

2025 Connecture DRX User Training Guide

Broker Agent User: <https://molina2.destinationrx.com/PC/Agent>

**Field/Telesales Agent
User:** <https://molinaam3.destinationrx.com/PC/Agent>

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PURL

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2019-2020

2018-2019



Dashboard

MOLINA HEALTHCARE | Print | English | Contact us | testagent

Dashboard | Plans | Search | New profile | ...

Dashboard

[Reports](#) | [Agent training materials](#)

Enrollments

<input type="checkbox"/> Follow up on Application for Molina Medicare Complete Care (HMO D-SNP)	Due 01/22/2023	Judi Mark
<input type="checkbox"/> Follow up on Application for Molina Medicare Choice Care (HMO)	Due 02/09/2024	queen King

Quotes

<input type="checkbox"/> Follow up on quote	Due 09/22/2023	24 Test
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Scope of Appointment

<input type="checkbox"/> Follow up on Scope of Appointment	Due 09/22/2023	24 Test
<input type="checkbox"/> Follow up on Scope of Appointment	Due 09/22/2023	24 Test

Upon logging into ConnectureDRX you will be routed to the Dashboard page.

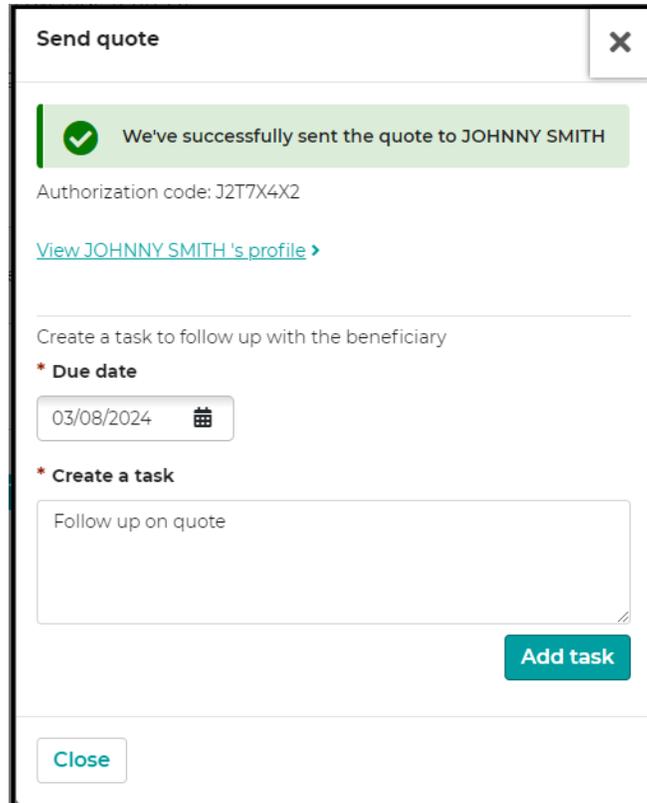
The Dashboard page will display any scheduled follow up Tasks related to Enrollments, Quotes, and SOA's.



Dashboard - Tasks

Upon electronically sending the beneficiary a SOA or a Quote you will see a pop-up window to create a follow up Task that will be displayed in your Dashboard.

You can adjust the Due Date and add specific notes.



Send quote

✓ We've successfully sent the quote to JOHNNY SMITH

Authorization code: J2T7X4X2

[View JOHNNY SMITH 's profile >](#)

Create a task to follow up with the beneficiary

* Due date

03/08/2024

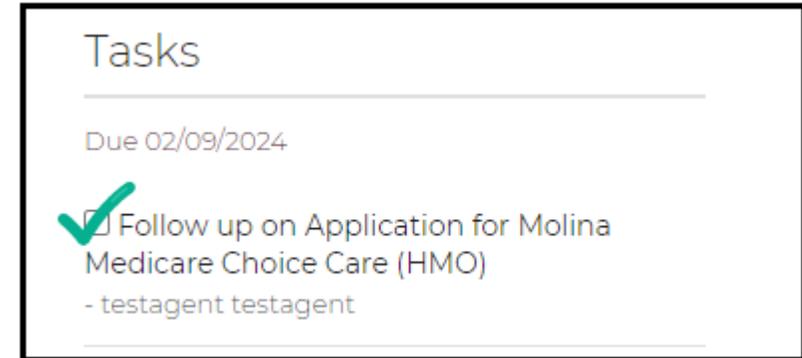
* Create a task

Follow up on quote

Add task

Close

You can complete the task within the Beneficiary Profile. You will find the Tasks section on the right-hand section of the profile. Click on the box to complete and remove from your Dashboard view.

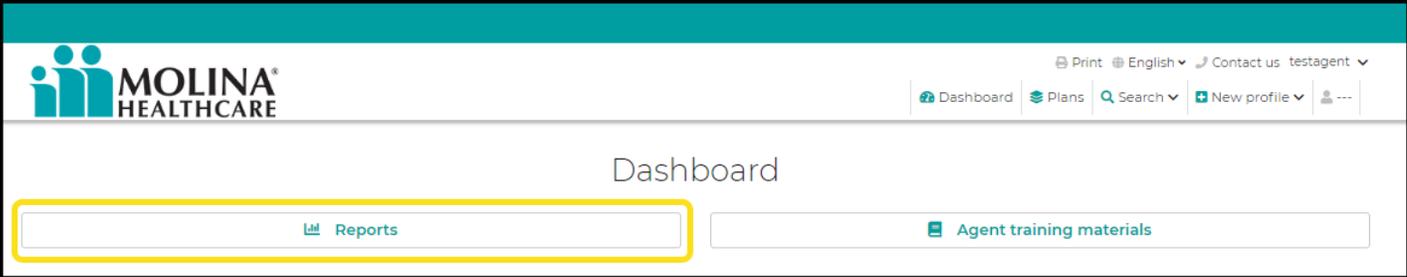


Tasks

Due 02/09/2024

✓ Follow up on Application for Molina Medicare Choice Care (HMO)
- testagent testagent

Dashboard - Reports



Within the Dashboard page you have the option to run **Reports**.

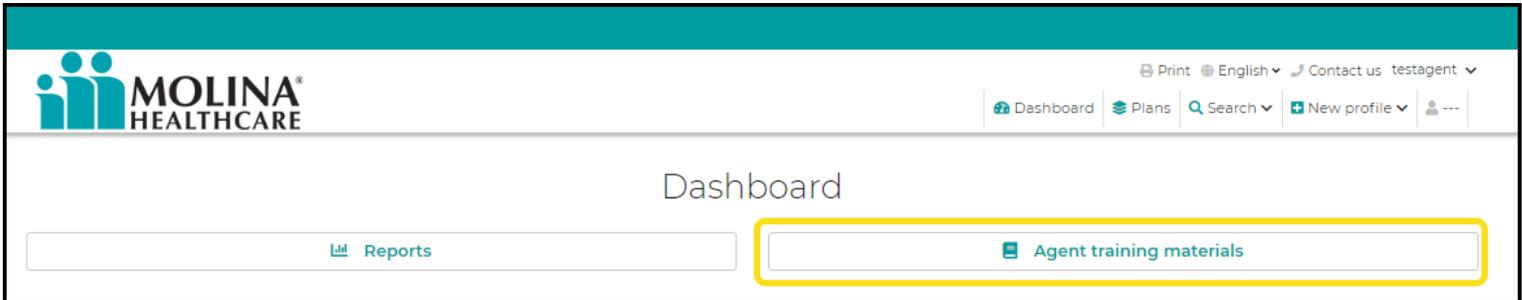
The Reports function allows you view your Beneficiary Profiles associated with Enrollments or SOAs.



Select a **Date Range** for your search and then select **Type**.

If Enrollment is selected for Type, you will see another field appear for Enrollment type, the only option available will be Medicare.

Dashboard - Agent Training Materials



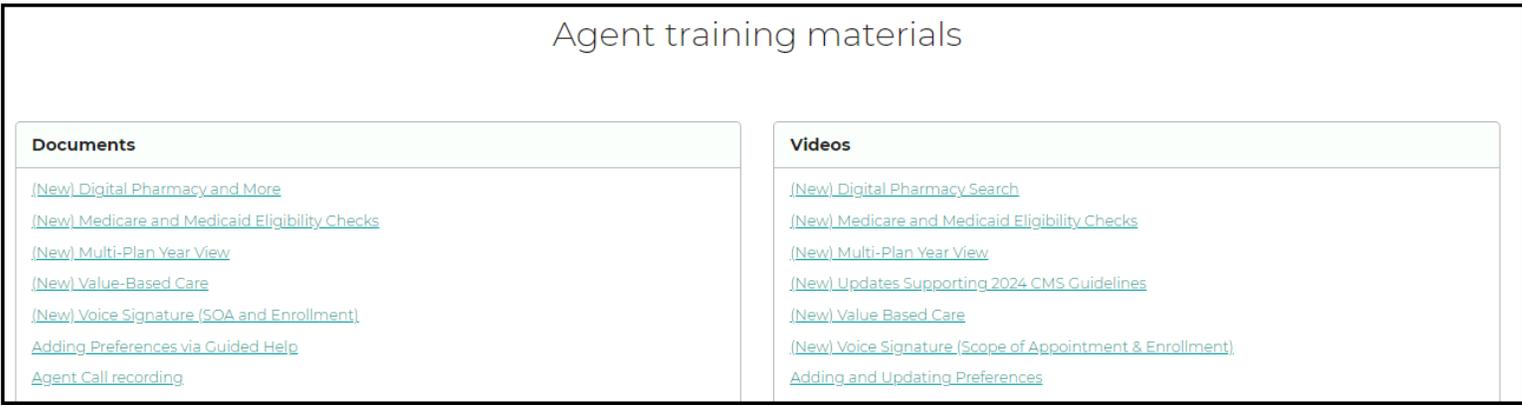
MOLINA HEALTHCARE

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Dashboard Plans Search New profile

Reports Agent training materials

Agent Training Materials are available within the Dashboard page.



Agent training materials

Documents	Videos
(New) Digital Pharmacy and More	(New) Digital Pharmacy Search
(New) Medicare and Medicaid Eligibility Checks	(New) Medicare and Medicaid Eligibility Checks
(New) Multi-Plan Year View	(New) Multi-Plan Year View
(New) Value-Based Care	(New) Updates Supporting 2024 CMS Guidelines
(New) Voice Signature (SOA and Enrollment)	(New) Value Based Care
Adding Preferences via Guided Help	(New) Voice Signature (Scope of Appointment & Enrollment)
Agent Call recording	Adding and Updating Preferences

These Documents and Videos are generic ConnectureDRX material.

Please keep in mind that the layout, options and features on these materials may look different to what Molina's access looks like.



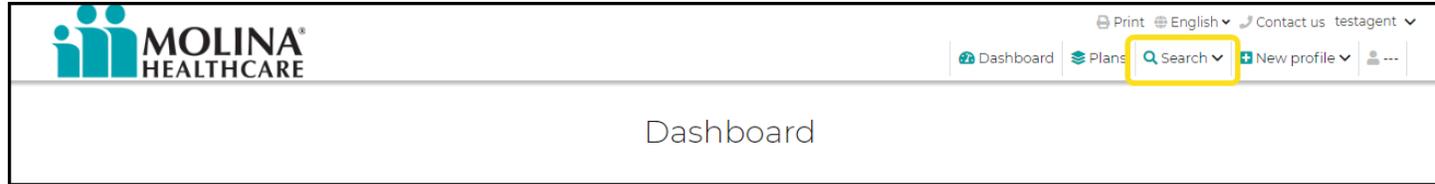
Beneficiary Profile

2018-2019

2019-2020



Beneficiary Profile - Search



Before creating a new Beneficiary Profile, you should search to verify if there is an existing profile for that beneficiary that you can continue to work on.

You will only have visibility of profiles you've created

Click **Search** from the right horizontal navigation bar.

- You can search by any of the fields listed
- It is best practice to search by First Name and Last Name to identify best matches.

A screenshot of the 'Search beneficiaries' form. The form is titled 'Search beneficiaries' and contains several input fields: 'First name', 'Last name', 'Date of birth', 'Phone number', 'Email address', 'Confirmation number', 'MBI', and 'Agent username'. Below these fields is a horizontal line with 'OR' in the center. Underneath, there is a text prompt: '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.' followed by a 'Personal code' input field. At the bottom right of the form is a blue button labeled 'Search profiles'.

