

Low Income Subsidy & Medicaid Eligibility Verification, Medicare Beneficiary Identifier Validation

SalesConnect

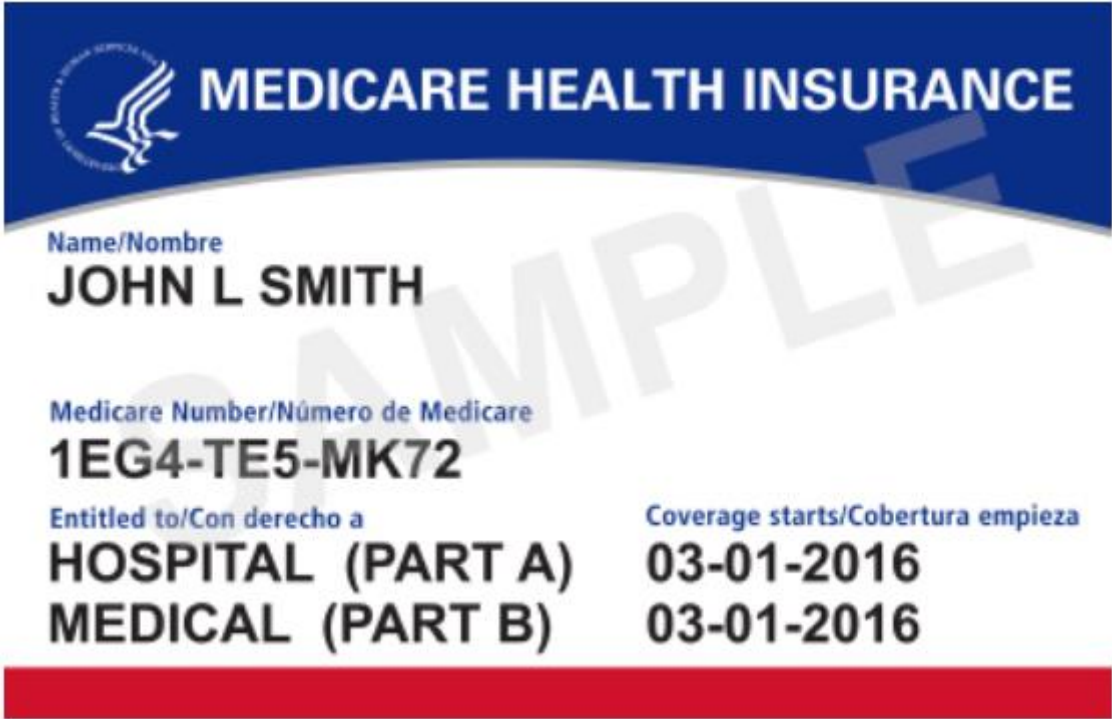
August 2022

Florida Blue 
Your local Blue Cross Blue Shield

MEDICARE

Low Income Subsidy / Medicaid Verification

Extra Help Eligibility (also called “Low Income Subsidy” or “LIS”) is dependent on income and applies to Medicare Advantage Health and Medicare Advantage Pharmacy Rx products only. To check LIS eligibility and Medicaid status, enter the applicant’s Medicare Number and name as it appears on their Medicare card, date of birth, and gender in SalesConnect to verify eligibility with the Center for Medicare & Medicaid Services (CMS). This process will also verify that you have the correct MBI number. Below is an example of a Medicare card with the Medicare Beneficiary Identifier or MBI.



Agent Portal

Log into the Agent Portal

Navigate to the My Business Screen > Medicare Tab
Click on the Quote tool

The screenshot displays the 'My Business' screen in the Agent Portal. At the top, there is a breadcrumb navigation showing 'My Business' and a home icon. To the right, there are 'Edit' and 'Add New' buttons. Below this is a 'Business Tools and Widgets' section with tabs for 'All Segments', 'Under 65', 'Medicare', and 'Group'. The 'Medicare' tab is selected and highlighted with a purple box. Underneath, there are four tool icons: 'Member Insights', 'ID Card Services', 'Quote' (highlighted with a purple box and a hand cursor), and 'Provider Search'. Below the tools are three main sections: 'Sales Status Tracker' (showing 'No Results Found'), 'Aligned Accounts' (displaying 4,244 active accounts with a bar chart and a line graph comparing current and previous years), and 'Action Items - My Business' (listing various member-related actions like wellness rewards and delinquency notifications).

