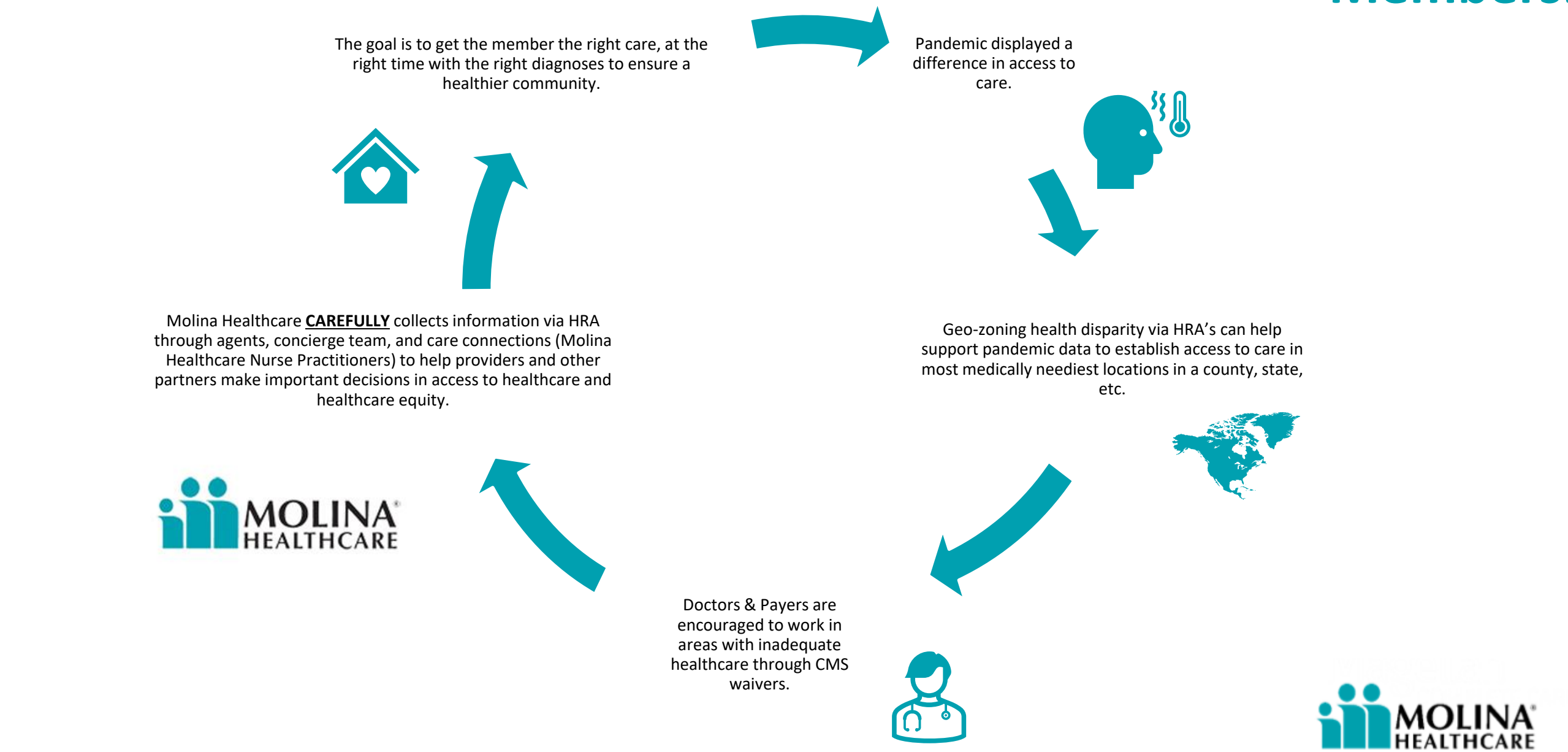


# Molina Healthcare HRA & Icario Training

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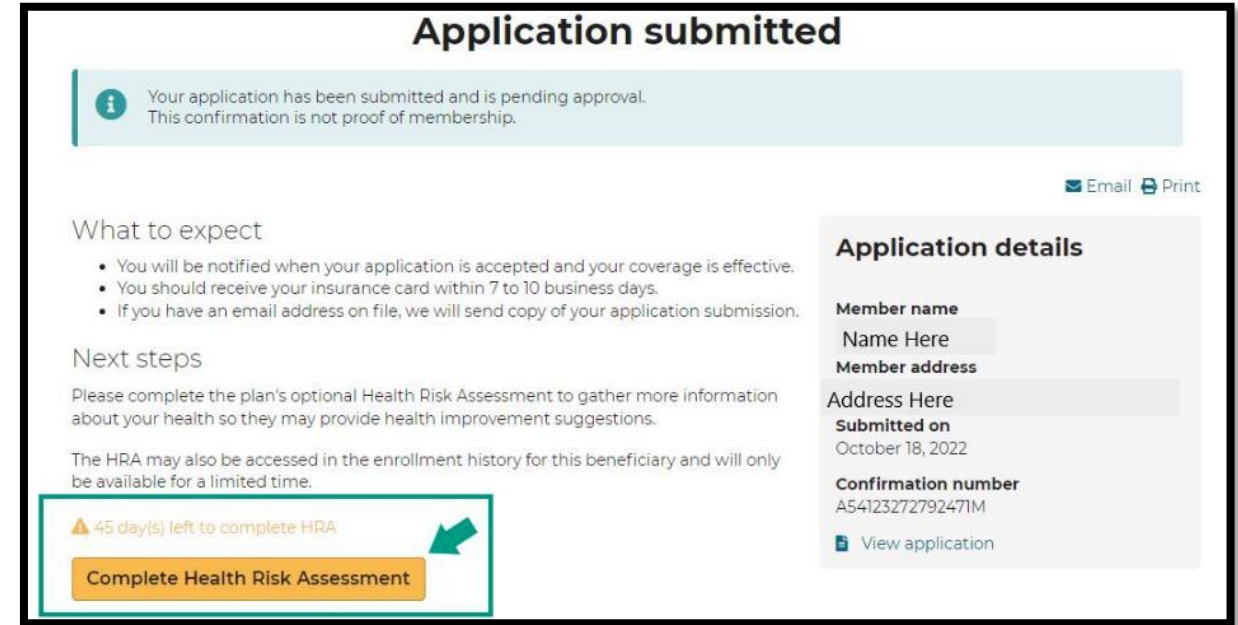
# What HRAs Do. Completing an HRAs is vital to Molina Healthcare Members.