Beneficiary Profile - Search

Search results will display existing profiles based on search criteria.
You can continue to work off an existing profile whether it's in **Applicant** or **Registrant** status.

test Test 123 Champions Vw San Antonio , TX 78258	(210) 000-0000	<input checked="" type="radio"/> Applicant	testagent testagent CNX_testagent	Updated 09/08/2023
24 Test 1111 Branch Spg San Antonio , TX 78258	test@test.com (210) 010-0000	<input checked="" type="radio"/> Registrant	testagent testagent CNX_testagent	Updated 09/15/2023

Profile Status	Description
Registrant	Profile Created
Applicant	Application started or Submitted



Beneficiary Profile

The Beneficiary Profile allows you to:

- View
 - Beneficiary Personal Information
 - Quotes and SOAs sent
 - Enrollment History – including Enrollment Confirmation Number *(click on More details to expand section and view Confirmation number)*
- Check Medicare and Medicaid Eligibility

Quote history

Quote sent 10/05/2022 8:46 am PST to JAN @MOLINAHEALTHCARE.COM 2023

Molina Medicare Choice Care Select (HMO)
Plan type MAPD Authorization code: TKPRKKPE Please review this quote at your earliest convenience. Let me know if you have any

Enrollment History

Molina Medicare Complete Care (HMO D-SNP) Submitted 04/20/2023 5:41 am PST

Medicare Advantage Prescription Drug Plan 2023 Total monthly plan premium \$0.00 [View application](#)

Enrollment confirmation number A66712392311671M [More details ^](#)

Click More Details to view App Conf #

Eligibility

MBI [Show](#) Hospital (Part A) effective date Month Year Medical (Part B) effective date Month Year

[Add/Edit subsidy](#)

Check eligibility

Check State Medicaid eligibility

This beneficiary's state is not eligible for a State Medicaid level check.

Medicaid ID **Check State Medicaid eligibility**



Beneficiary Profile - Eligibility

To run eligibility Full Name, DOB, and state information must be included in profile.

Medicare Eligibility is available for all markets. Enter full MBI and Part A/Part B effective dates. Once that information is documented, click on **Check Eligibility**.

You should expect to see a **Success** message back if Medicare benefits are active.

You may see a **May be eligible for DSNP** message if beneficiary is identified by Medicare to have some level of Medicaid assistance.

Medicaid Eligibility is available in all markets **except for California, New Mexico, Nebraska, Utah**.

Once Medicare eligibility is verified the Medicaid ID field will be enabled.

Enter Medicaid ID and click **Check State Medicaid eligibility**. You will first see a **Pending** message appear, wait about 30-60 seconds then refresh your page to see the Medicaid Code result.

Eligibility

MBI: [Show](#)

Hospital (Part A) effective date: April 2020

Medical (Part B) effective date: April 2020

[Add/Edit subsidy](#)

Check eligibility ✓ Success ✓ May be eligible for DSNP

Last checked 09/28/2023

Check State Medicaid eligibility

Medicaid ID: [Redacted]

Check State Medicaid eligibility ✓ Potential Medicaid code: QMB+ in MI
Date received: 09/28/2023

Guided Help Preferences

Getting Started [Edit](#)

- Extra help: I receive help from Medicaid
- QMB+ in MI 12/27/2023

Health

You will also find the Extra Help and Medicaid Code information in the Guided Help section one you are in the Plan Options page.



Beneficiary Profile

Selecting the beneficiary profile allows the agent to view (*cont.*):

- Agent of Record - ***Reassignment does not happen on Connecture.***
- Collected SOAs
- Notes
- PDF attachments
- Tasks
- Call Recording – *Recording will only populate if recorded on Connecture*

***Note:** Agent of Record changes go through the [Broker Support Unit](#)

Agent of record

TT testagent testagent

[Reassign agent of record](#)

SOA

✓ Email sent to test@test.com on 09/19/2023

Notes

Created 09/19/2023

SOA sent to (210) 010-0000.
- testagent testagent

Created 09/19/2023

SOA sent to (210) 010-0000.
- testagent testagent

[+ Add note](#)

Tasks

Due 09/22/2023
 Follow up on Scope of Appointment
- testagent testagent

Due 09/22/2023
 Follow up on Scope of Appointment
- testagent testagent

Due 09/22/2023
 Follow up on quote
- testagent testagent

[+ Add task](#)

Call Recording

Call recording initiated with (509) 295-1248
- Gordon Hill
Created 03/23/2023

Call recording initiated with (509) 295-1248
- Gordon Hill
Created 03/23/2023

SOA sent to (509) 295-1248.
- Gordon Hill
Created 03/23/2023

[+ Add note](#)

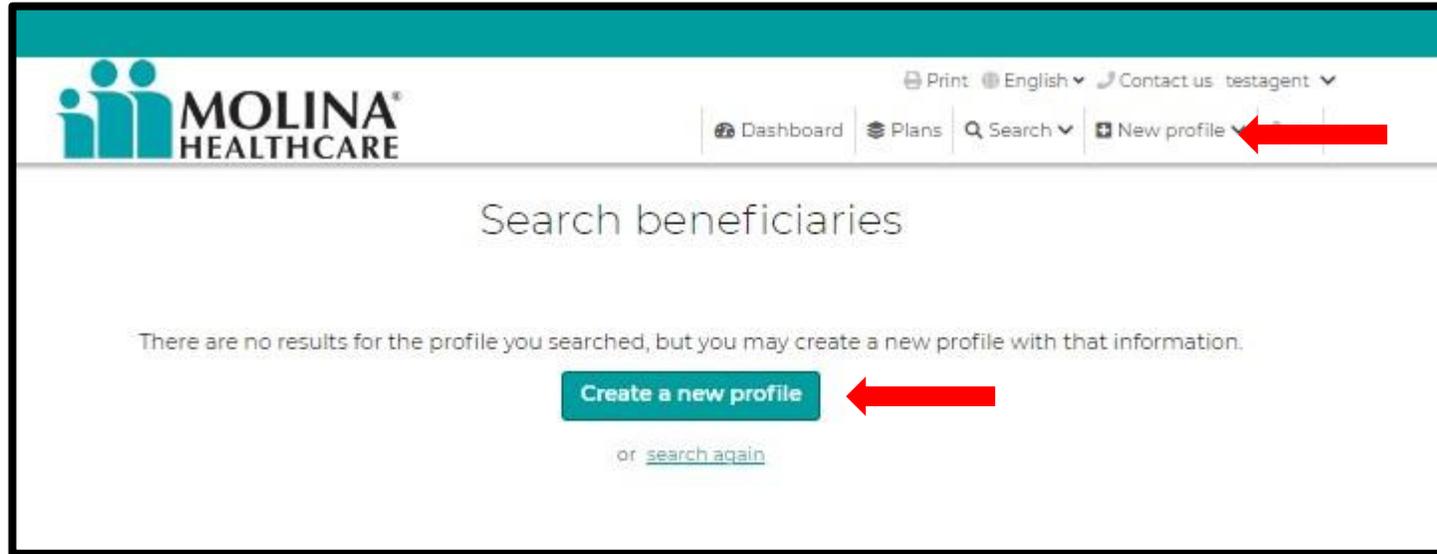
Tasks

You have no tasks for this profile.



Beneficiary Profile - New Profile

If an established profile for the member does not populate
Click create a new profile from the search results window.
Then proceed to fill out the beneficiary profile.



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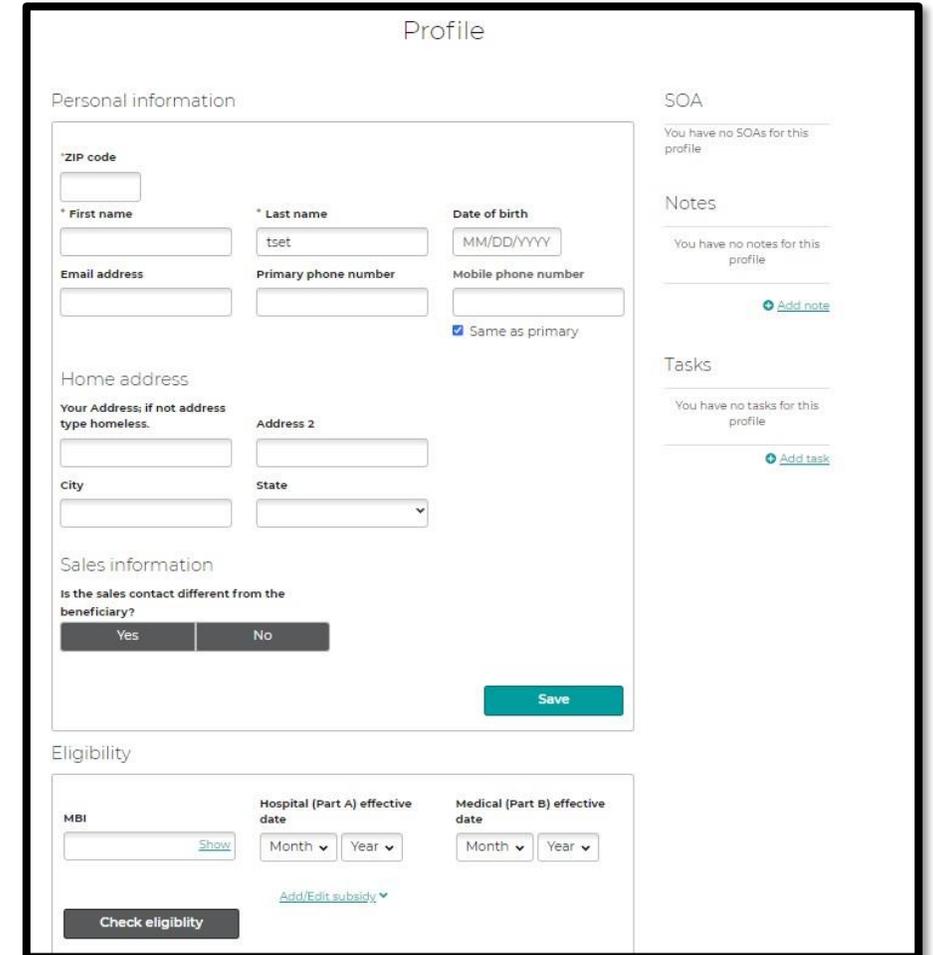
Dashboard Plans Search New profile

Search beneficiaries

There are no results for the profile you searched, but you may create a new profile with that information.

[Create a new profile](#) or [search again](#)

Note: A profile can also be added by clicking New Profile on the navigational bar.



Profile

Personal information

* ZIP code

* First name * Last name Date of birth

Email address Primary phone number Mobile phone number

Home address

Your Address, if not address type homeless. Address 2

City State

Sales information

Is the sales contact different from the beneficiary?

Yes No

Save

Eligibility

MBI Hospital (Part A) effective date Medical (Part B) effective date

Check eligibility

SOA

You have no SOAs for this profile

Notes

You have no notes for this profile

Tasks

You have no tasks for this profile



What are alternate methods of contact?

-  Valid Cell/Mobile Phone
-  Text message/SMS Opt in
-  Valid Email address
-  Email address Opt in



Why is it important?



Sets member up for a successful onboarding journey with Molina



Decreases UTC rates across Molina Teams

Example: Concierge Team, Care Connections, Care Management



Improves member experience and reachability

Example: Member and NPS surveys



How do UTC rates impact Sales?

Disenrollment Rates

High UTC rates are linked to member's overall dissatisfaction & disenrollment rates.

How do UTC rates impact Molina?

Decreased Engagement

Members less likely to engage with their health plan or health decisions. Lower participation in programs (*Care Connections or Care Management*).

NPS & Star Ratings

Members become dissatisfied with overall plan, increased complaints. Results in lower NPS and Star Ratings.



Call Recording

2016-01-01 10:00 AM

1234567890



Call Recording

If an agent cannot physically meet with the beneficiary a Call Recording option is available. All sales calls with beneficiaries or their caregivers are to be recorded in their entirety, including enrollment.