Sales Connect

On the Landing Page

Click Create New Proposal from the Medicare Plans menu

SalesConnect Agent Portal [Logout](#) [Accessibility](#) ▼

Florida Blue [U65 Proposal](#) [Medicare Proposal](#) [My Prospects](#) [Dashboard](#)

Only the authorized user may use the log-in credentials created to access this platform. The sharing of credentials is strictly prohibited and may result in suspension or termination of the account and loss of access to this platform and to CMS systems. Users may not have more than a single account session open simultaneously. If you need to change your location or system, please log out of your current session before starting a new one. ✕

Individual & Family Plans	Medicare Plans	Tools
Create New Proposal	Create New Proposal	Use Single Site Enrollment
Create New Proposal (Español)	Create New Proposal (Español)	Single Site Enrollment Queue
Go directly to the Marketplace®	View Aging in Recommendations	Binder Payment Tool
Go directly to the Marketplace® (Español)	View Aging in Recommendations (Español)	Process Binder for Paper Applications
Member Plan Changes	Medicare Plan Wizard	Agent Service Tool
	Medicare Plan Changes	Skip to FFE Eligibility Stub
	Medicare Plan Changes (Español)	Dashboard

SC AGT NEW 001 NF 102022

Create New Proposal Screen

Note: This process is **optional** and is not required to Create a Proposal and/or Apply for a Medicare Product. This new capability is meant to give Agents as much information as possible on their clients to assist them in choosing the right plan.

To perform LIS or MBI validations

Complete the Applicant(s) Details Section. The following fields will need to be completed and must match what is on your client's Medicare card.

- First Name
- Last Name
- **Medicare Number**
- Gender
- Date of Birth

Click **Review Plans**

Create New Proposal

Applicant Contact Information

First Name: XJQUITTA *Optional*

Last Name: XRAMOS SR *Optional*

Daytime Phone Number: *Optional*

Evening Phone Number: *Optional*

Applicant Email Address: *Optional*

Hospital (Part A) Effective Date: mm/dd/yyyy *Optional*

Are you a currently enrolled Florida Blue Medicare Supplement Member? Yes No

IMPORTANT: Please make sure to provide your Part A effective date. This is the only way we can determine your eligibility for certain plans. By not providing this information you may see plans that you are not eligible to enroll in. If you complete an application for a plan you are not eligible for it will not be accepted and you will need to shop for a new plan.

Medicaid Status and Extra Help Eligibility

Extra Help (also called "Low Income Subsidy" or "LIS") Eligibility is dependent on income. To check subsidy eligibility and Medicaid status, enter the applicant's Medicare Number, name as it appears on their Medicare card, date of birth, and gender to obtain eligibility.



Medicare Number: 1AN1TE1CD20 *Optional*

Applicant(s) Details

Tobacco User: Refers to any usage of tobacco (e.g. cigarettes, cigars, pipes, snuff, or chewing tobacco) in the past 12 months.

Relationship	First Name	Gender	Date of Birth	Enter Zip Code - County	Used Tobacco in the Past?
Applicant	XJQUITTA	<input checked="" type="radio"/> Male <input type="radio"/> Female	03/07/1955	32226 32226 - DUVAL	No

Cancel

CLICK HERE

Medicare Plan Wizard

Review Plans

Create New Proposal Screen

You will receive an ALERT Information box at the top if one or more of the following member demographics is incorrect

The below fields will need to be correct in the Proposal. In this example, the prospect's DOB will need to be corrected

- First Name
- Last Name
- Medicare Number
- Gender
- Date of Birth

Correct the member demographics
Click **Review Plans**

Create New Proposal

Alert Information:

- Date of Birth does not match. Please reenter the applicant's date of birth.



Applicant Contact Information

* All fields are required unless otherwise stated

First Name: XJQUITTA *Optional*

Last Name: XRAMOS SR *Optional*

Daytime Phone Number: *Optional*

Evening Phone Number: *Optional*

Applicant Email Address: *Optional*

Hospital (Part A) Effective Date: mm/dd/yyyy *Optional*

Are you a currently enrolled Florida Blue Medicare Supplement Member? Yes No

IMPORTANT: Please make sure to provide your Part A effective date. This is the only way we can determine your eligibility for certain plans. By not providing this information you may see plans that you are not eligible to enroll in. If you complete an application for a plan you are not eligible for it will not be accepted and you will need to shop for a new plan.

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Applicant	XJQUITTA	<input checked="" type="radio"/> Male <input type="radio"/> Female	03/07/1955	32226 32226 - DUVAL	No

Cancel

CLICK HERE

Medicare Plan Wizard

Review Plans

Review Proposal

- If your prospect is eligible for Low Income Subsidy and / or has Medicaid eligibility you will see the below messaging in the first example
- Consequently, if your client is not eligible for Low Income Subsidy per CMS, you will see the messaging in the second example

Review Proposal

[View details](#)

Medicaid Eligibility

Based on the information provided, it looks like the applicant is eligible for Medicaid. Plan options for the applicant will include the D-SNP plan, if available.