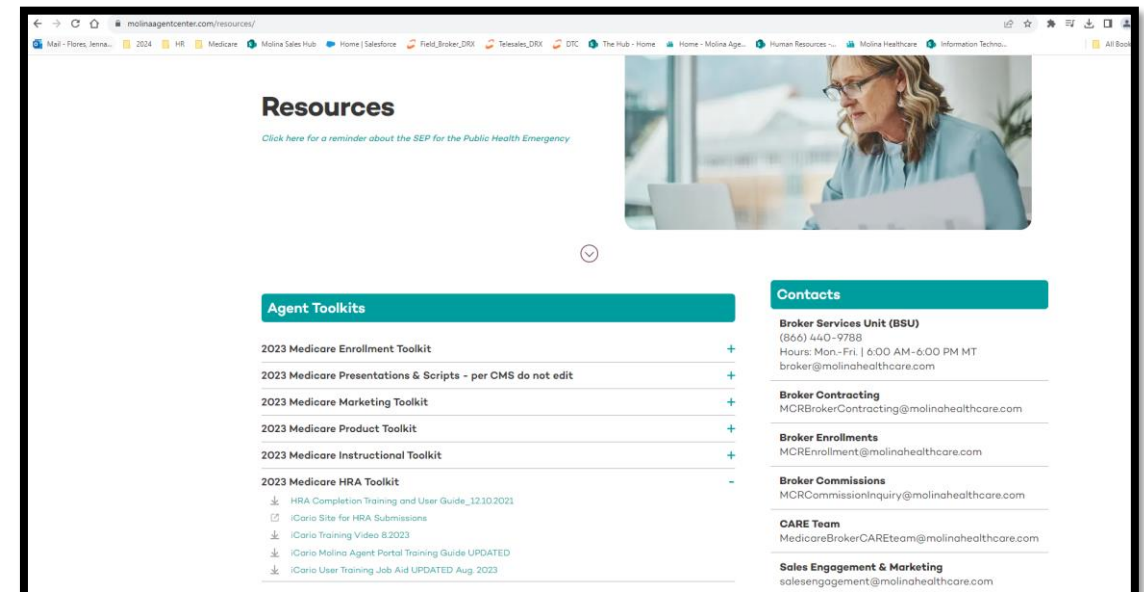
- **HRA's are very important for the future of healthcare.**
- **Please collect HRA information carefully.**
- **Be sure to make the HRA process comfortable and not rushed for the beneficiary.**
- **Answer all questions, even if not required. The more information collected, the more Molina Healthcare can help**

# How HRA's are Submitted. Digital Format Preferred.

- Connecture Connects the agent to the Icario portal right after the beneficiary accepts and signs the enrollment.




- For Other Enrollment Platforms the link can be found on the Molina Agent Center (MAC)
  - Go to the Resource Page
  - Click On HRA Toolkit
  - Open Icario Site to HRA Submissions



# How HRA's are Submitted. Paper Format is the Last Resort.

- It is preferred agents submit HRAs via Icario for 2023
  - Only exceptions are MA and VA.
- If HRA are submitted via paper. Be sure to submit a **COMPLETED** HRA. Notice the HRA snapshot has the member information missing. Slow down and complete the HRA carefully.
- Please use the MBI for Member Healthcare ID
- Paper HRAs are found in the [Broker Portal](#).
- Send Paper HRAs to [MolinabrokerHRA@molinahealthcare.com](mailto:MolinabrokerHRA@molinahealthcare.com)
- Send HRA via Secure Email
- HRA Commission Questions send email to [mcrcommissioninquiry@molinahealthcare.com](mailto:mcrcommissioninquiry@molinahealthcare.com)



ATTN: Member Assessment (B/S)  
300 Oceangate Ste 100  
Long Beach CA 90802-9894

Health Survey

Member Name:	Member's Home Phone: [REDACTED]
Person Completing this Survey:	Member's Cell Phone: [REDACTED]
Relationship to Member:	Phone for Person Completing the Survey: [REDACTED]
Member Healthcare ID:	Today's Date: 9-15-2023
Member's Date of Birth:	Writing Number: [REDACTED]
State: California	Proposed Effective Date: _____

QUESTION		RESPONSE
1.	Do you have a language need other than English?	[REDACTED]
2.	If other language, please describe:	
3.	Do you have any special preferences we should be aware of? Please check all boxes that apply.	[REDACTED]



# About Icario

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# TRAINING TOPICS

Step-by-Step Instructions For Agents and Brokers



## OVERVIEW

Learn about Agent Portal  
and supported devices



## SIGNING IN

Easy-to-follow instructions  
to sign into Agent Portal



## COMPLETING HEALTH RISK ASSESSMENTS

How to start a new HRA, enter enrollee's  
information, and complete an HRA

# Enhancement Overview

## What is the Agent Portal?

The Agent Portal is a user-friendly tool within the Icario platform designed for efficiency. Sales Agents and Brokers can quickly capture assessments as part of a seamless sign-up process for *new* plan enrollees.