Note: Captive Field and Telesales Agents will continue to use Genesys Telephony system as their primary recording platform.

Start call recording at beginning of sales presentation.

- Click on **Start Call Recording**
- A pop-up box will populate.
- Select the number and click call beneficiary.
- Prospect will hear recorded message upon receiving call "This call may be recorded for quality and training purposes, press 1 if you agree for the call to be recorded. Otherwise please hang up."
- Click Continue to minimize recording window

beneficiary's profile.' There are two radio button options: 'Primary phone number: (123) 456-7890' (unselected) and 'Mobile phone number: (210) 400-5756' (selected). A 'Call beneficiary' button is located below the options. At the bottom right, there is a status bar showing a call icon, 'Call in progress', a red 'X' icon, 'End call', and a timer '00:07'. At the bottom left is a 'Cancel' button and at the bottom right is a yellow 'Continue' button."/>

Record your call [X]

Start a recording for test test

To start a call recording, confirm that the phone number from the profile is populated in the phone input. Instruct beneficiary to consent to call in order to speak with an agent. Your phone number will display as: (866) 716-5460

Call the beneficiary

You may update the phone number in the [beneficiary's profile](#).

Primary phone number: (123) 456-7890

Mobile phone number: (210) 400-5756

Call beneficiary

Call in progress [X] End call
00:07

Cancel Continue

Call Recording - TPMO Disclaimer

Applicable to: Third Party Marketing Organizations



Individuals representing Third Party Marketing Organizations are required to disclose below disclaimer on all Telephonic Sales Presentation and Enrollments. This disclaimer must be verbalized within the first minute of the call. The disclaimer cannot be at the end with all the other enrollment disclaimers.

For TPMOs that don't sell for all of the MA organizations or Part D sponsors in a service area: “We do not offer every plan available in your area. Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.”

For TPMOs that sell for all MA organizations or Part D sponsors in a service area: “Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. You can always contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program for help with plan choices.”



Call Recording - Required Disclaimers

Applicable to:

All Medicare Sales Agents/Brokers

Medicare, Benefits Disclaimer & SOA are required on every Telephonic sales presentation and enrollment calls. They must be disclosed before going into plan details. These disclaimers are applicable to both internal & external sales agents.

HIPAA Verification: Verify any 3 of the following parameters prior to releasing any PHI (*Full Name, DOB, Phone Number, Full Address, Medicaid ID, Medicare ID, Molina Member ID, SSN*)



Medicare Disclaimer: This call is recorded for quality assurance purposes. You are not required to provide any health-related information unless it will be used to determine eligibility for enrollment into a Health Plan. I'm going to continue now if that's all right. May I continue?

Benefits Disclaimer: Benefits, premiums and/or copayments / co-insurance may change <2025 or Next Year>. To continue to qualify for Medicare Advantage, you must continue to pay your Medicare Part B premium in addition to any other premiums or penalties associated with your coverage. Plans with a Part B buy down reduce your Part B premium costs.

Scope of Appointment (SOA): Before we proceed, I want to let you know that [Molina Healthcare] [Passport] [Senior Whole Health [of NY]] offers Medicare Part C plans. There is no obligation to enroll in our plans, and this phone call will not affect your current or future enrollment, or automatically enroll you in a Medicare plan. Do you confirm and understand what was just read to you?

Determine Medicaid Status: We will check your Medicaid eligibility to see if you qualify for a dual eligible special needs plan. Your ability to enroll will be based on verification that you are entitled to both Medicare and Medicaid.

Provider Network: We will check our provider directory to make sure the doctors you see are in the network. We do not cover services by out-of-network providers. However, you do not need to use a network provider in emergency or urgent situations.

Continuity of Care (If Applicable): Molina Medicare will attempt to work with your non-contracted doctor to bring them into the Molina Medicare network within the 90-day Continuity of Care time period. If your doctor does not agree to the Continuity of Care terms, or agree to become part of the Molina Medicare network, you will be transitioned to a different Molina contracted Doctor. Do you agree to move forward with enrollment knowing access to this doctor is not guaranteed?

You will receive your Member ID CARD with a different primary doctor listed. On the first of the month you are effective you will contact Member Services and request continuity of care for this/these doctor(s).



Call Recording - Telephonic Sales Presentation & Enrollment

Telephonic Enrollments must meet scripting requirements. All Telephonic Enrollment scripting must be followed and verbalized verbatim in its entirety.

The Telephonic Enrollment scripting will appear in the enrollment application of DRX Connecture. You should start reading all scripting and fields out loud to beneficiary starting in Section 1-Contact Info. The scripting begins right below the call out “Fields marked with an...” and continues until Section 5-Ageement & Signature disclaimers.

TE Script Begins

1 Contact Info 2 Benefit Info 3 Other Info

Contact Information

Use the form below to apply to the plan. You'll be able to review your information and make changes before you submit your completed form.

Fields marked with an asterisk (*) are required

I understand you are interested in enrolling in Molina Medicare Choice Care (HMO) Medicare Advantage plan over the phone today, 10/16/2023, is this correct?

Confirmation of Presentation

TOM, Can you please confirm that I explained the health plan benefits, and checked our formulary to verify your prescription drugs are covered?

Can you please confirm that I verified that your primary

Note: if Beneficiary Profile is not created prior to enrollment, the script will not be personalized.

Mailing Address

Mr/Mrs [["*ApplicantLastName"]], Do you have a mailing address that is different than your permanent residence address?

Call Guide & Telephonic Enrollment Scripts document can also be found:
Internal Field & Telesales – [Connecture DRX Training Spot](#)

External Brokers - [Molina Agent Center > Resources > Agent Tool Kits > 2025 Medicare Enrollment Call Scripts English & Spanish](#)

Agent Toolkits

- 2024 Medicare Enrollment Toolkit +
- 2024 Medicare Enrollment Call Scripts - do not edit per CMS -
- 2024 Medicare Enrollment Call Scripts +
- 2024 Medicare Enrollment: Inbound Call Script ENG
- 2024 Medicare Enrollment: Outbound Call Script ENG
- 2024 Medicare Enrollment: Inbound Call Script SPN
- 2024 Medicare Enrollment: Outbound Call Script SPN



Scope of Appointments (SOAs)

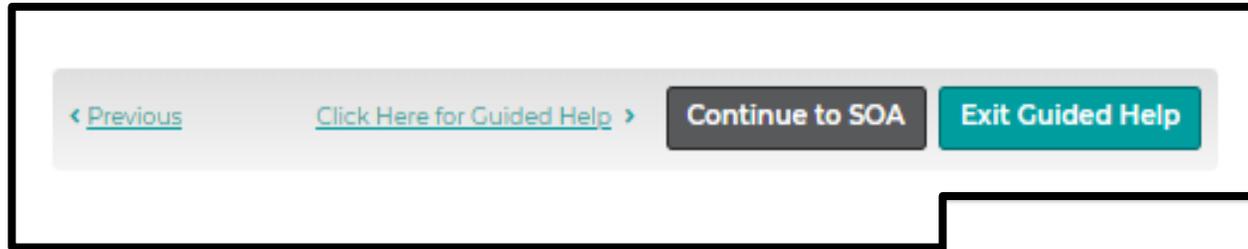
2019-2020 SOA

2020-2021 SOA



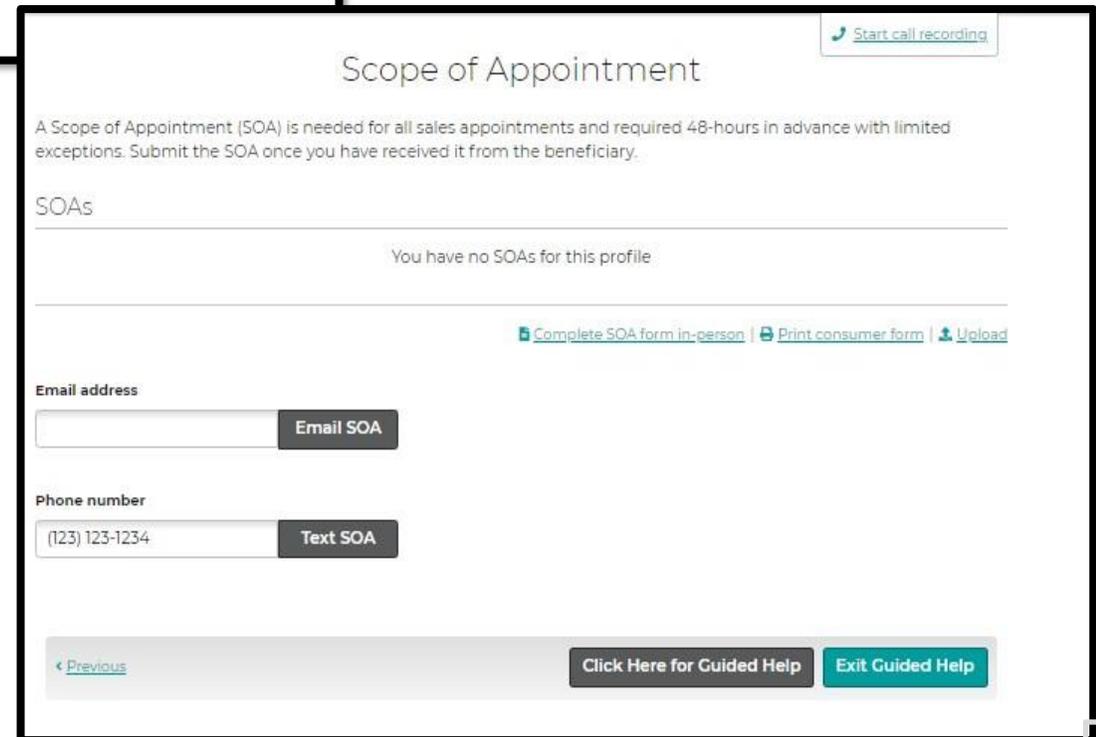
Scope of Appointments

After establishing and reviewing the beneficiary profile, click on Continue to SOA at the bottom of the beneficiary profile.



The SOA can be collected several ways.

- Email
- Text
- In-Person
- Print SOA form/ Upload SOA form

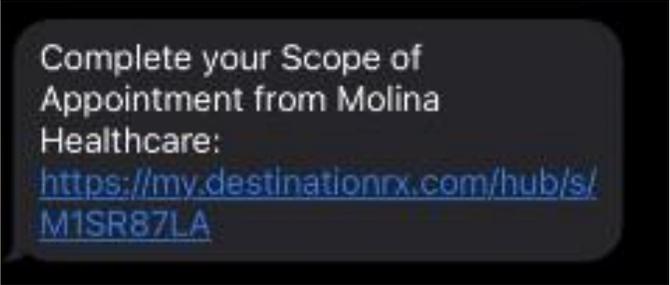
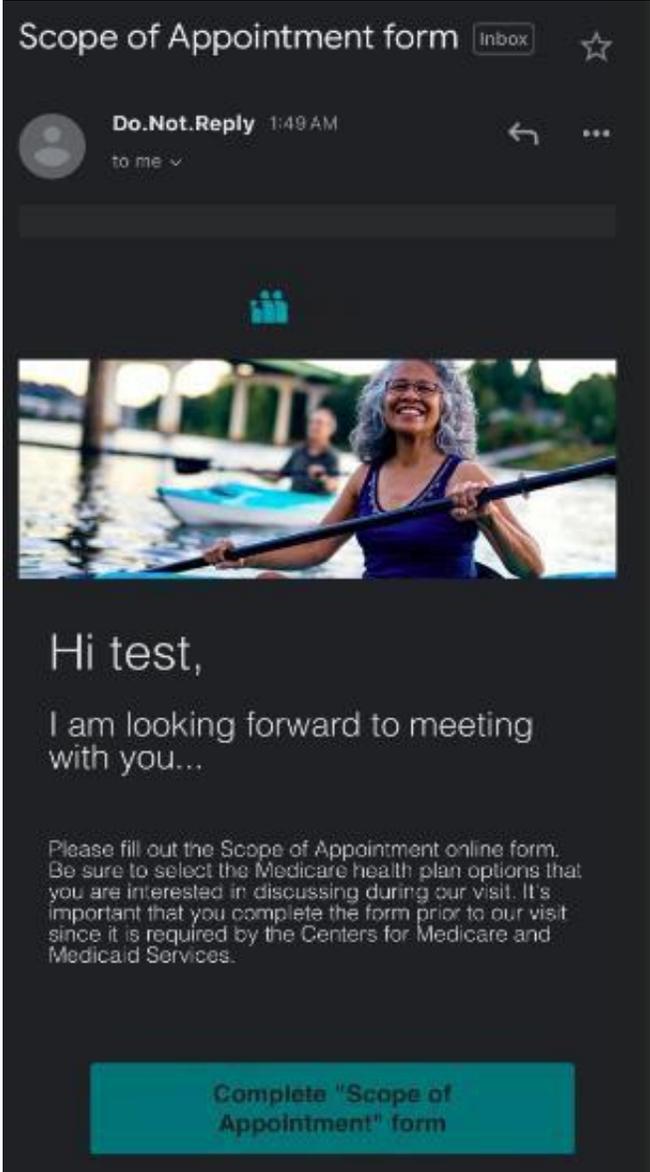
A screenshot of a web form titled 'Scope of Appointment'. At the top right is a 'Start call recording' button. The main heading is 'Scope of Appointment'. Below it is a paragraph: 'A Scope of Appointment (SOA) is needed for all sales appointments and required 48-hours in advance with limited exceptions. Submit the SOA once you have received it from the beneficiary.' Below this is a section titled 'SOAs' with a message: 'You have no SOAs for this profile'. There are three links: 'Complete SOA form in-person', 'Print consumer form', and 'Upload'. Below are two input sections: 'Email address' with an input field and an 'Email SOA' button, and 'Phone number' with an input field containing '(123) 123-1234' and a 'Text SOA' button. At the bottom is a navigation bar with buttons: '< Previous', 'Click Here for Guided Help', and 'Exit Guided Help'.