Extra Help Eligibility

Based on the information provided, it looks like the applicant is eligible for Extra Help (also called "Low Income Subsidy" or "LIS"). The Extra Help amount will be reflected in the premiums and plan benefits, if applicable.

Review Proposal

[View details](#)

Medicaid Status and Extra Help Eligibility

Based on the information provided, it looks like the applicant is not eligible for Medicaid or Extra Help. The applicant can call 1-800-MEDICARE (1-800-633-4227) with questions about their eligibility.

Review Proposal Screen

Review plans and premiums

Using the Actions selection, you will be able to

- Add Plans
- Compare Plans

You can Compare up to three plans to see the different Plan Benefits, Prescription Drug coverages, and Out of Network Coverages

Notice how the system automatically added the BlueMedicare Complete HMO D-SNP product because we are using a Medicaid eligible person in this example.

Select the **Compare Plans** hyperlink under the Actions button to see the benefit levels for a LIS subsidy eligible prospect

Review Proposal

[View details](#)

Medicaid Eligibility

Based on the information provided, it looks like the applicant is eligible for Medicaid. Plan options for the applicant will include the D-SNP plan, if available.

Extra Help Eligibility

Based on the information provided, it looks like the applicant is eligible for Extra Help (also called "Low Income Subsidy" or "LIS"). The Extra Help amount will be reflected in the premiums and plan benefits, if applicable.

The following products and plans have been added to your proposal based on your saved favorites and recommendations. You may add, remove, or change plans here before saving your proposal.

Medicare Plan Wizard

Have a member aging in from an U65 plan? Click on the button to the right to bring up a searchable tool enabling you to locate the member, see their top recommended plans, PCPs in network, Estimated Drug costs, Covered drugs and more! Please use this tool to personalize our member's sales journey, and provide you essential information to guide them into a Medicare plan.

Florida Blue Age In Recommendations

Select Plans

[Actions](#)



Medicare Advantage



Pharmacy



Medicare Supplement

Select a Medicare Advantage Plan

Select Plan Year: 2022 Plans 2023 Plans

[Actions](#)

[Add a Plan](#)

[Compare Plans](#)

Plan Name	Monthly Premium	Actions
<input type="radio"/> Florida Blue MEDICARE BlueMedicare Complete (HMO D-SNP)	\$ 0.00	Remove
<input type="radio"/> Florida Blue MEDICARE BlueMedicare Choice (Regional PPO)	(premium without Extra Help: \$51.90) Extra Help premium ¹ : \$17.60	Remove
<input type="radio"/> Florida Blue MEDICARE BlueMedicare Select (PPO)	(premium without Extra Help: \$147.90) Extra Help premium ¹ : \$113.60	Remove

Total Premium

\$0.00

(Proposal Amount)

[Apply Now](#)

[Cancel](#)

Want To Finish Later?

[Save Changes](#)

REQUIRED Downloads

[FloridaBlue Scope of Appointment Form \(PDF\)](#)

[FHCP Scope of Appointment Form \(PDF\)](#)

[Generate Scope of Appointment](#)

Plan Compare Screen

Review Medicare plans, premiums, benefits, and Rx coverages with your client

Select the **View Without Extra Help** hyperlink to open a new window in your browser to see the Plan's benefits and cost shares without the extra help to easily distinguish the changes in benefit levels with and without the Low Income Subsidy help.

Once you have reviewed with your client, click the **Back to View Plans** hyperlink to move forward with the application process

Compare 2022 Medicare Advantage Plans



The Extra Help amount is reflected in the premium and cost shares below

To view the premium and cost shares without Extra Help, which is the maximum you may be required to pay, click "View Without Extra Help".