## How is the Portal Changing?

- Rebranded to match the new Icario logo, color scheme, etc.
- Updated the navigation menu to be more intuitive
- Simplified the search fields within the applicant page
- New responsive compatibility (mobile, tablet, laptop)
- Added additional error messages and guidance to the add applicant page
- New capability to text Welcome Emails & Forgot Password messages to agents\*

[Icario Portal Link](#)



# OVERVIEW: TECHNICAL REQUIREMENTS

Supported Browsers:

Preferred Browsers for Best Performance:

- Google Chrome
- Firefox
- Edge

Other Browsers (these will work but not recommended):

- Safari

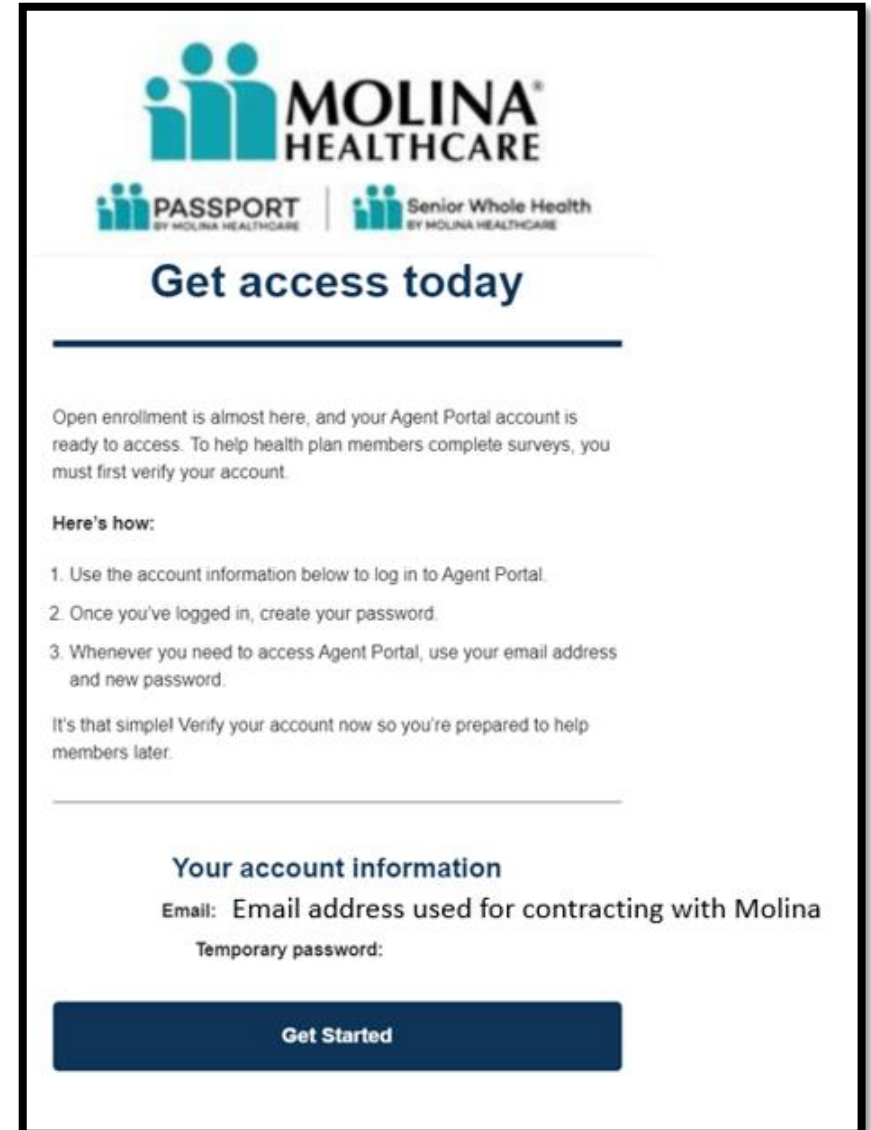


# Icario User & Password

# CREATING AN ACCOUNT: EMAIL INVITATION

Verify Agent Portal Account:

- A temporary password is sent via the welcome email.
- Details to verify Agent Portal are in Welcome Email from Icario.
- Click on the link, the link will prompt password update.



# Standard Icario Agent Listing File Specification

Email	Mobile Phone	Last Name	First Name	Role	External Identifier	Add or Remove Access	Date Submitted to Icario	List Company Profile:
<i>Unique email for agent, agent will use this email to login to Amplify</i>	<i>Agent mobile phone to be used for onboarding and forgot password reset</i>	<i>Agent last name</i>	<i>Agent first name</i>	<i>this role will always be 'Agent'</i>	<i>Agent SAN *alpha-numeric</i>	<i>Is this agent being added or removed?</i>	<i>Date Submitted to Icario</i>	<i>Notes about this record.</i>
elsa.aos@icariohealth.com	5553334444	Aos	Elsa	Agent	11111	Add	7/2/21	BS NENY
elsa.aos@icariohealth.com	5553334444	Aos	Elsa	Agent	11111	Add	7/2/21	BCBS WNY

Agent readiness usually takes 48 hour to create Icario portal after access to Connecture is received.

# CREATING AN ACCOUNT: SETTING A PASSWORD

## Creating a Password:

- Password must have the following characters:
  - At least 8 characters
  - At least 1 uppercase letter
  - At least 1 lowercase letter
  - At least 1 number
  - Passwords must match
  - No leading or trailing whitespace

### Update Password

Create a new password to access the portal. Your password must contain:

- ⊗ At least 8 characters.
- ⊗ At least 1 uppercase letter.
- ⊗ At least 1 lowercase letter.
- ⊗ At least 1 number
- ⊗ Passwords must match
- ⊗ No leading or trailing whitespace.