Scope of Appointments - Email or Text

Using the email and text message method is simple.

- Email or text the SOA request to the member.

Here you see examples of what the beneficiary receives upon sending the SOA to them via email or text.



Scope of Appointments - Email or Text

✔ Thank you, your scope of appointment has been submitted. Please close your browser. Your broker will get in touch with you soon.

We'll discuss:

- Medicare Advantage Plans Part C and Cost Plans

Make sure you have the following for our meeting:

- Medicare card
- All medications
- List of all your current physicians along with their phone numbers and addresses



Sample Medicare card you will need for the meeting with your broker.

CMS Pending Approval

✔ Completed by test test on 09/19/2023 • Medicare Advantage Plans Part C and Cost Plans [Complete form](#)

The Agent will be alerted via email that the Customer has completed the SOA. The agent must go back to the Beneficiary Profile to complete the Agent Section of SOA.

When member has completed the email or Text SOA, a Thank You message will appear.

Scope of Appointments - Complete SOA form

Fill out the SOA as detailed as possible and submit form.

- For Initial Method of Contact Type One of the Following:
 - In-person
 - Outbound Call
 - Inbound Call
 - Email
 - Text Message
 - Group Event
- Use the free form text box to explain why the SOA was not documented 48 hours prior to the meeting, if applicable.
- Type the plans reviewed during meeting.
- Sign the SOA using the signature box and submit.

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*

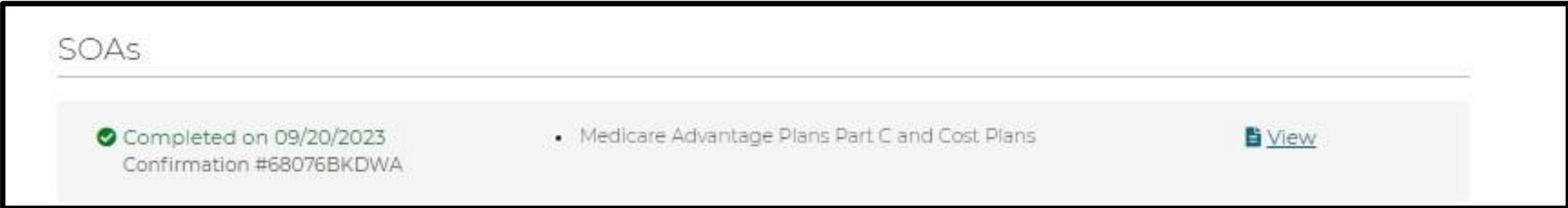
By checking this box, I confirm the information represented here is true and accurate. I authorize my signature on the Scope of Appointment form using this information.

[clear](#)



Scope of Appointments - Complete SOA form

Once the SOA is completed, a confirmation will populate. It is very important for agents to look for the Confirmation to ensure an SOA was submitted correctly to Connecture.



The screenshot shows a user interface for SOAs. At the top left, the word "SOAs" is displayed. Below it, a horizontal line separates the header from the content. A single entry is shown in a light gray box. On the left side of the entry, there is a green checkmark icon followed by the text "Completed on 09/20/2023" and "Confirmation #68076BKDWA". In the center of the entry, there is a bullet point followed by the text "Medicare Advantage Plans Part C and Cost Plans". On the right side of the entry, there is a blue document icon followed by the text "View".

For Internal Agents: add the date and time SOA was captured on the lead or opportunity record in Salesforce.



Scope of Appointments - Call Recorded SOA

External Brokers can save a recorded Scope of Appointment in the Beneficiary Profile. The SOA scripting will appear at the top of the Profile window when the Personal Information is saved.

Profile Start call recording

Scope of Appointment (SOA) Scripting (REQUIRED)

Agent: Before we proceed, I want to let you know that **[Molina Healthcare] [Passport by Molina Healthcare] [Senior Whole Health] [Senior Whole Health of New York]** offers Medicare Part C plans. There is no obligation to enroll in our plans, and this phone call will not affect your current or future enrollment, or automatically enroll you in a Medicare plan. Do you confirm and understand what was just read to you?

Once call is connected with beneficiary, click **Continue** to minimize the recording window and view SOA Scripting.

Beneficiary's Name, DOB, Phone Number, and scheduled meeting date/time should be verbalized for recording along with the SOA Script.

You can Add Note to track and identify reason for the call.

Record your call

Start a recording for TEST RXTEST

To start a call recording, confirm that the phone number from the profile is populated in the phone in. Instruct beneficiary to consent to call in order to speak with an agent. Your phone number will display (866) 955-3060

Call the beneficiary

You may update the phone number in the [beneficiary's profile](#).

Call beneficiary

Call in progress 00:58 End call

Cancel Continue

Notes

Created 10/17/2023

Call recording initiated with (323) 6 - testagent testagent Created by system upon call completion

Created 10/17/2023

Call recording initiated with (323) 6 -Scope of Appointment for scheduled meeting of 10/20/23 @ 2:30 pm. Manually created by user to identify outcome/reason of call

- testagent testagent



Guided Help

Get help with your account

Get help with your plan



Guided Help

Guided Help Preferences ^

Enter preferences to estimate your annual cost.

-  **Getting Started**
-  **Health**
-  **Providers**
-  **Prescriptions**
-  **Pharmacy**

[Click Here for Guided Help](#)

Add Preferences for a more personalized member experience

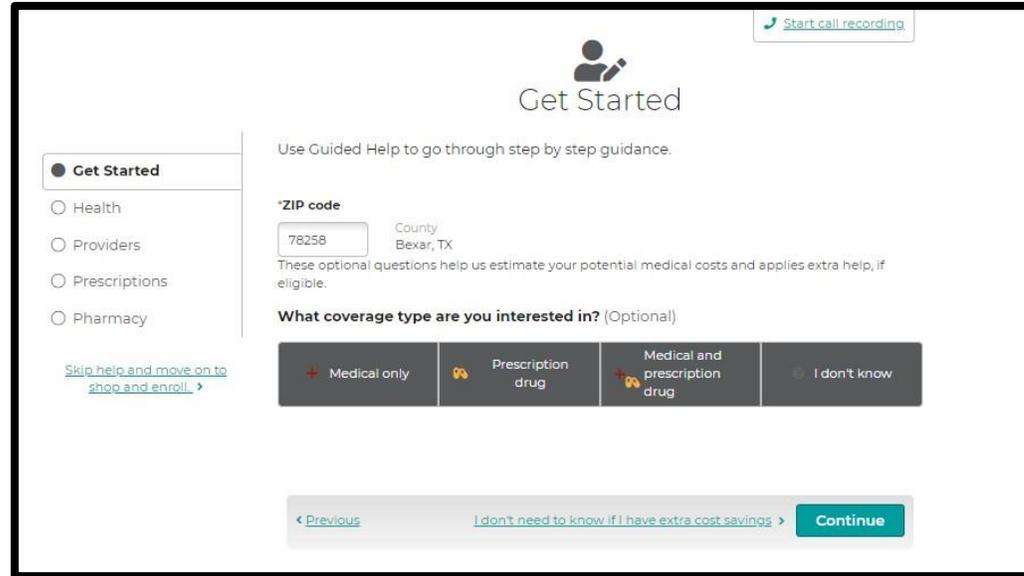
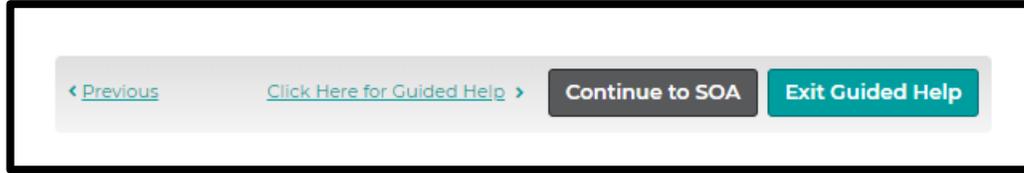
Get Started from this page you can identify the beneficiary's subsidy level

Providers from this page you can find and set providers that the beneficiary sees

Prescriptions build a medicine cabinet of all current drugs to see drug costs associated with all plan options

Pharmacy find all pharmacies that are closest to the beneficiary

Guided Help



Once member is ready to enroll, SOA is submitted, and call recording is initiated, there are two options at the bottom of the beneficiary profile page:

- Click Here for Guided Help
- Exit Guided Help

Clicking on Guided Help has benefits such as:

- Adding Health history
- Provider Look Up
- Prescription Look Up
- Pharmacy Look Up



Guided Help - Get Started

What coverage type are you interested in?