[View Without Extra Help](#)

[Back to View Plans](#)



Florida Blue MEDICARE Your local Blue Cross Blue Shield	Florida Blue MEDICARE Your local Blue Cross Blue Shield	Florida Blue MEDICARE Your local Blue Cross Blue Shield
BlueMedicare Complete (HMO D-SNP)	BlueMedicare Choice (Regional PPO)	BlueMedicare Select (PPO)
Premium \$0.00/mo.	Premium \$17.60/mo. with Extra Help \$51.90/mo. without Extra Help	Premium \$113.60/mo. with Extra Help \$147.90/mo. without Extra Help

Plan Benefits

Annual Medical Deductible	\$0	\$0 In-Network / \$950 Out-of-Network	\$0
Annual Pharmacy Deductible	\$0	\$0	\$0
Medical Maximum Out-of-Pocket	\$2,500	\$6,500	\$5,900
Medicare Part B Reimbursement	N/A	N/A	N/A
Pharmacy Coverage	Included	Included	Included
Dental Coverage	Included	Not Applicable	Included

Coverage Summary

PCP Office Visits	\$0 copay	\$10 copay in-network	\$5 copay in-network
Specialist Office Visits	\$0 copay	\$50 copay in-network	\$45 copay in-network
Inpatient Hospital Facility Services	\$0 copay	\$345 copay per day for days 1-5 in-network	\$225 copay per day for days 1-7 in-network
Emergency Services (In and out-of-network, including facility)	\$0 copay	\$90 copay; ER copay waived if admitted	\$90 copay; ER copay waived if admitted
Urgent Care Facility	\$0 copay in and out-of-network	\$50 copay in and out-of-network	\$25 copay in and out-of-network

Prescription Drug Coverage

Prescription Drug Deductible	\$0	\$0	\$0
In-Network Prescription Drug Coverage - Initial Coverage	Tier 1 - Preferred Generics Preferred Retail (31-day supply): \$0 copay Standard Retail (31-day supply): \$3.95 copay Preferred Retail (90-day supply): \$0 copay Standard Retail (90-day supply): \$11.85 copay Mail Order (90-day supply): \$0 copay	Tier 1 - Preferred Generics Preferred Retail (31-day supply): \$0 copay Standard Retail (31-day supply): \$3.95 copay Preferred Retail (90-day supply): \$0 copay Standard Retail (90-day supply): \$11.85 copay Mail Order (90-day supply): \$0 copay	Tier 1 - Preferred Generics Preferred Retail (31-day supply): \$3 copay Standard Retail (31-day supply): \$3.95 copay Preferred Retail (90-day supply): \$9 copay Standard Retail (90-day supply): \$11.85 copay Mail Order (90-day supply): \$9 copay

Select Plans

Actions



Medicare Advantage

Pharmacy

Medicare Supplement



Medicare Advantage Plan

Actions

Select Plan Year: 2022 Plans 2023 Plans

Plan Name	Monthly Premium	Actions
<input type="radio"/> BlueMedicare Complete (HMO D-SNP)	\$ 0.00	Remove
<input type="radio"/> BlueMedicare Select (PPO)	(premium without Extra Help: \$147.90) Extra Help premium ¹ : \$113.60	Remove
<input checked="" type="radio"/> BlueMedicare Choice (Regional PPO)	(premium without Extra Help: \$51.90) Extra Help premium ¹ : \$17.60	Remove

Total Premium

\$17.60

(Proposal Amount)

Apply Now

Cancel

Want To Finish Later?

Save Changes

REQUIRED Downloads

[FloridaBlue Scope of Appointment Form \(PDF\)](#)

[FHCP Scope of Appointment Form \(PDF\)](#)

[Generate Scope of Appointment](#)

Review Proposal

Back to review plans and premiums screen where we will choose a Plan and click the **Apply Now** hyperlink

In this example, we are choosing the BlueMedicare Choice Regional PPO. Notice how the Premium with Extra Help will continue into the APPLY FLOW

To Continue to the Application – Select the Plan and Click **Apply Now**

Apply Flow

Please note the following with LIS subsidy premiums and the Apply Flow:

- The premium with Extra Help follows the Application through the submission process
- The View Without Extra Help hyperlink is available throughout the Application flow
- Because the Medicare Number, Gender, and Name was verified with CMS the Application is pre-populated with these member demographics
- The State Medicaid program radio button is pre-populated when a member has Medicaid, but you will need to get the state issued Medicaid number from your client

XJQUITTA XRAMOS SR
Primary Applicant ▾

Created On: 08/23/2022 | Last Modified: 08/23/2022
BlueMedicare Choice (Regional PPO)
[View Checklist](#)

Monthly Premium
\$17.60
[View without Extra help](#)

All fields are required unless otherwise noted

Medicare Information

Please take out your red, white and blue Medicare card to complete this section.

Name (as it appears on your Medicare card): XJQUITTA XRAMOS SR

Gender: Male Female

Medicare Number: 1AN1TE1CD20

Hospital (Part A) Effective Date: (mm/dd/yyyy)

Medical (Part B) Effective Date: (mm/dd/yyyy)

Are you enrolled in your state Medicaid program? Yes No

Medicaid Number:

[Back](#) [Save and Continue](#)

Thank You!