New Password Required

Confirm New Password Required

Submit

[← Back to Login Page](#)

Note: Agency leaders if agents are not receiving the email directly, have the following email whitelisted:

[Support.portal@icario.health](mailto:Support.portal@icario.health)

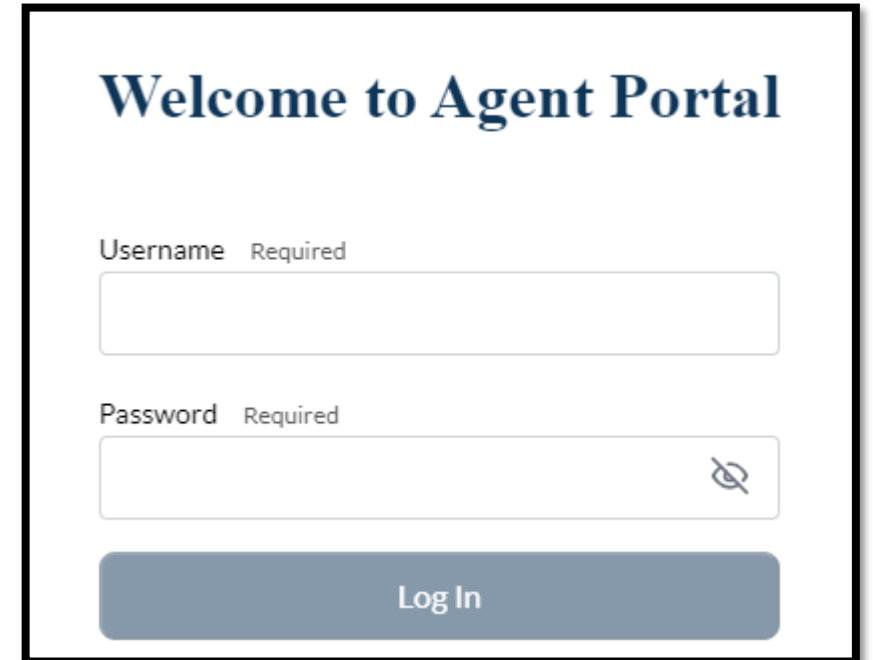
Disclaimer: Decision is on the agency

# SIGNING IN: ICARIO CONNECT

Link: <https://agent-portal.icario.health/#/login>

Username: Emails used to contract with Molina Healthcare Inc.

Password: Use Password just created

A screenshot of the 'Welcome to Agent Portal' login interface. The title 'Welcome to Agent Portal' is at the top in a dark blue font. Below it are two input fields: 'Username' and 'Password'. Each field has a 'Required' label to its right. The 'Username' field is a simple text box. The 'Password' field is a text box with a small eye icon on the right side, indicating a toggle for password visibility. At the bottom of the form is a blue 'Log In' button.

**Welcome to Agent Portal**

Username Required

Password Required

Log In

# PASSWORD RESET



- Click Did you forget your password, then type your username in the Update Password pop-up box. The user name is the email used to contract with Molina Healthcare Inc.
- Temporary ID will be delivered via email & via as seen on Standard Icario Agent File Specification
- If the agent does not receive an email with password reset instructions or needs further assistance have the agent submit an email to:
  - [Customer.service@icariohealth.com](mailto:Customer.service@icariohealth.com)
  - [Sales\\_Support@MolinaHealthCare.com](mailto:Sales_Support@MolinaHealthCare.com)

## Welcome to Agent Portal

Username Required

Password Required

Log In

[Did you forget your password?](#)

### Update Password

Enter your username and we will send you a password reset link to the email address and/or phone number we have on file.

Did you forget your username? Contact your health plan administrator for support.

Username

Submit

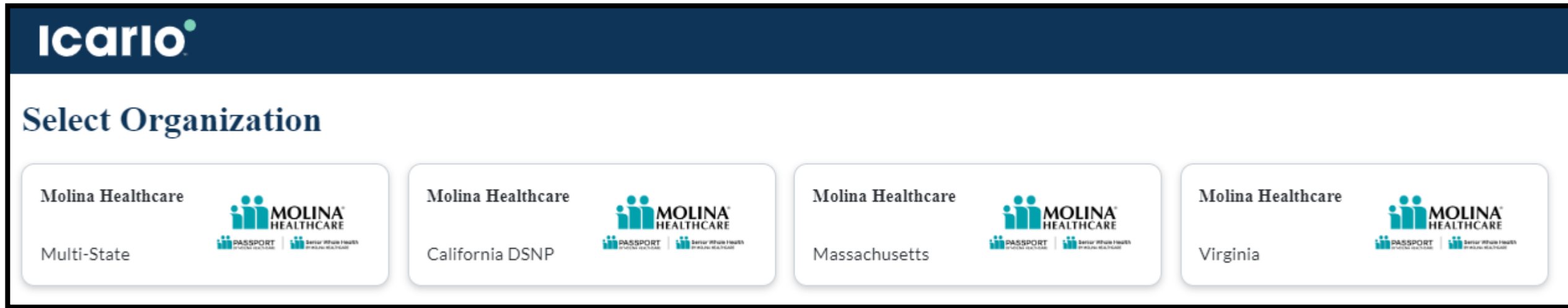
[← Back to Login Page](#)



# HRA Surveys On Icario



# SIGNING IN: ICARIO CONNECT



Once you have logged in, the screen will display the survey or environment to use dependent on the beneficiary's physical state.



The options for 2023 are:

- California DSNP – DSNP ONLY
- **MA, VA – Not Applicable for these states**
- Multi-State – All inclusive to all over states/ market.

If your email address is associated with other providers (i.e., Cigna, Highmark, etc. ... ), use the logos to associate the survey to the provider for the beneficiary.

# HEALTH ASSESSMENT: ADD PROSPECTIVE MEMBER

- After selecting the correct survey aligning to the prospective member's state, search for the member to ensure surveys are not duplicated.
- If not found, create new applicant.

Hi, Email Address Here

Molina HealthcareCalifornia DSNPChange Organization

## Applicants

2Create New Applicant

1

SearchClear Search


Last NameMedicare Beneficiary Identifier (MBI)Help

SearchShow all applicants

2

You have not created any applicants for Molina Healthcare California DSNP

Create a new applicant for this organization



## Create New Applicant

Medicare Beneficiary Identifier (MBI) Required

Example: 1EG4-TE5-MK72

Located on the applicant's Medicare card

First Name Required

Middle Initial

Last Name Required

Gender Required

Date of Birth Required

Example: YYYY-MM-DD

State Required

Create Applicant

[Cancel and View Applicant List](#)

# HEALTH ASSESSMENT: ADD PROSPECTIVE MEMBER

After selecting Create A New Applicant or Create A New Applicant for this Organization, the Health Risk Assessment begins.