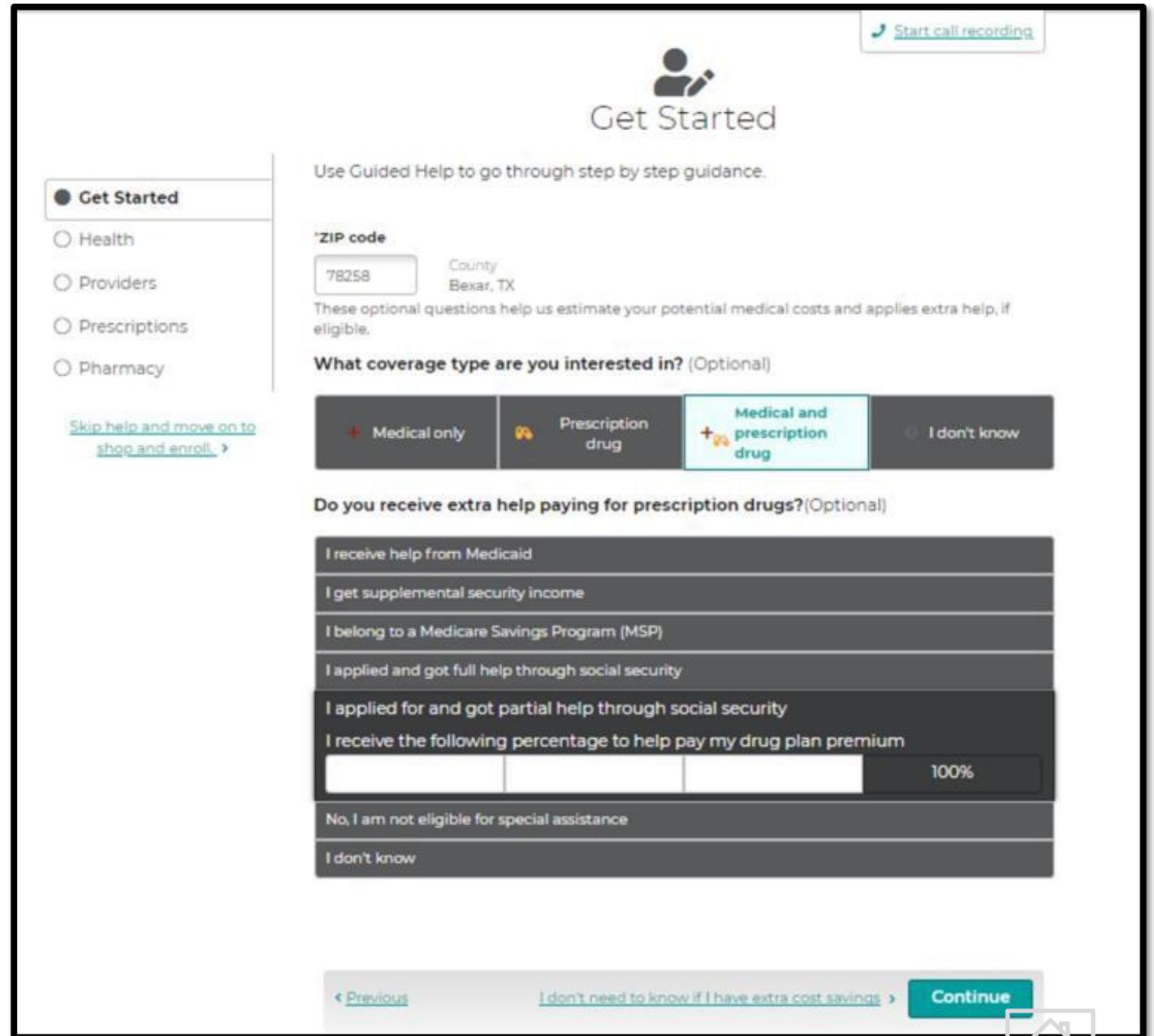
Since all of Molina's Medicare plans include Prescription coverage, Select **Medical and prescription drug**

Do you receive extra help paying for prescription drugs?

If the Medicaid eligibility was run within the Beneficiary Profile, the proper level of extra help will already be selected.

If you did not run Medicaid eligibility, you can select the proper level of extra help.

Adding the extra help level will adjust any Plan Premium amounts and Prescription out of pocket responsibilities.



The screenshot shows a web interface for a guided help process. At the top right, there is a 'Start call recording' button. The main heading is 'Get Started' with a person icon. Below this, a message says 'Use Guided Help to go through step by step guidance.' On the left, there is a sidebar menu with 'Get Started' selected, and other options: 'Health', 'Providers', 'Prescriptions', and 'Pharmacy'. A link at the bottom of the sidebar says 'Skip help and move on to shop and enroll.' The main content area has a 'ZIP code' field with '78258' and a 'County' dropdown with 'Bexar, TX'. Below this, a note states: 'These optional questions help us estimate your potential medical costs and applies extra help, if eligible.' The next question is 'What coverage type are you interested in? (Optional)'. There are four radio button options: 'Medical only', 'Prescription drug', 'Medical and prescription drug' (which is selected and highlighted in teal), and 'I don't know'. The following question is 'Do you receive extra help paying for prescription drugs?(Optional)'. There are several radio button options: 'I receive help from Medicaid', 'I get supplemental security income', 'I belong to a Medicare Savings Program (MSP)', 'I applied and got full help through social security', 'I applied for and got partial help through social security', 'I receive the following percentage to help pay my drug plan premium' (with a table below it), 'No, I am not eligible for special assistance', and 'I don't know'. The table for the percentage question has three empty input fields and a '100%' label. At the bottom, there are navigation buttons: '< Previous', a link 'I don't need to know if I have extra cost savings >', and a teal 'Continue' button.

Start call recording

Get Started

Use Guided Help to go through step by step guidance.

ZIP code: 78258 County: Bexar, TX

These optional questions help us estimate your potential medical costs and applies extra help, if eligible.

What coverage type are you interested in? (Optional)

Medical and prescription drug

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

I receive help from Medicaid

I get supplemental security income

I belong to a Medicare Savings Program (MSP)

I applied and got full help through social security

I applied for and got partial help through social security

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

			100%
--	--	--	------

No, I am not eligible for special assistance

I don't know

< Previous I don't need to know if I have extra cost savings > Continue



Guided Help - Health

Health and age is used to calculate an estimated cost for each plan option.

In the Benefits section, you can adjust the Visits/Uses for each category based on the beneficiary's needs to get an annual estimate cost for medical services.

Once completed, click Continue to proceed.



Health

Your health and age will be used to calculate your estimated cost for the plan. It is here to help you decide which plan is best for you and will not affect your premium.

Generally healthy

- No major illnesses
- Less than 2 prescriptions for an illness
- Less than 2 visits to primary care

Some health needs

- Ongoing condition like diabetes
- Regular prescription needs
- 1 or more visits to a specialist

Significant health needs

- Multiple prescriptions
- Managing a serious condition
- Multiple visits to specialists



How old are you?

Under 6565-6970-7475-7980-8485+

Would you like to estimate your medical costs?

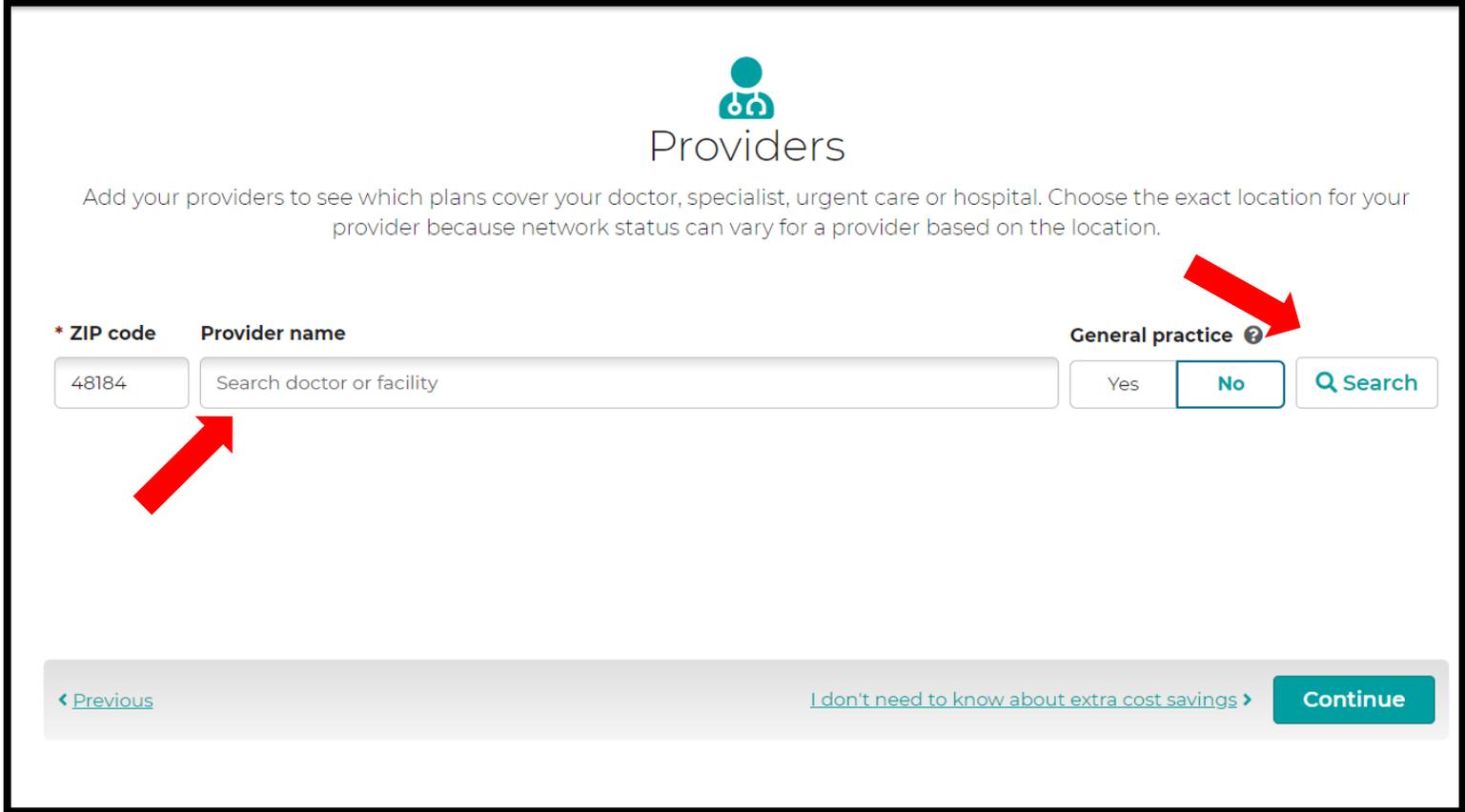
YesNo

Decide how often you might use these benefits annually to help estimate medical costs for each plan.

Benefits	Visits/Uses	Total days
Ambulance Services 	0	—



Guided Help - Providers




Providers

Add your providers to see which plans cover your doctor, specialist, urgent care or hospital. Choose the exact location for your provider because network status can vary for a provider based on the location.

* ZIP code Provider name General practice ?

48184 Search doctor or facility Yes **No** Search

[< Previous](#) [I don't need to know about extra cost savings >](#) **Continue**

Search beneficiary's Providers to confirm network status with Molina Medicare plans.

You can conduct a general search by leaving the **Provider Name** field blank and Clicking "Search". This type of search will provide a list of all providers within the entered Zip Code.

The **General Practice** indicator should be selected based on the type of provider you are searching for. When searching for a PCP, the General Practice indicator should be **Yes**. When searching for a specialist, that indicator should be **No**.

Typing in a Provider Name will provide specific results with matches to that name.



Guided Help - Providers

1 Allison L Pyc
Nurse Practitioner, Family
(248) 289-7300
35640 W Michigan Ave
Wayne, MI 48184
Provider added

2 Allison Sabo
Physician Assistant
(313) 624-8417
2 locations

3 Allison Franck
Social Worker, Clinical
(517) 372-4700
33740 Cowan Rd
Westland, MI 48185

Viewing 1 - 10 of 25

Your providers

Allison L Pyc
Nurse Practitioner, Family
(248) 289-7300
35640 W Michigan Ave
Wayne, MI 48184
[Set as primary care provider](#)

Click on **Add Provider** for the desired physician to add to the beneficiary's list of providers.
The provider can be **Set as Primary Care Provider** if it is the Member's PCP.

Please Note: Not all providers that appear on this search list are in Molina's Healthcare Network. You will need to populate provider list then view the contract details in the Plan Options page.

Click on the *Plan Details* or *Providers info* to view in/out network details.

MOLINA HEALTHCARE

Molina Medicare Complete Care (HMO D-SNP)
Plan ID: H5926-001-000
★★★★☆ Medicare Star Rating

Medical Deductible \$0
Medical out of pocket maximum \$8,850
Monthly plan premium \$0.00

[Plan details](#) [Click to Enroll](#)
[Add to quote](#)

Providers
1 of 2 In-network, Provider(s) may be ineligible as a PCP for this plan even if they are in network.
⚠ One or more locations are out of network.
PCP Out-of-network

Prescriptions
6 of 6 on formulary

Est. drug cost
\$23

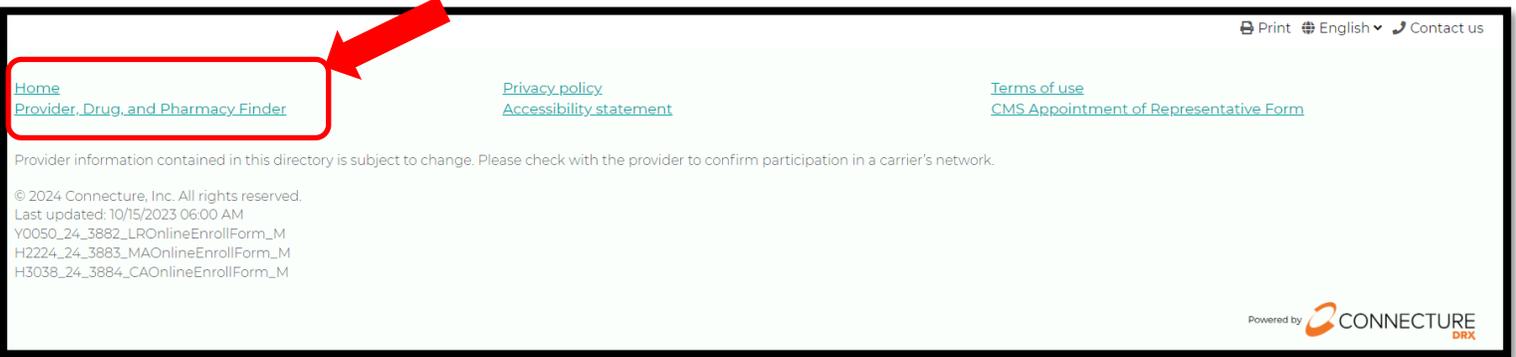
Total est. annual cost
\$23
Effective Apr 2024

Compare benefits



Guided Help - Providers

To view a search results page that will only populate in-network physicians, scroll to the bottom of the Provider search page and click on Provider, Drug, and Pharmacy Finder.



