

mProducer – w/eSOA & Transfer to Customer Option

mProducer – Anthem’s Online Enrollment Tool

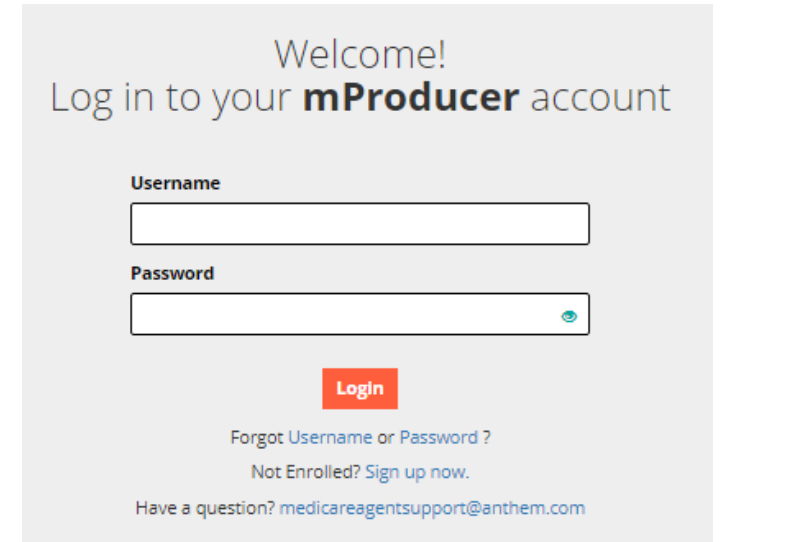
How do I access mProducer?

You can access mProducer directly at:

<https://mproducer.anthem.com/mproducer/public/login>

You can also access mProducer via the Producer Tool Box at:

<https://brokerportal.anthem.com/apps/ptb/login>



Welcome!
Log in to your **mProducer** account

Username

Password

[Login](#)

[Forgot Username or Password ?](#)
[Not Enrolled? Sign up now.](#)
Have a question? medicareagentsupport@anthem.com

[Producer Toolbox](#)

Login or register to get the latest information about COVID-19.

Registered Brokers Log in Here

Not signed up? [Register now](#) >

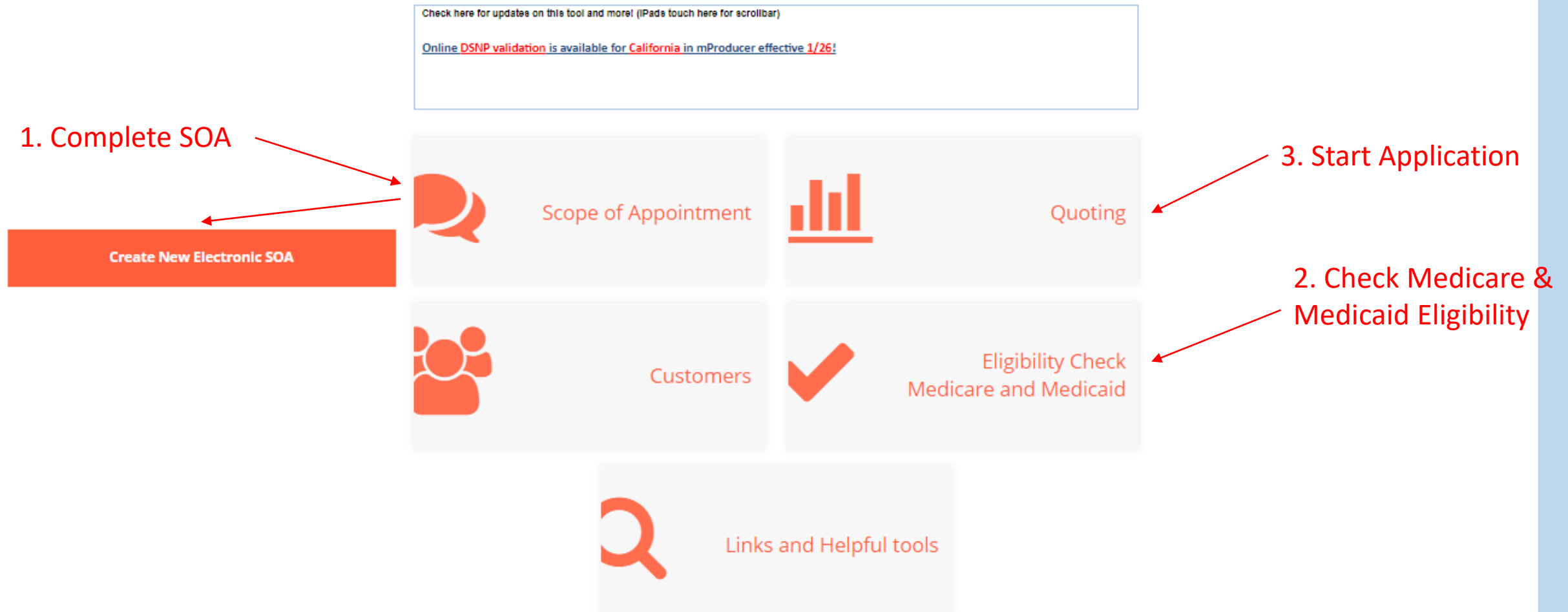
Username

Password

[Log In](#)

