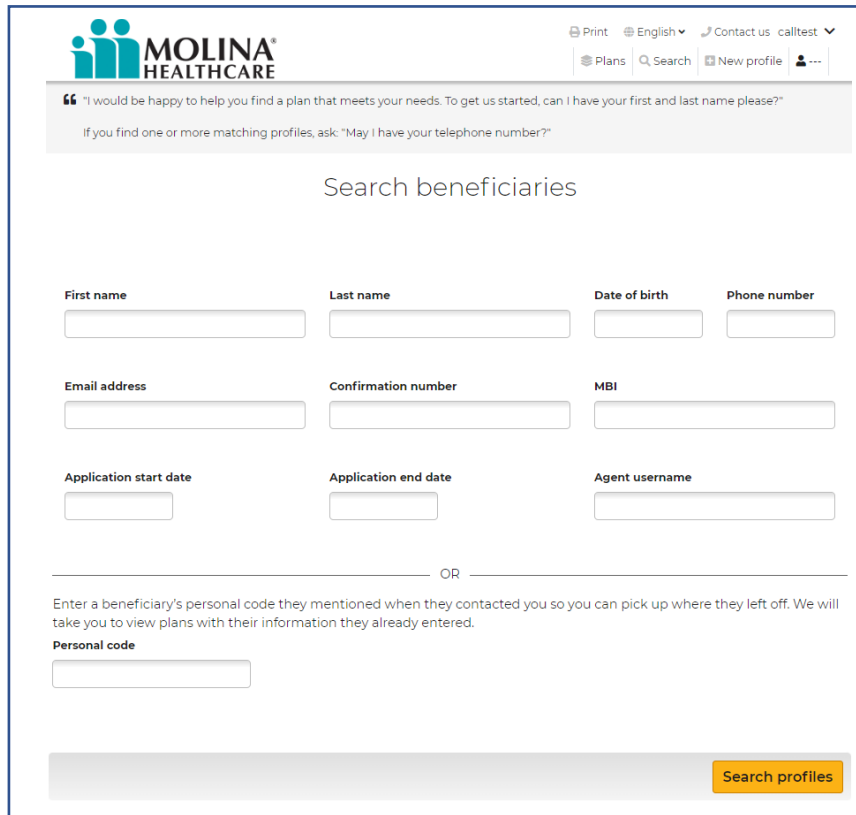


# DRX TRAINING

Broker/Field User: <https://molina2.destinationrx.com/pc/2022/Account/Login>

Telesales User: <https://molinaam3.destinationrx.com/pc/2022/Account/Login>

By default, you will be logged into the Search tab



The image shows the Molina Healthcare search interface. At the top is the Molina Healthcare logo and navigation links: Print, English, Contact us, calltest, Plans, Search, New profile, and a user icon. Below the logo is a quote: "I would be happy to help you find a plan that meets your needs. To get us started, can I have your first and last name please?" and a prompt: "If you find one or more matching profiles, ask: 'May I have your telephone number?'". The main heading is "Search beneficiaries". Below this are several input fields: First name, Last name, Date of birth, Phone number, Email address, Confirmation number, MBI, Application start date, Application end date, and Agent username. There is an "OR" separator and a note: "Enter a beneficiary's personal code they mentioned when they contacted you so you can pick up where they left off. We will take you to view plans with their information they already entered." Below this is a "Personal code" field. At the bottom right is a "Search profiles" button.

Based on search criteria, search results will display existing profiles

Search results		Registrant: Profile Created Applicant: Submitted Application		Sort
<a href="#">Download results</a>				Last updated
<a href="#">Bob Smith</a> 123 Main Street Twin Falls , ID 83334	bobsmith123@aol.com (208) 777-1234	● Registrant	brokertest brokertest brokertest	Updated 05/19/2022
<a href="#">John Smith</a> 300 Brice Rd Reynoldsburg , OH 43068	blhablha@gmail.com (513) 330-3194	● Applicant	brokertest brokertest brokertest	Updated 04/21/2022

For Applicant type profiles, you can access copy of submitted application



The image shows the "Enrollment History" section for a Molina Medicare Complete Care (HMO D-SNP) plan. It displays the plan name, submission date and time (Submitted 04/21/2022 6:18 am PST), and the confirmation number (A7255825729555M). A "View application" button is highlighted with a yellow box. Below this, a green bar indicates the "Total monthly premium" is \$33.50.