At this point please slow down and engagement with the member. The information collect during this time is monumental to value based healthcare. Please be sure to fill out **EVERY SINGLE FIELD.**

The following fields are required:

- MBI
- First Name
- Last Name
- Gender
- Date of Birth
- State

Note: It is best practice to use the prospective individuals name as since on their social security card. If a middle initial shows, place it in the field.

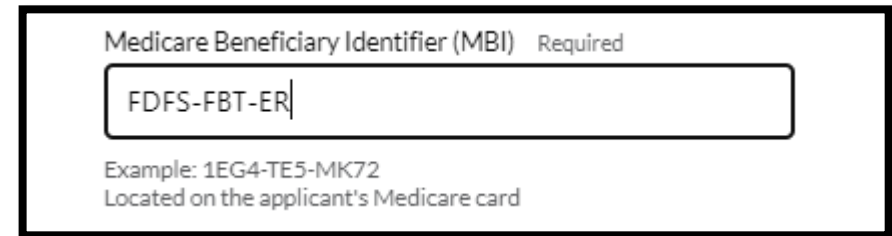
# HEALTH ASSESSMENT: ADD PROSPECTIVE MEMBER

- Follow the correct MBI format. An example displays to assist with the format.



The screenshot shows a web interface for Molina Healthcare. At the top, there is a header with 'Molina Healthcare' and 'Multi-State' next to a 'Change Organization >' button. Below this, a dropdown menu is open, displaying four options. Each option consists of the text 'Molina Healthcare' followed by a state or plan name and the Molina Healthcare logo. The first option, 'Multi-State', is highlighted in grey. The other options are 'California DSNP', 'Massachusetts', and 'Virginia'.

Organization
Molina Healthcare Multi-State
Molina Healthcare California DSNP
Molina Healthcare Massachusetts
Molina Healthcare Virginia



The screenshot shows a form field for the Medicare Beneficiary Identifier (MBI). The field is labeled 'Medicare Beneficiary Identifier (MBI) Required' and contains the text 'FDFS-FBT-ER'. Below the field, an example is provided: 'Example: 1EG4-TE5-MK72' and a note: 'Located on the applicant's Medicare card'.

Medicare Beneficiary Identifier (MBI) Required

FDFS-FBT-ER

Example: 1EG4-TE5-MK72  
Located on the applicant's Medicare card

- While carefully filling out the HRA, a safe guard is set to ensure the right assessment or survey is selected for the prospective member.
- Survey select is highlight in grey. Click the correct survey if necessary, the information collected will transfer over to new survey if field applied.

# HEALTH ASSESSMENT: ADD PROSPECTIVE MEMBER

- ✓ Correct Survey is Select
- ✓ Member information Correctly stated under Applicant Details
- Click Start Survey under Available Surveys

Notice the survey correct survey can be tripled checked before selecting start survey. The survey name is located above the start survey button.

The screenshot shows a web interface for adding a prospective member. It is divided into two main sections: 'Applicant Details' and 'Available Surveys'.  
**Applicant Details:** This section contains a light blue box with the following labels: MBI, First Name, Middle Initial, Last Name, Gender, Date of Birth, State, and Created On.  
**Available Surveys:** This section displays a list of surveys. The first survey is 'MOLINA MEMBER HRA - CALIFORNIA DSNP 2023 ENROLLMENT', which has a 'Start Survey' button. A teal box labeled 'Multistate' is positioned to the right of this survey card. Below it, a second survey card is partially visible, titled 'MOLINA MEMBER HRA 2023 ENROLLMENT', also with a 'Start Survey' button. At the bottom of the 'Available Surveys' section, there is a link that says '← View Applicant List'.  
The 'icario' logo is located in the bottom left corner of the overall image.

# Icario – Multistate HRA Survey

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# HEALTH ASSESSMENT

## Navigating the digital Health Risk Assessment

- A pop-up box populates with Molina Healthcare Inc and affiliates logos.

### Q19 – Multi-state

Type one of the following:

- Caregiver
- Self

During the HRA Completion Process, Molina is requesting brokers/agents do not share their screen as they navigate through the Icario Platform. Brokers/Agents during this time are dealing with very sensitive information that we keep safe and secure during this process.

Relationship to Member\*

# HEALTH ASSESSMENT:

## Navigating the digital Health Risk Assessment

### Q19 – Multi-state

- Select the state

State\*

☒ AZ

☐ CA

☐ FL

☐ ID

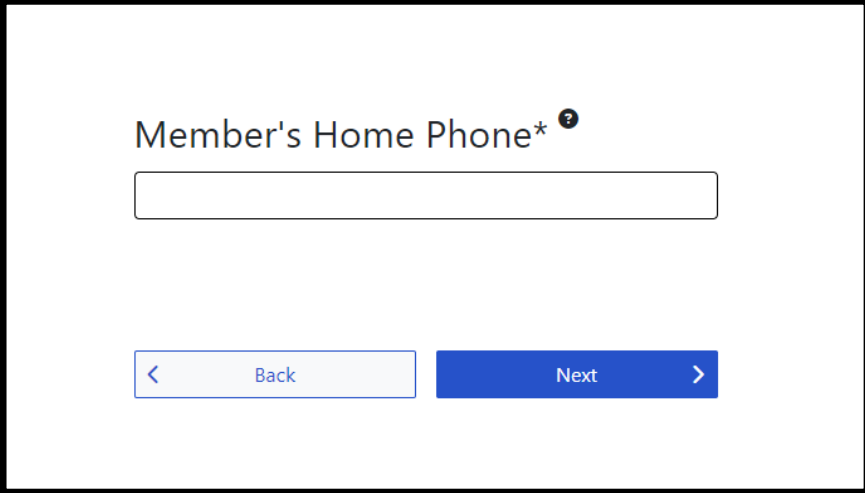


# HEALTH ASSESSMENT:

## Navigating the digital Health Risk Assessment

### Q19 – Multi-state

- Type the member's number. Only use numbers, dashes are not necessary.



Member's Home Phone\* ?

