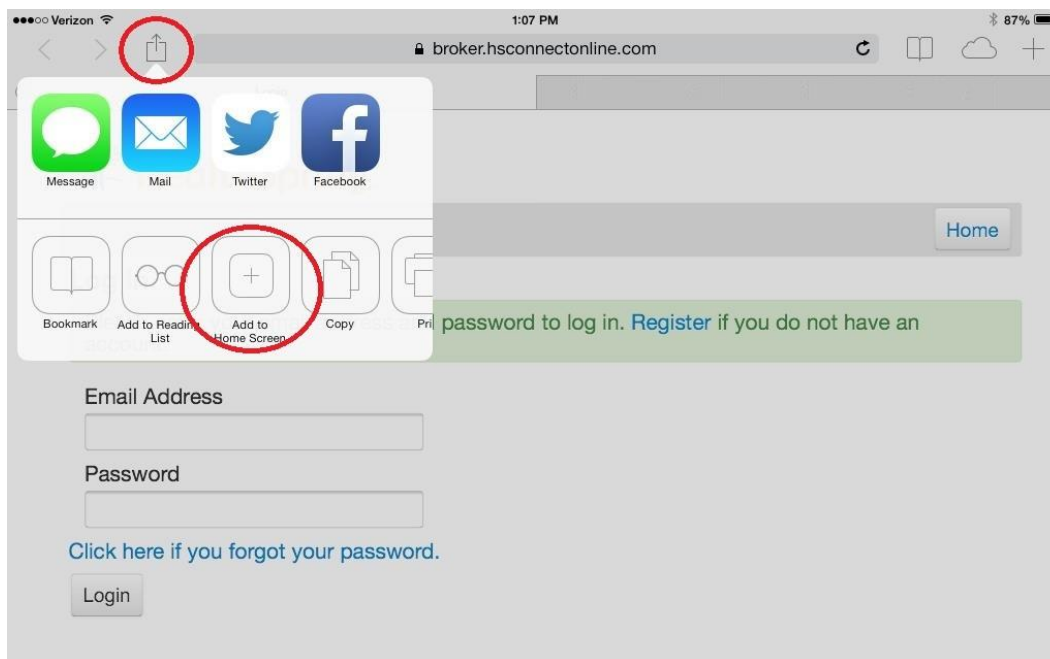
Network	County	ZIP	Panel	Specialty	Plans Accepted
Baptist St. Thomas Medical Netw	Bedford	37012	Closed	Family Practice	HMO
Clarksville Medical Network IPA	Cannon	37013	Existing	General Practice	
CORE Physicians IPODS	Cheatham	37015	Open	Geriatrics	
DeKalb Medical Network Premier	Clay	37025		Internal Medicine	
HCA-TriStar Medical Network	COFFEE	37027		Internal Medicine & Pediatrics	
Middle TN Independents Preferre	CUMBERLAND	37030		Primary Care Clinic	
Middle TN Independents Premier	DAVIDSON	37033			
Midstate Medical Network, Inc	Dekalb	37034			
Nashville North Network	DICKSON	37040			
North POD - Preferred	Fentress	37042			

Use **Ctrl+Left-Click** to select / deselect additional search filters

Adding a Shortcut to the iPad

To add the eEnrollment Form link to your iPad home page, first open the Safari web browser on your device, and go to <https://broker.hsconnectonline.com>.

Once the page has loaded, tap the **Share** button to the left of your URL bar. Tap **Add to Home Screen** in the ensuing Share Options dropdown. Name the Shortcut however you like (e.g., eEnrollment Form) and click **Add**.



Security Functions

Sign Off

When you are finished using the eEnrollment form, you can click the **Log Out** button in the top right-hand corner of every page. This will require an email address and password to be entered again before accessing the application.



Inactivity

The eEnrollment Form has a built-in feature that terminates your login after approximately 10 minutes of inactivity. After extended inactivity, if you try to resume the session by clicking on one of the navigation buttons, you will automatically be directed back to the main Login screen.