## Select New Profile tab to create new prospect profile

**MOLINA HEALTHCARE** Plans Search **New profile** ...

“ If you did not find a matching profile: “What is the first and last name as shown on your Medicare card?”

“To identify available plans in your area, what is the ZIP code of your primary residence?”

In all cases, collect or verify required information (e.g., ZIP code, phone number).

### Profile

#### Personal information

\*ZIP code

\* First name  \* Last name  Date of birth

Email address  Phone number

#### Home address

Address 1  Address 2

City  State

#### Sales information

Is the sales contact different from the beneficiary?

#### Notes

You have no notes for this profile

[+ Add note](#)

#### Tasks

You have no tasks for this profile

[+ Add task](#)

## Profile provides electronic options to forward and submit Scope of Appointment

**Broker/Field:  
Electronic Format  
Options**

[< Previous](#) [Add preferences >](#)

Once SOA is submitted by prospect, agent will be alerted via email “Customer completed SOA” agent should then complete their part and submit to show Completed SOA on DRX profile

A Scope of Appointment is required for all sales appointments. Submit the SOA once you have received it from the beneficiary.

### SOAs

✓ Completed 06/23/2022  
Confirmation #A1617E7DD0

• Medicare Advantage Plans Part C and Cost Plans

[View](#)

## Select "Continue to plans" on profile to display plan options based on documented ZIP code

**Filters**

Clear all

**Additional savings**

☐ Insulin savings

**Preferences**

Enter preferences to estimate your annual cost.

**Get Started**

**Health**

**Providers**

**Prescriptions**

**Pharmacy**

Add preferences

**Molina Medicare Choice Care (HMO)**

★★★★☆ [Star rating](#)

Medical Deductible **\$0**

Maximum Annual Out Of Pocket **\$7,550**

Monthly premium **\$0.00**

Plan details

Add to cart

Add to quote

☐ Add to compare

**Molina Medicare Complete Care (HMO D-SNP)**

★★★★☆ [Star rating](#)

Medical Deductible **\$203**

Maximum Annual Out Of Pocket **\$7,550**

Monthly premium **\$0.00**

Plan details

Add to cart

Add to quote

☐ Add to compare

**Molina Medicare Complete Care Select (HMO D-SNP)**

★★★★☆ [Star rating](#)

Medical Deductible **\$203**

Maximum Annual Out Of Pocket **\$7,550**

Monthly premium **\$31.50**

Plan details

Add to cart

Add to quote

☐ Add to compare

If the plan option that applies to your prospect has a Monthly premium but your prospect has Low Income Subsidy, select "Add preferences" to adjust Monthly premium amount accordingly.

**Get Started**

Health

Providers

Prescriptions

Pharmacy

Other Preferences

Go to plans >

\*ZIP code  County

These optional questions help us estimate your potential costs.

**What coverage type are you interested in? (Optional)**

☒ Medical only
 ☐ Prescription drug
 ☒ Medical and prescription drug
 ☐ I don't know

**Do you receive extra help paying for prescription drugs?(Optional)**

☒ I receive help from Medicaid = 100% Premium Subsidy (will reflect LIS Copay level 1)

☐ I get supplemental security income = 100% Premium Subsidy (will reflect LIS Copay level 1)

☐ I belong to a Medicare Savings Program (MSP)= 100% Premium Subsidy (will reflect LIS Copay level 1)

☐ I applied and got full help through social security = 100% Premium Subsidy (will reflect LIS Copay level 1)