< Back Next >

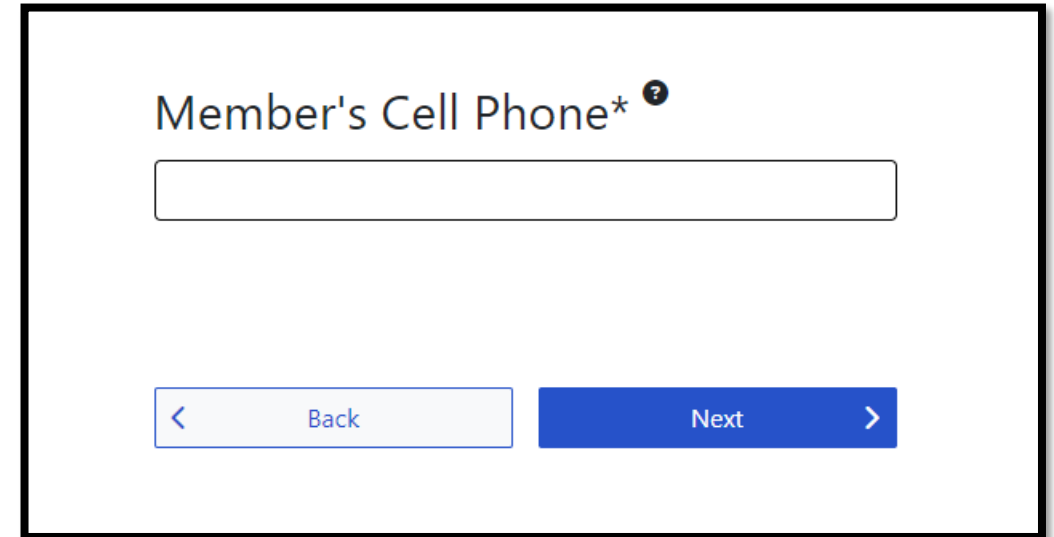
Note: If the member only has one phone number best practice is copy the number, so it can be pasted to next couple of questions. Use this option cautiously, be sure to always include caregiver phone number.

# HEALTH ASSESSMENT:

## Navigating the digital Health Risk Assessment

### Q19 – Multi-state

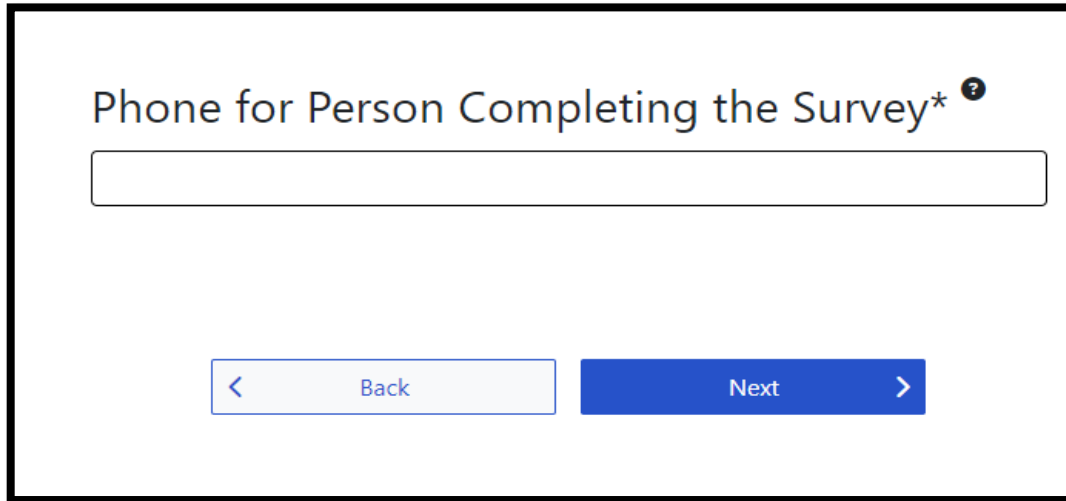
- Type the cell phone number for the prospective member, if member only has one type same number or caregiver number.
- Dashes are not necessary



The screenshot shows a digital form interface for a health risk assessment. At the top, the text "Member's Cell Phone\*" is displayed in a dark blue font, followed by a small circular help icon containing a question mark. Below this text is a single-line text input field. At the bottom of the form, there are two buttons: a light blue button on the left with a left-pointing chevron icon and the text "Back", and a dark blue button on the right with the text "Next" and a right-pointing chevron icon.

# HEALTH ASSESSMENT:

## Navigating the digital Health Risk Assessment



Phone for Person Completing the Survey\* <sup>?</sup>

< Back      Next >

Q19 –Multistate

Type phone number for the caregiver or another number the member can be reached.

# HEALTH ASSESSMENT:

## Navigating the digital Health Risk Assessment

### Q19 – Multi-state

- Carefully select the month the beneficiary is expecting medical benefits to take effect for healthcare cost.

Select the proposed effective date\*

☐ January

☐ February

☐ March

☒ April

# HEALTH ASSESSMENT:

## Navigating the digital Health Risk Assessment

### Q19 –Multistate

- Select the language needed other than English
- Multiple language can be selected but discouraged. Choose the language the member best understands for medical cost and healthcare needs.
- If Other Language is selected. The next page will have a required free text field to submit the language preferred by the prospective member. Also, add a short description as to how the other language is used.
  - Example, caregiver understand English, member does not. Need Spanish.

The image displays three overlapping screenshots of a digital health risk assessment form, illustrating the language selection process.

The top screenshot shows a question: "Do you have a language need other than English? (If No, click next)". Below the question are two radio button options: "Arabic" and "Creole".

The middle screenshot shows a question: "Other language:\* ?". Below the question is a text input field. At the bottom of this screenshot are two buttons: "Back" (with a left arrow) and "Next" (with a right arrow).

The bottom screenshot shows a question: "Please expand on member's language needs:". Below the question is a text input field. At the bottom of this screenshot are two buttons: "Back" (with a left arrow) and "Next" (with a right arrow).

