

Record & Store

OPTIONAL FUNCTIONALITY

Intended for In-Person transactions

SalesConnect

Agent Portal

Log into the Agent Portal

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

The screenshot displays the Agent Portal interface. At the top, there is a breadcrumb navigation showing 'My Business' and a search bar. Below this, the 'Business Tools and Widgets' section is visible, with tabs for 'All Segments', 'Under 65', and 'Medicare' (the active tab). The 'Quote' tool icon is highlighted with a purple box. Below this, the 'Sales Status Tracker' shows 'No Results Found'. The 'Aligned Accounts' section displays 4,244 active accounts, broken down into Medicare Rx (1,268), Medicare Advantage (535), and Medicare Supp (2,441). A bar chart compares the current year's performance against the previous year. The 'Action Items - My Business' section lists several items, including members eligible for rewards and delinquent subscribers.

Business Tools and Widgets

- Member Insights
- ID Card Services
- Quote**
- Provider Search

Sales Status Tracker (Under 65 Medicare)

Month: Aug 2022
5092

Aligned Accounts (Under 65 Medicare)

Active Accounts: 5092

4,244 Active Accounts

- Medicare Rx - 1,268
- Medicare Advantage - 535
- Medicare Supp - 2,441

-- Previous Year -- Current Year

Action Items - My Business

- 555 Members eligible for Wellness Rewards
- 283 Members eligible for Special Rewards
- 8 Subscribers are 31-60 days delinquent
- 1 Subscriber is 61-90 days delinquent
- 6 small groups are delinquent as of 08/19/2022

[View All 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

AOR: [I Change](#)

Applicant Contact Information

* All fields are required unless otherwise stated

First Name: *Optional*

Last Name: *Optional*

Daytime Phone Number: *Optional*

Evening Phone Number: *Optional*

Applicant Email Address: *Optional*

Hospital (Part A) Effective Date: *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.

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	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>	Select

Cancel

Medicare Plan Wizard

Review Plans

SC.MED.PROP.001.NF.102022

Create New Proposal Screen

Enter the applicant details and click Review Plans

Review Proposal Screen

Review the plans and premiums, then select a plan

Click Apply Now to continue to the Application

Respond to the questions that display as needed – click Save and Continue

Need Help? Call 800-966-4092 or TTY 800-955-8770 Logout

Florida Blue | MEDICARE U65 Proposal Medicare Proposal My Prospects Dashboard

Review Proposal [View details](#)

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

Medicare Advantage

Pharmacy

Medicare Supplement

[Actions](#)
[Email Live Proposal](#)
[Print Proposal](#)

Total Premium
\$0.00
(Proposal Amount)
Apply Now
Cancel
Want To Finish Later?
Save Changes

Medicare Advantage Plan

Select Plan Year: 2022 Plans 2023 Plans

[Actions](#)
[Add a Plan](#)
[Compare Plans](#)

Plan Name	Monthly Premium	Actions
MEDICARE BlueMedicare Classic (HMO)	\$ 0.00	Remove
MEDICARE BlueMedicare Patriot (PPO)	\$ 0.00	Remove

REQUIRED Downloads
[FloridaBlue Scope of Appointment Form \(PDF\)](#)
[FHCP Scope of Appointment Form \(PDF\)](#)
[Generate Scope of Appointment](#)

Application Checklist

Step 1 Personal Information

The 'Record and Store' capability is intended for in-person application submissions only. It will require a microphone functionality you must 'allow' the system to use your microphone. If a pop-up displays, select 'Allow'

You are not required to use this functionality to complete the Sale, but it is available if needed

Click on Record to begin capturing the applicant's acknowledgement

Once complete click Stop

*Please remember this capability is OPTIONAL and is not required or mandatory



1 Personal Information

Application Checklist

Personal Details

Medicare Information

2 Additional Information

3 Signature

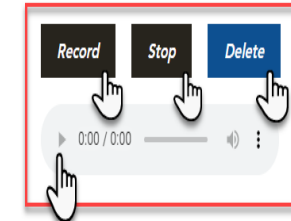
4 Complete

Application Checklist

You have the option to record a summary of the information reviewed and discussed with the applicant during shopping. This includes demographics, providers, prescription drugs, and plan coverage.

With their permission, read and record their acknowledgement prior to starting the application ([view script](#)). You may create only one recording.

This is for in-person application submissions only. Requires a microphone.



Let's complete your enrollment. Here's what you need:

- ✔ Your Medicare Number and effective date (You can find this on your government-issued Medicare ID card.)
- ✔ Birth Date and Social Security Number
- ✔ Medicaid Number (if applicable)

Continue

Application Checklist

Step 1 Personal Information

Important things to remember:

You are only able to store one recording, if you need to Delete an attempt click Delete and then proceed to Record another attempt by clicking Record again

You will receive system edits if you try to record more than one recording without deleting the previous one

You can listen to your recording by clicking the 'play' arrow

The recording will be saved to be accessed in the event of a CMS request or complaint

*Please remember this capability is OPTIONAL and is not required or mandatory



The screenshot shows the top portion of a Medicare Advantage Application page. A browser notification dialog box is open, asking for microphone access from the website. The page header includes the title "Medicare Advantage Application" and buttons for "FINISH LATER" and "CANCEL APPLICATION". Below the header, it displays the applicant's name "BlueMedicare Value (PPO)", the date "Created On: 09/14/2022 | Last Modified: 09/14/2022", and a "View Checklist" link. A box on the right shows the "Monthly Premium" as "\$0.00".

1 Personal Information

Application Checklist

Personal Details

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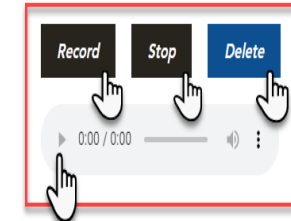
4 Complete

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Continue

Script to Assist

This is OPTIONAL not Mandatory however, if you need assistance with what should be captured in your recording you can.....

Click on the (view script) link in the second paragraph on the screen

A separate window will open and display a word document of a 'sample' script that will assist you in capturing the necessary details from the applicant

You can download a copy and use the script for future recordings

Record and Store Agent Scripting

Final 08.18.2022

My name is [Agent Name] with [Company Name], and today is [Date – Month, Day, Year] and the time is now [Time AM/PM]. I am meeting here today with [Applicant Name] to enroll in the [Plan Name] effective [Effective date]. With the permission of [Applicant Name], I am recording a summary of the [Plan Name] and applicant details that have been discussed.

Today [Applicant Name] has chosen [Plan Name] based on our conversation today about their health coverage needs.

Providers

We discussed that the following providers are covered under <his/her> chosen plan:

- [Covered provider 1]
- [Covered provider 2]

We discussed that the following provider(s) will not be covered under <his/her> chosen plan and a new provider may need to be selected:

- [Not covered provider 1]

Prescriptions

We discussed that the following prescriptions are covered under <his/her> chosen plan:

- [Covered prescription 1]
- [Covered prescription 2]

We discussed that the following prescription(s) will not be covered under <his/her> chosen plan and a different prescription(s) may need to be prescribed by your physician from our formulary to be covered:

- [Not covered prescription 1]

Costs

We reviewed your costs for this plan, including estimated monthly premiums and prescription drug costs based on your current selections.

[Applicant Name], do you agree that we have discussed all of your needs today, including all providers and prescriptions to ensure that [Plan name] is the best plan for you, and you wish to proceed with the application?

[Applicant states "I agree" or "I do not agree"]

Thank You!