Find the appropriate plan and select “Find Providers”, the results you see in this search page will only be for in-network physicians. *Please note that you will not be able to build a provider list or tag as primary care from this search window.*



Guided Help - Providers

Cart

Medicare Advantage Prescription Drug Plan

 Molina Medicare Complete Care (HMO D-SNP) Monthly plan premium **\$0.00**

⚠️ JOHN ESTES may be ineligible as a primary care provider for this plan even if they are in network.

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

* How will you be completing this form?

Send to beneficiary to sign and submit

Complete and submit form myself

Total monthly plan premium **\$0.00**

[← Previous](#) [Continue to apply](#)

Please note that a physician could be in-network with a Molina Medicare plan but not assignable as PCP.

If a provider is selected as a PCP within the Guided Help-Providers section, you should look out for this alert once you select **Click to Enroll** from the plan options page.

If you see this alert message, “...may be ineligible as a primary care provider for this plan even if they are in network”, it means that the provider you tagged as Primary Care is not assignable as PCP.



Guided Help - Prescriptions

Build the beneficiary's medicine cabinet by searching for their medications.

Make sure to select the appropriate dose, form, and quantity based on the beneficiary's prescription.

Click on Add to compose the full list of medications.

To confirm if the medications are on the formulary and their assigned tiers, move over to the plan options page to view more details.



The screenshot shows the 'Prescriptions' page with a search bar at the top. Below the search bar, there is a section for 'Xanax' with instructions to select dosage and enter quantity. The 'Select dose and form' dropdown is open, showing options like 'Xanax TAB 0.25MG', 'Xanax TAB 0.5MG', 'Xanax TAB 1MG', and 'Xanax TAB 2MG'. The 'Enter quantity and frequency' section shows '90' and 'per month'. A question asks if the user wants to use a generic (alprazolam) for Xanax, with 'Yes' and 'No' buttons. At the bottom, there is a list of 'Your prescriptions' including 'carisoprodol TAB 350MG', 'donepezil hcl TAB 5MG', and 'glipizide TAB 5MG'. The 'Add' button is highlighted with a green box.



Guided Help - Prescriptions

Once in the Plan Options window, you will see an identifier of how many medications are on the formulary. To view further detail, click on Plan details.

Molina Medicare Complete Care (HMO D-SNP)
Plan ID: H5926-001-000
★☆☆☆☆ Medicare Star Rating

Medical Deductible: **\$0**
Medical out of pocket maximum: **\$8,850**
Monthly plan premium: **\$0.00**

[Plan details](#) [Click to Enroll](#)
[Add to quote](#)

Prescriptions
6 of 6 on formulary
Est. drug cost: **\$23**
Total est. cost: **\$23**
Effective Apr 2024

Providers
1 of 2 In-network Provider(s) may be ineligible as a PCP for this plan even if they are in network.
⚠ One or more locations are out of network.
PCP Out-of-network

When you enter Plan details page, click over to the Prescriptions tab. This tab will show the list of medications entered under a Covered vs Non-covered section. If the medication is covered, you will see them categorized by Tier along with their out-of-pocket responsibility by stage. The restrictions to each medication will also be listed.

Plan details **Prescriptions** Health costs Total estimated costs

Estimated costs based on retail pharmacy [Add pharmacy](#) | [Switch to Mail order costs](#)

[Add/edit prescription list](#)

✓ Covered prescriptions

On Formulary

Medication	Retail Cost	Before Gap	During Gap	After Gap
carisoprodol TAB 350MG 120 tablets per month Generic	\$6.57	\$0.00	\$1.64	\$0.00
donepezil hcl TAB 5MG 30 tablets per month Generic	\$1.76	\$0.00	\$0.44	\$0.00

Restrictions: PA Yes, QL 120 / 30 days, ST No

Restrictions: PA No, QL 30 / 30 days, ST No



Guided Help - Pharmacy

Pharmacy

Drug costs vary based on the pharmacy you use. Select multiple pharmacies to compare estimated drug costs for all available plans.

* ZIP code: 48184 Pharmacy name: [Search]

Retail pharmacy Digital pharmacy

- 1 Wayne Rx
4603 S Wayne Rd
Wayne, MI 48184
Add pharmacy
- 2 Rite Aid Pharmacy 04358
35101 Michigan Avenue East
Wayne, MI 48184
Add pharmacy
- 3 Wayne Professional Pharmacy
34841 Veterans Plz
Wayne, MI 48184
Add pharmacy

The Pharmacy section helps compare estimated drug costs based on the Pharmacy the beneficiary uses as well as confirm in-network status.

****Note: Not all pharmacies that appear on this search list are in Molina's network.**

If you only want to view in-network pharmacies within your search, scroll to the bottom of your screen and find the **Provider, Drug, and Pharmacy Finder** link. You will select Find a Pharmacy for the appropriate plan.

Home [Provider, Drug, and Pharmacy Finder](#) [Privacy policy](#) [Accessibility statement](#)

Provider information contained in this directory is subject to change. Please check with the provider to confirm participation in a carrier's network.

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Last updated: 10/15/2023 06:00 AM
Y0050_24_3882_LROnlineEnrollForm_M
H2224_24_3883_MAOnlineEnrollForm_M
H3038_24_3884_CAOnlineEnrollForm_M

Medicare Advantage Prescription Drug Plans combine the benefits of a Medicare Advantage Plan and a Prescription Drug Plan. Your coverage would include hospital and medical expenses (Part A & Part B), and prescription drug coverage (Part D).

Dual-eligible Special Needs Plans are for people who receive both Medicare and Medicaid (dual eligible). Premium depends on your level of Extra Help. You must continue to pay your Medicare Part B premium, unless it is covered through your State Medicaid Program. If you receive Medicaid cost-sharing assistance, you may pay nothing for medical deductibles, copayments, and coinsurance.

Provider information contained in this directory is subject to change. Please check with the provider to confirm participation in a carrier's network.

	Molina Medicare Choice Care (HMO)	Find providers	Find prescriptions	Find pharmacy
	Molina Medicare Choice Care Select (HMO)	Find providers	Find prescriptions	Find pharmacy
	Molina Medicare Complete Care (HMO D-SNP)	Find providers	Find prescription	Find pharmacy
	Molina Medicare Complete Care Select (HMO D-SNP)	Find providers	Find prescriptions	Find pharmacy



Guided Help - Pharmacy



Molina Medicare Complete Care (HMO D-SNP) Compare benefits
Plan ID: H5926-001-000
★★★★☆ [Medicare Star Rating](#)

Medical Deductible **\$0** Medical out of pocket maximum **\$8,850** Monthly plan premium **\$0.00**

[Plan details](#) [Click to Enroll](#)

[Add to quote](#)

Providers 1 of 2 In-network, Provider(s) may be ineligible as a PCP for this plan even if they are in network.
⚠ One or more locations are out of network.
PCP Out-of-network

Prescriptions 6 of 6 on formulary

Pharmacy CVS Pharmacy #11247
Standard In-network

Total est. cost
\$23
Effective Apr 2024

Est. drug cost
\$23

Once in the Plan Options page, you will be able to confirm if the selected pharmacy is in network.

Plan List

2024-2025

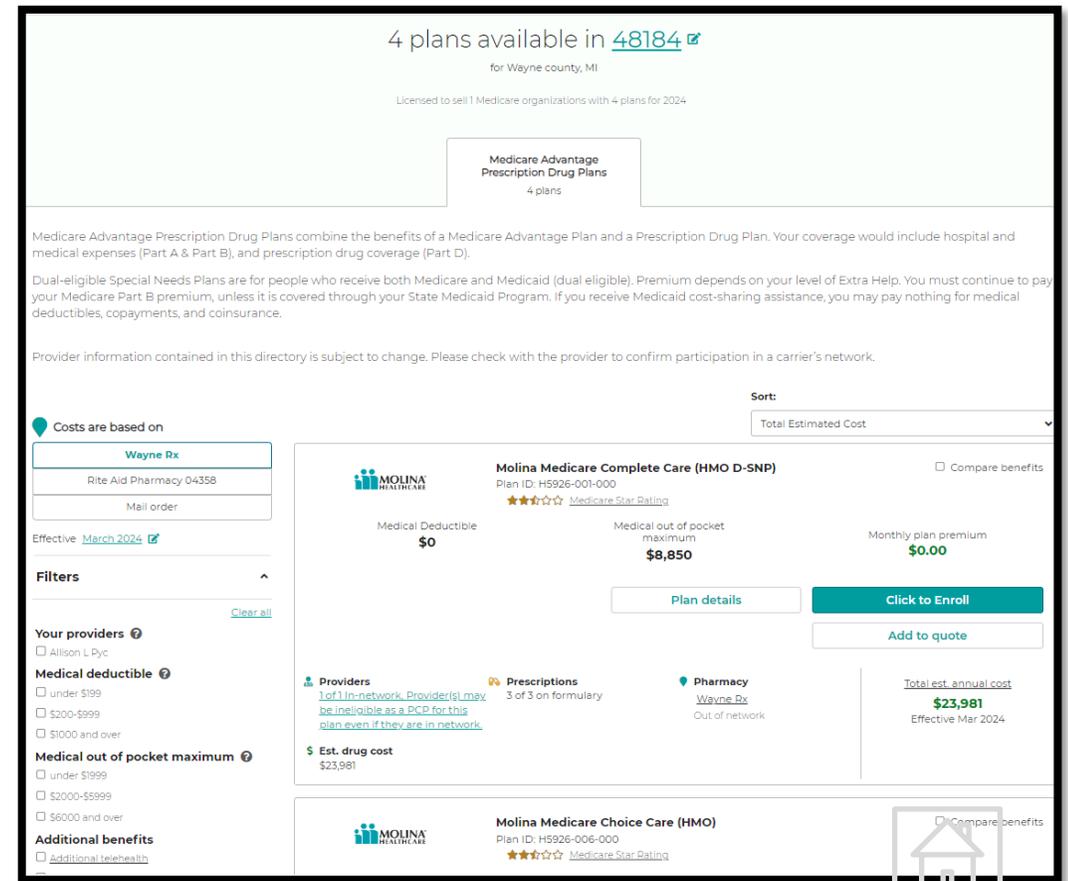
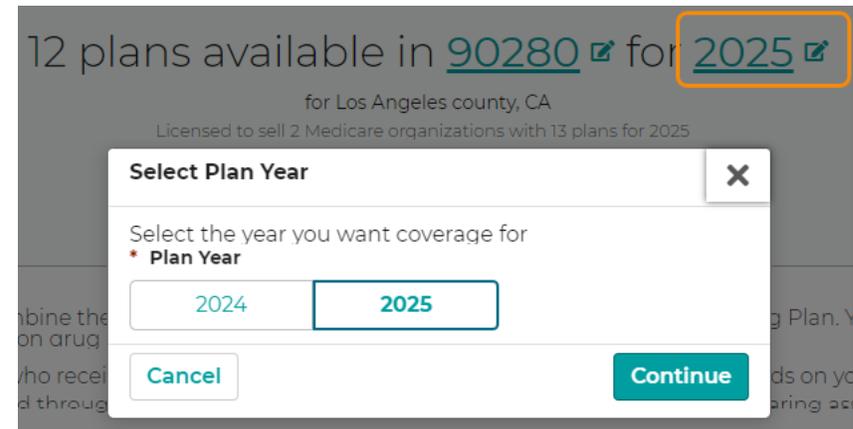
2023-2024



Plan List

Exiting Guided Help will lead to the plans page for that market/state. This page displays options based on beneficiary's zip code.