# HEALTH ASSESSMENT

## Navigating the digital Health Risk Assessment

### Q19 –Multistate

Read out the preferences to the beneficiary and check those the beneficiary agrees to.

Note: If checked, an explanation pop-up box will appear to elaborate on the preference selected.

Do you have any special preferences we should be aware of? Please check all boxes that apply.

☐ Cultural preference

☐ Hearing impairment

☐ Literacy

# Icario – CA DSNP HRA Survey

# HEALTH ASSESSMENT

## Navigating the digital Health Risk Assessment

- A pop-up box populates with Molina Healthcare Inc and affiliates logos.



  
 | 

Thank you for taking the time to speak with me today. I would like to spend some time going over your health history. It will take us about twenty minutes. If more time is needed, we can schedule an additional session.

Was the Pre-Call Review note completed?

☐ Yes

☒ No

### CAHRA

- Read the Thank you statement to the member exactly as written.
- Select No, for Pre-Call Review note completed. A pre-call review is a comprehensive evaluation of our current systems to identify any potential needs the member has. This includes a review of HEDIS alerts, ED/IP admissions, medications, office visits, prior authorizations, etc.



# HEALTH ASSESSMENT:

## Navigating the digital Health Risk Assessment

Proposed Effective Date: \*

☐ January

☐ February

☐ March

☐ April

☐ May

☐ June

☐ July

☐ August

☐ September

☐ October

☐ November

☐ December

### CAHRA

Carefully select the month the beneficiary is expecting medical benefits to take effect for healthcare cost.


# HEALTH ASSESSMENT:

## Navigating the digital Health Risk Assessment

### CAHRA

Select today's date.

Date HRA was conducted:



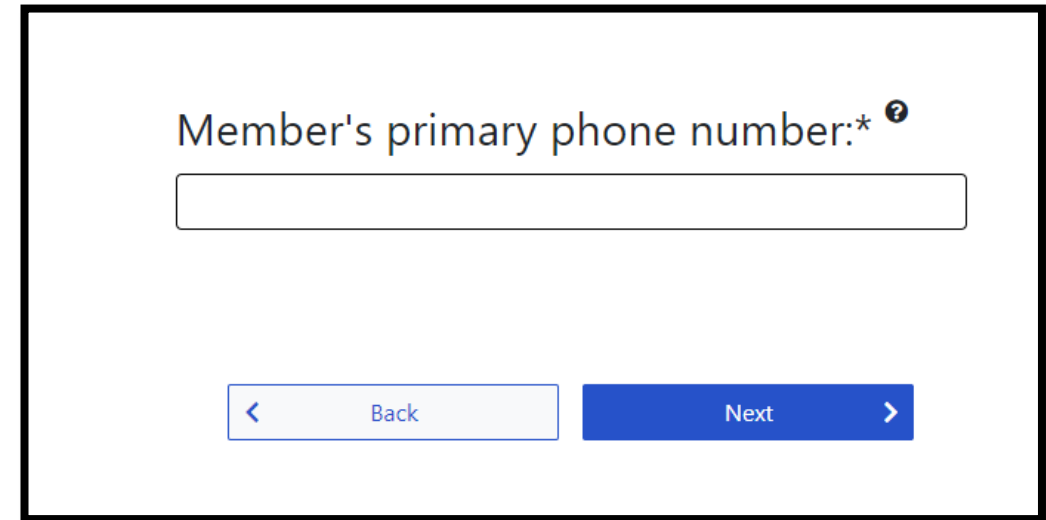
[< Back](#) [Next >](#)

# HEALTH ASSESSMENT:

## Navigating the digital Health Risk Assessment

### CAHRA

- Type the primary phone number for the prospective member.
- Type the number only



Member's primary phone number:\* ⓘ

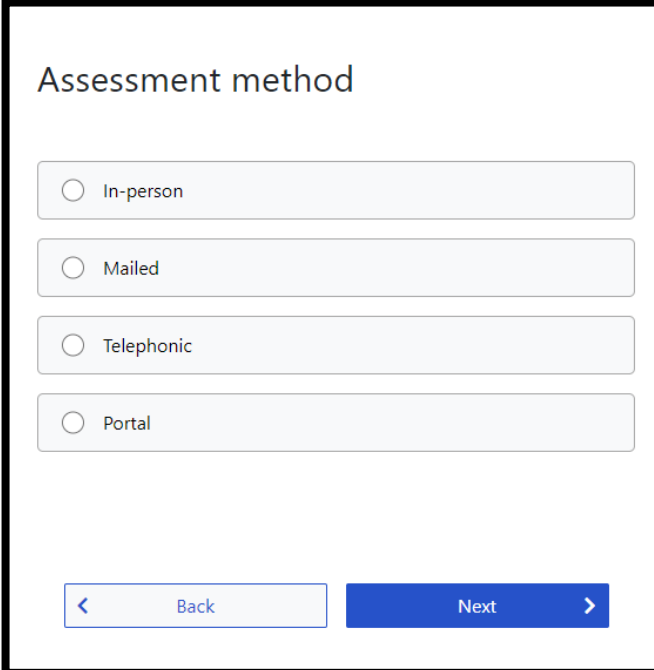
< Back      Next >

# HEALTH ASSESSMENT:

## Navigating the digital Health Risk Assessment

### CAHRA

- Carefully select the correct HRA method. This method should match the enrollment application if done on the same day.
- HRA's are encourage to be done on the same of enrollment.
  - Exception: ICP, ICEP – These special enrollment election period codes should be completed on the month before the prospective member's birthday.
- Set a reminder to call the agent for the HRA (HRAs only last 90 days).
  - Internal Agents- Add the event to Salesforce
  - External Agents – Please add a reminder to outlook.