☐ I applied for and got partial help through social security

**I receive the following percentage to help pay my drug plan premium**

☐ 25%
 ☐ 50%
 ☒ 75%
 ☐ 100%

☐ No, I am not eligible for special assistance = No Low Income Subsidy

☐ I don't know = No Low Income Subsidy


**Low Income Subsidy**

CoPAY	PCT
2	100
07/01/2022 - 12/31/2022	
Copay Level	Premium Subsidy

Once Subsidy Level is selected, "Go to plans" will reflect adjusted Monthly Premium amount

Select appropriate Premium Subsidy %  
All options will reflect LIS Copay level 4

Next steps available for each plan option



Molina Medicare Complete Care  
Select (HMO D-SNP)

★★★★☆ [Star rating](#)

Medical Deductible  
\$203

Maximum Annual Out of Pocket  
\$7,550

Monthly premium  
\$0.00

☐ Add to compare

View Plan details side by side

Continue to enrollment

Plan details

Add to cart

Add to quote


Plan benefit details

Forward prospect Plan Info via Text/Email

Total est. cost  
\$358  
Effective Jul 2022

“Add to cart”

Cart



Molina Medicare Complete Care Select (HMO D-SNP)

[View details](#) | [Change plan](#) | [Remove plan](#)

Monthly premium  
\$0.00

\* How will you be completing this form?

Send to beneficiary to sign and submit

Complete and submit form myself

Agent completes form and forwards to prospect for submission


Agent completes form and submits enrollment (In-Person/Telephonic)

Monthly premium  
\$0.00

[< Previous](#)

Continue to apply

DRX will walk you through five different sections of application before submitting.



Print

English

Contact us

calltest

Plans

Search

New profile

TOMMY

1 Contact Info

2 Benefit Info

3 Other Info

4 Agent Info

5 Review & Submit

## Contact Info section requests identifier of who is processing enrollment.

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.

Processing enrollment with prospect or has given you verbal authorization for enrollment

Select this option if you are processing enrollment with legal representative; Volunteer/Authorized Individual info is required

### Volunteer / Authorized Individual

If you have been authorized to fill out this form on behalf of another individual, under the laws of the State where that individual resides, you must provide the following information. Upon request, you must be able to present Molina Medicare Complete Care Select (HMO D-SNP) and/or Medicare with documentation of your authority to represent the individual listed on this application

Name\*

Address\*

City\*

## Agent Info section allows you to upload files related to prospect (Paper SOA, Eligibility Screenshots)

✓

✓

✓

4

Contact InfoBenefit InfoOther InfoAgent Info

## Agent Information

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

Agent Name:	calltest calltest
Agent ID/NPN:	calltest

**Proposed Effective Date of Coverage\***

Select ▼

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.

Choose Files

No file chosen

◀ PreviousNext

## Review & Submit section requests Beneficiary & Agent Signature

### Beneficiary Signature

☐ Due to physical limitations, I am unable to sign my name  
NOTE: if you are a broker entering a paper application in your possession, please check here and type 'paper application' in the name box that will appear

**\*Sign your name below using a stylus, mouse, or your finger.**

For Telephonic Enrollments, check box "Due to physical limitations..." & type "Telephonic Enrollment"

Beneficiary should sign their name for In-Person meeting

TOMMY JOHNSON

### Agent Signature

**\*Sign your name below using a stylus, mouse, or your finger.**

clear


calltest calltest

[< Previous](#)

[Submit](#)

## Submit application to obtain Confirmation number

### Application submitted

 Your application has been submitted and is pending approval. This confirmation is not proof of membership.

[Email](#) [Print](#)

#### What to expect

- You will be notified when your application is accepted and your coverage is effective.
- You should receive your insurance card within 7 to 10 business days.
- If you have an email address on file, we will send copy of your application submission.

**Molina Healthcare of Michigan, Inc.**  
7050 Union Park Center Midvale, UT 84047  
8:00n++a.m.n++- 8:00n++p.m. local time, 7 days a week.  
(800) 665-3072 TTY 711  
<https://www.molinahealthcare.com/medicare>

#### Application details

**Member name**  
TOMMY JOHNSON

**Member address**  
123 MAIN ST Detroit, MI 48233

**Submitted on**  
June 24, 2022

**Confirmation number**  
A56596176938642M

[View application](#)