mProducer Dashboard

- The dashboard has a set of tiles that gives you access to the tools you will need for your enrollments.
(SOA, Eligibility Verification & Quoting/Application)



mProducer SOA

Required - to be completed by Agent (Prior to Appointment):

Agent Name

Ishakeyra Serrano

Agent Phone

562-658-9108

Beneficiary Name

Walt Disney

Beneficiary Phone (Optional)

562-888-9999

Beneficiary Address (Optional)

123 Disney Dr Disney Land CA 00000

Medicare ID Number



Initial Method/Location of Contact

Referral

Indicate here if beneficiary was a walk-in.

Anthem-affiliated health plans are Medicare Advantage Organizations and Prescription Drug Plans with a Medicare contract. For Dual-Eligible Special Needs Plans: Anthem-affiliated health plans are a D-SNP with a Medicare contract and a contract with the state Medicaid program. Enrollment in Anthem-affiliated health plans depends on contract renewal.
A Medicare-approved Part D sponsor.

Save Initiated SOA

Transfer to Bene to eSign

Fill out section above ONLY and click on Transfer to Bene to eSign

mProducer Agent to send SOA

Transfer eSOA to Beneficiary



Customer's email ID

ishakeyra.serrano@anthem.com

Customer provided 4-digit PIN

1234

Automated transfer emails are occasionally identified as Spam or Junk mail. Please ask the shopper to check Spam or Junk mail folder if they don't see an email from us.

Additional Information

Use this space to provide additional information in the email to your customer. Text entered in this box will only appear on this email notification to be retained.

Please call me with questions...

Max 2000 characters

Cancel

Send eSOA



mProducer Email to Client



senioronlinestore@noreply.anthem.com

Serrano, Ishakeyra

Sat

Your Medicare Scope of Appointment

Your agent, Ishakeyra Serrano, has started an electronic scope of appointment for you.

Notice from agent: Please sign SCOPE of appointment. Please call me with questions.

To access your scope of appointment, please click on the following link <https://shop.anthem.com/medicare/my-esoa/enterpin?esoa-pin=5322>

To view the scope of appointment, please use the link provided above. You will need to enter the Email address and the 4 digit PIN you provided to the agent.

Access your Scope of appointment

Customer Information

Name: Rene Polanco

Email Address: ishakeyra.serrano@anthem.com

PIN: 4 digit pin you provided to the agent.

Enter your PIN

Enter your email address

Link opened

We look forward to the opportunity to service your health coverage needs.

Next

Ishakeyra Serrano

Link to SCOPE



mProducer Client Signs SOA

Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or his/her authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.

Beneficiary initials _____

Stand-alone Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plan (PDP)

A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost plans, some Medicare Private Fee-for-Service plans, and Medicare Medical Savings Account plans.

Beneficiary initials _____

Medicare Advantage Plans (Part C)

Medicare Health Maintenance Organization (HMO) Plan

A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare Preferred Provider Organization (PPO) Plan

A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. The person does not work directly for the federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature _____

Clear

Scope of Appointment documentation is subject to CMS record retention requirements.

Agent: Ensure correct Scope of Appointment form is selected for beneficiary's plan enrollment choice. Also, if the form was signed by the beneficiary at the time of appointment, please provide explanation why SOA was not documented prior to meeting:

Anthem-affiliated health plans are Medicare Advantage Organizations and Prescription Drug Plans with a Medicare contract. For Dual-Eligible Special Needs Plans: Anthem-affiliated health plans are a D-SNP with a Medicare contract and a contract with the state Medicaid program. Enrollment in Anthem-affiliated health plans depends on contract renewal.

A Medicare-approved Part D sponsor:

Submit & Transfer Back to Agent

Thank You!