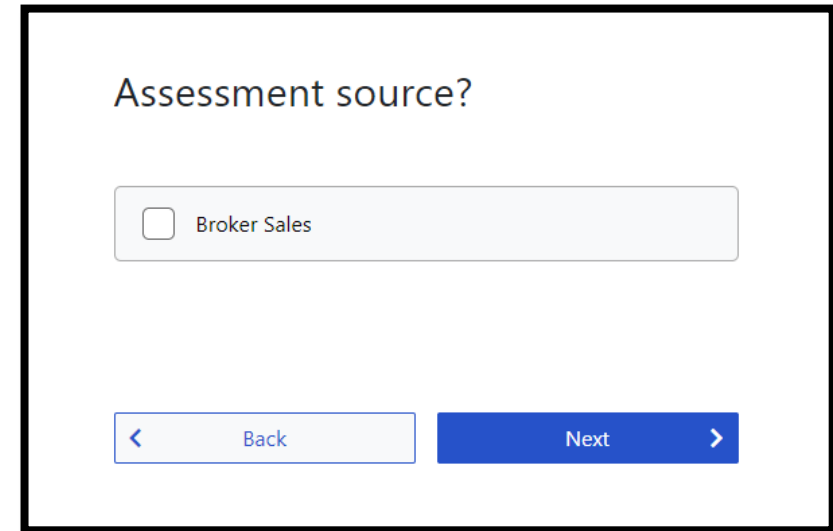
The screenshot shows a web form titled "Assessment method". It contains four radio button options, each in its own box: "In-person", "Mailed", "Telephonic", and "Portal". At the bottom of the form are two buttons: a light blue "Back" button with a left arrow and a dark blue "Next" button with a right arrow.

# HEALTH ASSESSMENT:

## Navigating the digital Health Risk Assessment

### CAHRA

- Always choose Broker Sales, click the box to make the selection.



Assessment source?

☐ Broker Sales

< Back      Next >

# HEALTH ASSESSMENT:

## Navigating the digital Health Risk Assessment

### CAHRA

Select the individual verbally answering the questions.

Who is completing this survey?

☐ Member

☐ Caregiver

☐ Other

[< Back](#) [Next >](#)

# HEALTH ASSESSMENT

## Navigating the digital Health Risk Assessment

- Select the language needed other than English
- Multiple language can be selected, but discouraged. Choose the language the member best understands for medical cost and healthcare needs.
- If Other Language is selected. The next page will have a required free text field to submit the language preferred by the prospective member. Also, add a short description as to how the other language is used.
  - Example, caregiver understand English, member does not. Need Spanish.

The image displays three overlapping screenshots of the CAHRA (Community Assessment of Health Risk Assessment) interface. The top screenshot shows a teal header with the text 'CAHRA' and a question: 'Do you have a language need other than English?'. Below the question are six radio button options: Arabic, Creole, French, Mandarin, Russian, and Somali. The middle screenshot shows a form titled 'Other language:\*' with a required text field and a help icon. At the bottom are 'Back' and 'Next' buttons. The bottom screenshot shows a form titled 'Please expand on member's language needs:' with a text field and 'Back' and 'Next' buttons.

CAHRA

Do you have a language need other than English?

☐ Arabic

☐ Creole

☐ French

☐ Mandarin

☐ Russian

☐ Somali

Other language:\* ?

[< Back](#) [Next](#)

Please expand on member's language needs:

[< Back](#) [Next](#) >

# More on HRA Survey Questions, Submission, & Agent Dashboard

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# HEALTH ASSESSMENT:

## Navigating the digital Health Risk Assessment

- There are several survey's and each survey has unique question meeting the state's standard for Social Determinates of Health.
- The survey also helps Molina Care Connections, a team of licensed nurse practitioners that are a clinical partner to your PCP, reach out and create a in-person or talk through a telehealth video call to help you on your health journey. The Nurse Practitioners can review your medications, order tests and answer any questions you may have about your health.
- The survey also helps Molina Case Managers navigate health individual health journeys and arrange for services as needed. The beneficiary's case manager will create a care plan, share it with their doctor and help organize all the things necessary for healthier lifestyle.
- Continue to fill out the HRA carefully until completed.
  - All fields should be filled out.
  - The correct survey should be selected for the prospective member.



# HEALTH ASSESSMENT:

## Submitting the digital Health Risk Assessment

- Make sure All Fields are correctly filled out before submitting.

You have completed all the questions!

Click "submit" to complete the survey

Submit

# HEALTH ASSESSMENT:

## Submitting the digital Health Risk Assessment

- After submitting the survey, you will receive email confirmation message for survey submission.

### Success!

Molina Member HRA has been submitted for processing. A notification will appear in the top right corner of the screen once processing has completed. You will now be redirected.

Close

# Agent Dashboard

Dashboard displays successful submitted HRA’s. The dashboard is the agent HRA book of business.

### Applicants

Search [Clear Search](#)

Last Name

Medicare Beneficiary Identifier (MBI) [Help](#)

Search

[Show all applicants](#)

MBI	First Name	Last Name	Date of Birth	Surveys
1EG4-TE5-MK71	Test	Test	1950-01-01	<div>Surveys</div>

# Frequently Asked Questions

# Frequently Asked Questions

CAHRA	Q19 – Multi-state
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- **Expand on cognitive assessment:** This section is meant for expanding on the cognitive assessment. (i.e., Is the Member alert and oriented, is Member an elopement risk?). This section is also to expand on why the cognitive questions are answered as "not addressed" typically when the assessment is with someone other than the Member.
- **Expand on living condition:** Explain the member's living situation. What should Molina Healthcare know about this individuals' living arrangements? If the beneficiary has accommodating living arrangement, please add this too.
- Cage-Aid questions are questions used to screen for drug and alcohol use and should only be answered by the beneficiary.
- PHQ-2 questions inquires if beneficiary experienced depressed moods to screen for depression and should only be answered by the beneficiary.
- For the questions, regarding the last three months, does the member feel like they should cut themselves or stop drinking or using drugs – if the beneficiary does not have this concern, choose no.
- An ICT meeting is a weekly meeting held by the Molina Case Management team in which the Member is presented to the team that includes the Molina Medical Director and Pharmacist. Only check yes if the Member is requesting this meeting.

# Thank You for Joining HRA Icario Training