- During AEP season, you will be able to toggle between Plan Years. If you are submitting a current year enrollment, click on the edit icon to switch Plan Years before viewing plan options.
- The screenshot displays plans for Michigan, and shows how easily an agent can go back into guided help.
- Clicking on the **Plan Details** button will open a benefit grid and printable member materials such Summary of Benefits.
- A quote can also be sent from this page.
- Alerts will be displayed if the Provider and/or Pharmacy is not in Network, or if the Provider is not assignable as a PCP.



Plan List- Plan Options

The estimated annual cost will populate if guided help questions were answered.

Icons for each plan:

- Plan Details ([Massachusetts Market Review slide 46 for more details](#))
- Click to Enroll
- Add to Quote ([See Slide 47 for more details](#))

There is also an option for plan comparison view at the top of the plan option.

Molina Medicare Choice Care (HMO)
Plan ID: H7678-004-000
★★★★☆ Medicare Star Rating

Medical Deductible	Medical out of pocket maximum	Monthly plan premium
\$0	\$8,300	\$0.00

Add to compare

View plan details side by side

Continue to Enroll

View plan details, Medicaid Eligibility codes, and Plan Documents.

Plan details

Click to Enroll

Forward plan details vid Text/ Email

Add to quote

Total est. annual cost
\$0
Effective Jan 2024

Plan Details-Massachusetts (Senior Whole Health DSNP)

When submitting an enrollment application for either SWH DSNP products (*DSNP H2224-001 or NHC H2224-003*) broker is required to submit completed **MA Clinical DSNP** and **MA PSI DSNP** documents along with their enrollment application.

You can locate the Clinical and PSI documents within the Plan Details section of either plan option by scrolling to the bottom of the page. Please make sure to upload the completed documents within [Section 2](#) of the application.

Please note that **Telephonic Enrollments are not allowed** for these plans, beneficiary's physical signature is required for enrollment into these plans. Make sure to select the **Complete and Submit form myself** option in the [Cart](#) window when starting application

Plan Documents	
2024 Annual Notice of Change	MA003-2024-SNP-ANOC-EN-508
2024 Summary of Benefits	MA003-2024-SNP-SB-EN-508
Quick Start Guide	MA003-2024-SNP-QSG-EN-508
MA Clinical DSNP	MA Clinical DSNP
MA PSI DSNP	MA PSI DSNP

Please reach out to your Broker Channel Manager for guidance on completing these forms.

BCM: William Karger

William.Karger@MolinaHealthcare.com



Plan List- Plan Options

If you select **Send Quote**, you have the option to forward via Email or Text.



Molina Medicare Choice Care (HMO) \$0.00 x Quote up to 3 plans Send quote

Effective [June 2024](#)

Sort: Total Estimated Cost

Guided Help Preferences

- Getting Started
- Health
- Providers
- Prescriptions
- Pharmacy

Enter preferences to estimate your annual cost.

Molina Medicare Choice Care (HMO) Compare benefits

Plan ID: [Redacted] [Medicare Star Rating](#) ★★☆☆☆

Medical Deductible	Medical out of pocket maximum	Monthly plan premium
\$0	\$8,300	\$0.00

Click to Enroll Remove from quote

Send quote

Send quote to [Redacted]

How would the beneficiary like to receive the quote information?

Email *** Email address** [Redacted]

Text *** Phone number** [Redacted]

Additional message
This will show when the user logs back into the site.

Please review this quote at your earliest convenience. Let me know if you have any questions.

Plan(s) included [Select all](#)

Molina Medicare Choice Care (HMO)

ANOC

Summary of Benefits

Evidence of Coverage

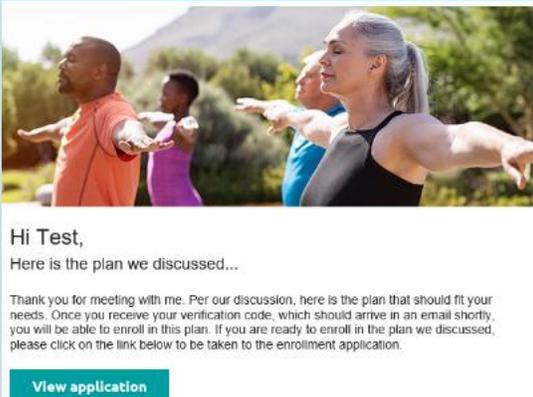
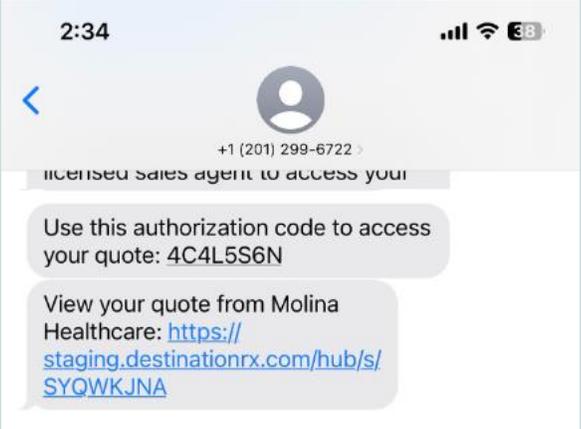
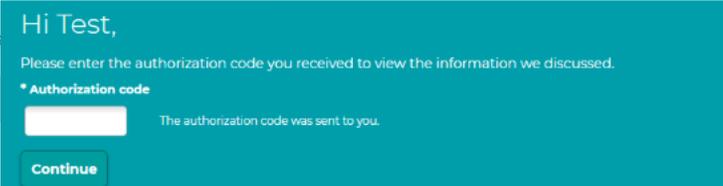
Cancel Send quote

Plan List- Plan Options

Please note that if you **Send Quote**, they will receive two messages (Email or Text). One message will contain the Authorization Code needed to access the site and the second message will contain the link to access the consumer facing DRX Connecture site with the plan details and enrollment options.

Authorization code is required to access the quote information.



Email	Text
  	
	



Plan List- Plan Details

The plan details page provides a summary of covered services, out of pocket responsibility, and supplemental benefit allowances.

The first row listed titled Additional information will display the eligible Medicaid Codes for that specific plan.

You can also find Member Material links in the bottom sections of this page.

	Plan details	Prescriptions	Health costs	Total estimated costs
Additional Information	FBDE, QMB+, SLMB+, QMB			
Costs				^
Plan Premium	\$0.00 monthly			
Est. drug cost Based on 0 drugs Add/edit	\$0 annually			
Health cost Add health information if you would like to view estimated annual costs	Add health information			
Total est. annual cost Based on plan premium, health and drug costs. (Effective Jan 2024)	\$0 annually			
Benefits				^
Medical Coverage ⓘ				
Medical Deductible	\$0.00			

Molina Medicare Complete Care (HMO D-SNP)

★★★★☆
[Medicare Star Rating](#)

Monthly plan premium
\$0.00

[Click to Enroll](#)

[Send quote](#)

Effective [January 2024](#) ↗



Enrolling a Beneficiary

Enroll a beneficiary

Enroll a beneficiary



Enrolling a Beneficiary - Add To Cart

Once a member decides on a plan and feels comfortable with moving forward. Start Enrollment by clicking on **Click to Enroll**.

The cart page will populate with two options:

Cart

[Start call recording](#)

Medicare Advantage Prescription Drug Plan

Molina Medicare Choice Care Select (HMO) Monthly plan premium
Molina Medicare Choice [View details](#) [Change plan](#) [Remove plan](#) **\$0.00**

* How will you be completing this form?

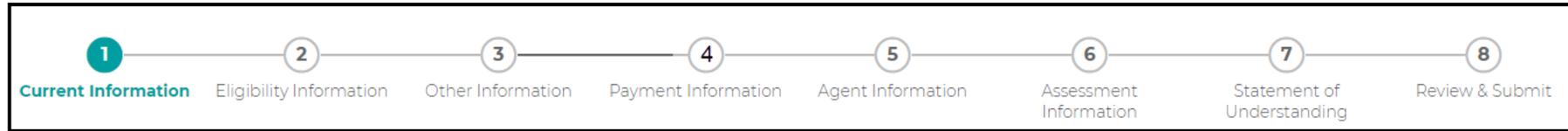
Send to beneficiary to sign and submit

Complete and submit form myself

Total monthly plan premium **\$0.00**

Options	Description
Send to beneficiary to sign and submit	Agents complete form and forwards to prospect for submission. <i>(See Slides 57 & 58 for additional details)</i>
Complete and submit form myself	Agent completes form and submits enrollment (in-person/ telephonic).

Enrolling a Beneficiary - Application



Connecture will walk agents through five different sections before submitting or sending to Beneficiary to Sign and Submit

1. Basic beneficiary contact information
2. Entering Medicare number, Medicaid number, Election Period, and adding attachments
3. This page focus on ethnicity, race, employment, physician selection, and language preference.

****If enrollment is for C-SNP plan, you will see Pre-enrollment Qualification Assessment in this section****

4. Payment options are available if plan has an associated premium
5. Agent attestation for beneficiary proposed effective date of coverage.
6. Assessment Questions related to DME, specialists, and other health related needs.
7. Statement of Understanding disclosures and signature options.
8. Review all entered information for accuracy and Submit enrollment.

Required fields are identified by an asterisk (*). Agents will not be able to move to the next section of there are missing required fields.



Enrolling a Beneficiary –Eligibility Information

Section 2: Benefit Info will ask you to document beneficiary’s member ID numbers. This information is used to confirm benefit eligibility upon enrollment.

✓ Contact Info

2 Eligibility Information

Eligibility Information

* Indicates Required Fields

Medicaid Enrollment

*Mr/Mrs Do you currently have Medicaid?

Yes No

*If you answered "Yes," please provide your Medicaid Number

Social Security Number

SSN required for MA H2224

If beneficiary has Medicaid benefits, click Yes to enter the Medicaid Number.

There is a Social Security Number field that will appear for all plan enrollments, but it is only required if enrollment is being processed for a Massachusetts DSNP product (H2224). If you are not submitting an enrollment for a MA DSNP product, this field can be left blank.

Enrolling a Beneficiary - File Upload

Section 2 has an attachment box at the bottom of the page. Use this box to add any documents related to enrollment. It is best practice to attach any paperwork available related to the POA/ Legal Representation and eligibility.

[Massachusetts DSNP enrollments must attach Clinical and PSI documents here.](#)

We must be able to prove Medicare/Medicaid eligibility for every enrollee. To ensure accuracy, completeness, and speed in the enrollment process, please make every possible effort to find and upload the enrollee's eligibility documentation here.

Attachment

Uploading 1 file(s)...

IT TICKET LOG.xlsx

[< Previous](#)

Be sure to add any documents that help the enrollment process.

Agents are encouraged to add as much information as possible to the enrollment to avoid RFIs (Request For Information).



Enrolling a Beneficiary - Medicare Eligibility

WIPro integration will validate MBI during the enrollment process. The validation is designed to proactively catch incorrect MBIs, validate Part A and Part B effective dates and subsidy eligibility for DSNPs.

Medicare Information

Please take out your red, white and blue Medicare card to complete this section. In the spaces provided enter your Medicare Number (do not enter dashes).



Name/Nombre
JOHN L SMITH

Medicare Number/Numero de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

Medicare Number*

Hospital (Part A) Effective Date

Medical (Part B) Effective Date

 **Correct the following error(s) on the form, then submit again**
Check the Medicare number, last name and date of birth before continuing.

You may still continue with this enrollment application.

This message above will always populate, the message is intended to review beneficiary information carefully before continuing to the next part of the enrollment. Click continue again to get to the third page if updates or corrections are not necessary.