Your portion of scope of appointment form is complete. Your agent may now proceed to discuss the products you selected in your upcoming appointment.

mProducer SOA Agent Completion

Check here for updates on this tool and more! (IPads touch here for scrollbar)

[Online DSNP validation is available for California in mProducer effective 1/26!](#)

Go back in to SOA

Scope of Appointment

Quoting

Customers

Eligibility Check Medicare and Medicaid

Electronic SOA List

Electronic Scope of Appointments List

[Back to SOA](#)

Search Beneficiary

Status Type

All



BENEFICIARY NAME	PHONE	MEDICARE ID	CREATE DATE	STATUS	
Walt disney			2020-04-14	eSign Received	

mProducer SOA Agent Completion

Required - to be completed by Agent (Post Appointment):

Plan(s) the agent represented during this meeting

PDP MA/MAPD

Date Appointment Completed

mm/dd/yyyy



Today

Clear

Plan Use Only

Agent's Signature

Clear

Scope of Appointment documentation is subject to CMS record retention requirements.

UPDATE

Transfer to Bene to eSign

mProducer SOA Agent Completion

Success! Your SOA is saved successfully.

Electronic Scope of Appointments List


[Back to SOA](#)

Search Beneficiary

Status Type

All ▼




BENEFICIARY NAME	PHONE	MEDICARE ID	CREATE DATE	STATUS
Walt disney			2020-04-14	Completed 


mProducer Dashboard

Check here for updates on this tool and more! (iPads touch here for scrollbar)


[Online DSNP validation is available for California in mProducer effective 1/26!](#)




Scope of Appointment




Quoting



Customers



Eligibility Check
Medicare and Medicaid



Links and Helpful tools

3. Start Application

2. Check Medicare &
Medicaid Eligibility

mProducer Quoting



Find your plans

Coverage Begins

05

/ 01 /

2020

Zip Code

Date of Birth

mm/dd/yyyy



Gender

Male Female

Get Plans

Desired Effective Date



Customer Zip Code



Customer DOB



Customer Gender

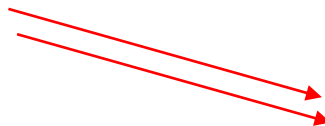


mProducer Quoting

Plan Details

Plan Name	Plan Description	Monthly Premium	
Anthem MediBlue Heart (HMO C-SNP) Benefit Summary Plan Documents	Anthem MediBlue Heart (HMO C-SNP) is a Health Maintenance Organization plan with a Medicare contract. This plan is designed exclusively for the needs of any Medicare beneficiary who has been diagnosed with cardiovascular disorders including chronic heart failure. You must have been diagnosed by your doctor with cardiovascular disorders and chronic heart failure to be eligible to join this plan.	\$0.00	Apply
Anthem MediBlue ESRD (HMO C-SNP) Benefit Summary Plan Documents	Anthem MediBlue ESRD (HMO C-SNP) is a Health Maintenance Organization plan with a Medicare contract. This plan is designed exclusively for the needs of any Medicare beneficiary who has been diagnosed by their doctor with end-stage renal disease requiring dialysis (any mode of dialysis).	\$0.00	Apply
Anthem MediBlue Plus (HMO) Benefit Summary Plan Documents	Anthem MediBlue Plus (HMO) is a Medicare Advantage Health Maintenance Organization plan with a Medicare contract.	\$0.00	Apply
Anthem MediBlue Connect (HMO D-SNP) Benefit Summary Plan Documents	Anthem MediBlue Connect (HMO D-SNP) is a Health Maintenance Organization plan with a Medicare contract. This plan is designed to meet the specialized needs of people who have both Medicare Parts A and B and receive full cost sharing assistance from the state Medicaid program.	\$0.00	Apply
Anthem MediBlue Select (HMO) Benefit Summary Plan Documents	Anthem MediBlue Select (HMO) is a Medicare Advantage Health Maintenance Organization plan with a Medicare contract.	\$0.00	Apply
Anthem MediBlue Value Plus (HMO) Benefit Summary Plan Documents	Anthem MediBlue Value Plus (HMO) is a Health Maintenance Organization plan with a Medicare contract. This is a general enrollment plan.	\$0.00	Apply