- MBI is cross-referenced with beneficiary's last name and DOB
- If Part A and Part B effective dates do not match, a message will display the correct associated Part A/B effective dates.
- When beneficiary is enrolling into a DSNP, subsidy eligibility level for the MBI will be validated



Enrolling a Beneficiary - Relationship Identifier

Section 7: *Statement of Understanding*-Agent will need to confirm relationship to the person enrolling in the plan.

I am the person enrolling: Select this option when completing the enrollment application directly while speaking with the beneficiary.

I am helping the person enrolling: Select this option when the beneficiary is present or has provided verbal consent for Telephonic Enrollment to speak with and process the enrollment with another party.
Consent for enrollment must be recorded

I am the authorized representative: Select this option when the individual indicates they are legally authorized under state law to act on the beneficiary's behalf.

*** What is your relationship to the person enrolling in this Medicare plan?**

I am the person enrolling

I am helping the person enrolling

I am the authorized representative



Enrolling a Beneficiary - Beneficiary Signature

Beneficiary's name should only be signed off by beneficiary or authorized rep.

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.**

TOMMY JOHNSON

clear

calltest calltest

[< Previous](#) [Submit](#)

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

Beneficiary should sign their name for In-Person meeting



Enrolling a Beneficiary - Beneficiary Signature

If you initially selected **Send to beneficiary to sign and submit**, you will see this screen in the last section of the application.

Do **NOT** sign the Beneficiary Signature section before clicking on Send to beneficiary. Leave this section blank. The Beneficiary will review the full application, sign, and Submit themselves.

You have the option to Email or Text the beneficiary a link to this application for review.

Beneficiary Signature

Due to physical limitations, I am unable to sign my name

***Please sign your name in the space below using your mouse, stylus, or finger.**

[clear](#)

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Send to beneficiary

Send enrollment ✕

How would the beneficiary like to receive the application to finish enrolling?

Email *** Email address**

Text *** Phone number**

(000) 000-0000

Send application

Cancel

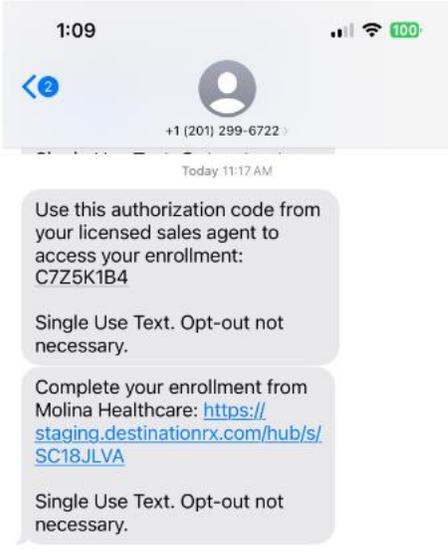
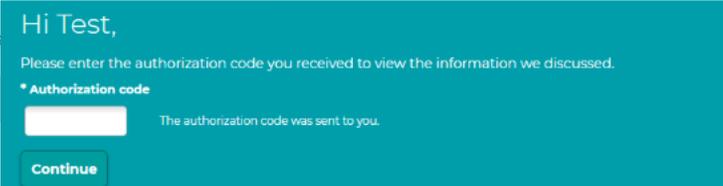


Enrolling a Beneficiary – Send to beneficiary

Please note that if you **Send to beneficiary Sign and Submit**, they will receive two messages (Email or Text). One message will contain the Authorization Code needed to access the application the second message will contain the link to access the app.

Authorization code is required to access the application.



Email	Text
  	
	



Enrolling a Beneficiary - Confirmation

Once enrollment is submitted, take note of the Confirmation number and keep it in a save place.

Clicking on Complete Health risk Assessment action button will appear for the Markets/Plans where Molina accepts agent HRA submissions. Please review next section for confirmation of Markets/Plans.

MOLINA HEALTHCARE | Print | English | Contact us | testagent | Dashboard | Plans | Search | New profile | YESICA

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.

Next steps

Please complete the plan's optional Health Risk Assessment to gather more information about your health so they may provide health improvement suggestions.

The HRA may also be accessed in the enrollment history for this beneficiary and will only be available for a limited time.

45 day(s) left to complete HRA

Complete Health Risk Assessment

Application details

Member name
YESICA TESTER

Member address
123 MAIN South Gate, CA 90280

Submitted on
October 17, 2022

Confirmation number
A94913253264775M

[View application](#)

CHP-Dental Buy Up

2019-2020 Dental Rates

2020-2021 Dental Rates



CHP- Dental Buy Up Plan

Certain CHP products will offer an optional PPO Dental Buy Up Plan offering \$3000 INN (\$1500 OON) allowance.

Dental PPO buy-up options available for members to purchase

- **Existing members** to submit the PPO buy-up enrollment form during AEP for 1/1 effective date
- **New member:** Effective 01/01/2025. They can opt into PPO when submitting the initial enrollment or 90 days grace period (between 01/01/2025 – 03/31/2025)
- **Members may disenroll** during the year but may not re-enroll during the same calendar year in the buy-up plan

Member pays \$45/month

H5649-001-000	Central Health Medicare Plan (HMO)
H5649-006-000	Central Health Focus Plan (HMO C-SNP)
H5649-008-000	Central Health Ventura Medicare Plan (HMO)
H5649-018-000	Central Health San Mateo Medicare Plan (HMO)
H5649-019-000	Central Health Savings Plan (HMO)
H5649-022-000	Central Health Jade Plan (HMO)
H5649-023-000	Central Health Premier Plan I (HMO)

Member pays \$21/month

H5649-025-001	Central Health Embrace Care Plan (HMO C-SNP)
H5649-025-002	Central Health Embrace Care Plan (HMO C-SNP)
H5649-027-000	Central Health Classic Care Plan I (HMO)
H5649-028-000	Central Health Classic Care Plan II (HMO)
H5649-029-000	Central Health Part B Savings Plan (HMO)
H5649-030-000	Central Health Valor Care Plan (HMO)

To enroll into the PPO Dental Buy Up Plan, complete enrollment form with beneficiary through this link [CHP Dental Buy Up](#)

Coming Soon!

The Dental Buy Up form link will be available in the footer of your Connecture DRX platform.

prescriptions.

include medical expenses and prescription drug coverage.

Original Medicare Plan doesn't cover. Medicare Supplement Plans are not the

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[CMS Appointment of Representative Form](#)

[CHP Dental Buy Up](#)

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Last updated: 10/15/2024 07:00 AM



CHP- Dental Buy Up Plan

If you are completing the optional PPO Dental Buy Up form over the phone, please adhere to all CMS compliance requirements.

1. The entire enrollment call must be recorded.
2. Read all disclaimers and statements of understanding from the form to the beneficiary and obtain their agreement.
3. Do not sign the beneficiary's or authorized representative's name in any signature fields; instead, document "Telephonic Enrollment" or "TE"

Member Signature*

TELEPHONIC 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.

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

*Please type your name in the space below:

TELEPHONIC ENROLLMENT

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.

Volunteer / Authorized Individual

Authorized Individual Signature

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

TE

4. Select the payment option as "Send me a bill every month" and do not collect any banking information.

Please select how you would like to pay the monthly premium for your Supplemental Dental Benefit Plan.

Send me a bill every month

Take it automatically out of my bank account every month. (Please provide information below if you choose this method. Your monthly premium will b taken from your account on the 25th of every month.)

5. Provide the Enrollment Confirmation Number at the end of the application.

Your dental enrollment form is complete.

Enrollment confirmation number: 79840497755078



Health Risk Assessment

2019-2020

2020-2021



Health Risk Assessment

Beginning 10/1/24 the HRA form will be available on the Connecture DRX platform

HRA form is currently only available for California D-SNP and C-SNP enrollments

- Make sure all questions are answered, leaving a question blank can be considered an incomplete assessment
- Broker Agent should submit HRA prior to enrollment effective date

Complete Health Risk Assessment

Immediately after submitting the enrollment application via Connecture DRX, the final page, displaying the Application Details, will also present a "Complete Health Risk Assessment" button. Clicking this button opens the HRA form, pre-filled with the enrollee's general information.

Enrollment History

Submitted 09/19/2024 1:09 pm PST

Central Health Embrace Care Plan (HMO C-SNP)
Medicare Advantage Prescription Drug Plan 2025 Total monthly plan premium \$0.00 [View application](#)

⚠️ 2 day(s) left to complete HRA

[More details ^](#)

Health Risk Assessment	Complete HRA
Enrollment confirmation number	A73271785144284M

Follow-up after enrollment submission: If the Health Risk Assessment (HRA) cannot be completed during the enrollment application, the agent can access the HRA form from the beneficiary's profile. Scroll to the Enrollment History section, click "More details" to expand it, and select "Complete HRA." This will open the HRA form, pre-filled with the enrollee's general information.



1
Health Risk Assessment

CA SNP Health Risk Assessment

Fields marked with an asterisk (*) are required

Enrollment submission outside of Connecture DRX: If the enrollment application was not submitted through Connecture DRX, the agent can use the Standalone HRA link. This link opens a blank HRA form for submission.

<https://molina1.destinationrx.com/PC/2025/Enrollment/GenericForm>



PURL

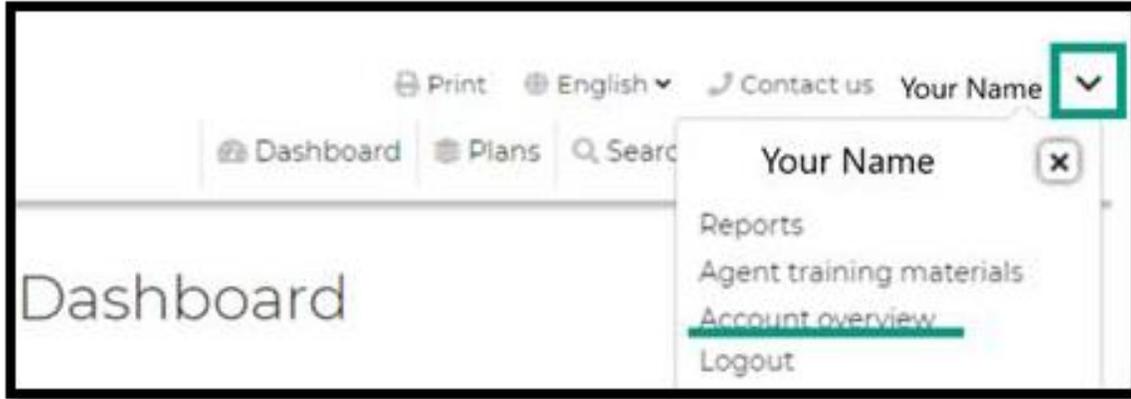
What is a PURL?

What is a PURL?



PURL

Click the caret by your name and select Account overview

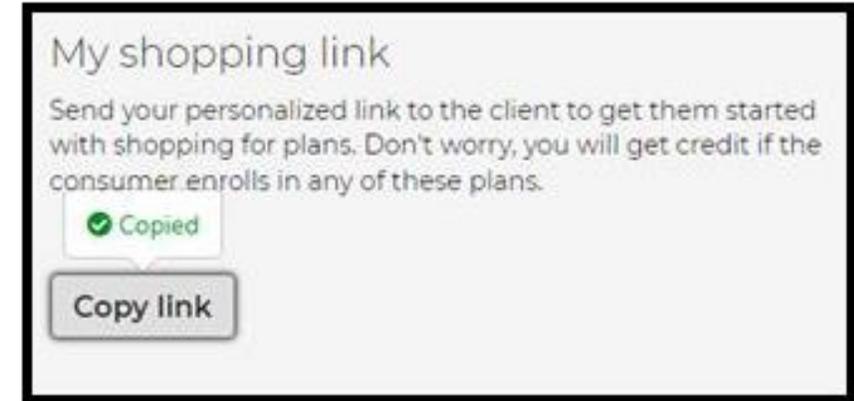


Once Picture is upload. Click Copy Link.

Note: Anyone who uses this link will be able to enroll into Molina Healthcare Medicare plan acknowledging the agent of record.

Be sure to use this link on social media or on your email signature.

On the Account Overview page, upload a professional picture of yourself.



Broker Support Unit

Contacts

Broker Services Unit (BSU)

(866) 440-9788

Hours: Mon.-Fri. | 6:00 AM-6:00 PM MT

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