Click on either to get PDF of Summary of Benefit and send to client



mProducer Quoting

Plan Details

Plan Name	Plan Description	Monthly Premium	
Anthem MediBlue Heart (HMO C-SNP) Benefit Summary Plan Documents	Anthem MediBlue Heart (HMO C-SNP) is a Health Maintenance Organization plan with a Medicare contract. This plan is designed exclusively for the needs of any Medicare beneficiary who has been diagnosed with cardiovascular disorders including chronic heart failure. You must have been diagnosed by your doctor with cardiovascular disorders and chronic heart failure to be eligible to join this plan.	\$0.00	Apply
Anthem MediBlue ESRD (HMO C-SNP) Benefit Summary Plan Documents	Anthem MediBlue ESRD (HMO C-SNP) is a Health Maintenance Organization plan with a Medicare contract. This plan is designed exclusively for the needs of any Medicare beneficiary who has been diagnosed by their doctor with end-stage renal disease requiring dialysis (any mode of dialysis).	\$0.00	Apply
Anthem MediBlue Plus (HMO) Benefit Summary Plan Documents	Anthem MediBlue Plus (HMO) is a Medicare Advantage Health Maintenance Organization plan with a Medicare contract.	\$0.00	Apply
Anthem MediBlue Connect (HMO D-SNP) Benefit Summary Plan Documents	Anthem MediBlue Connect (HMO D-SNP) is a Health Maintenance Organization plan with a Medicare contract. This plan is designed to meet the specialized needs of people who have both Medicare Parts A and B and receive full cost sharing assistance from the state Medicaid program.	\$0.00	Apply
Anthem MediBlue Select (HMO) Benefit Summary Plan Documents	Anthem MediBlue Select (HMO) is a Medicare Advantage Health Maintenance Organization plan with a Medicare contract.	\$0.00	Apply
Anthem MediBlue Value Plus (HMO) Benefit Summary Plan Documents	Anthem MediBlue Value Plus (HMO) is a Health Maintenance Organization plan with a Medicare contract. This is a general enrollment plan.	\$0.00	Apply

Select apply on desired plan



mProducer Quoting

Plan Detail



This plan contains additional options.

Select those options you are interested in or continue without selections.

Anthem MediBlue Select (HMO)

Plan Premium **\$0.00**

Additional Coverage

You have the option of enrolling in Optional Supplemental Benefits up to 90 days after your plan's effective date. The effective date you selected for this plan is listed below under "Coverage Begins".

- No Additional Coverage
- Dental and Vision Package **\$31.00**
- Enhanced Dental and Vision Package **\$51.00**
- Preventive Dental Package **\$12.00**

Total Monthly Premium

\$0.00

Coverage Begins: May 2020

Continue

mProducer Application

Customer Details ✕

First Name

Last Name

Gender

Male Female

Date of Birth

06/01/1951

Zip Code (Primary Residence)

90604

Email Address (Optional)

Phone Number

Coverage Begins

May 2020

<p>Create and Submit new</p> <p>Electronic application Create Electronic Application</p>	<p>Enter data directly from a</p> <p>completed paper application Submit Paper Application</p>
---	--

Complete all info
and click here



mProducer Complete Application

Primary Care Physician

Note: For HMO plans; if a valid PCP ID is not provided, one will be selected for you.

[Click here to use the Online Store Search tool to look up the Provider's PCP Information.](#)

Need PCP ID?

Provider First Name Provider MI Provider Last Name

Primary Medical Group (PMG) name

Provider Address1 City State ZipCode

PCP ID# (Please enter the full ID #, including any leading zeros. PCPID should be 8 numeric characters.)

Are you now seeing or have you recently seen this doctor?

Yes No

Please check one of the boxes below if you would prefer us to send you information in a language other than English or in another format:

Spanish Chinese Korean(if available)

Assistance for the visually impaired:

Voice-Enabled (Audio) PDF Large Print None

Complete ALL pages of application

< 1 2 3 4 >

Save PDF Transfer to Customer Cancel

mProducer Complete Application

Primary Care Phys

Note: For HMO plans; if a valid PCP ID is

Click here to use the Online Store Search tool to
Provider First Name

Primary Medical Group (PMG) name

Provider Address1

PCP ID# (Please enter the full ID #, including

Please check one of the boxes below if you

Spanish Chinese Korean(if avail

Assistance for the visually impaired:

Voice-Enabled (Audio) PDF Large Pr

Provider Finder

City State OR Zip Code

Search Radius Doctor's Name

1. Enter Search criteria
2. Select desired provider
3. Click "add & close"

Doctor/Address

SEAN W WELSH
7624 PAINTER AVE STE 100
WHITTIER, 90602
Phone Number: 562-945-9333 PCP ID: 07860682
Medical Group: [Show Details](#)
Distance: 2.95 miles away

SEAN W WELSH
7624 PAINTER AVE STE 100
WHITTIER, 90602

first < 1 > last

< 1 2 3 4 >

mProducer Uploading eSOA & Other docs

4

Upload SOA

Upload SOA Upload Documents

Agent

Successfully associated electronic SOA with the application. This will be uploaded during application submission.

What is the format of the SOA that you want to upload?

First Name* Scanned SOA Electronic SOA

First Name (F) Search Beneficiary Name

City

BENEFICIARY NAME	PHONE	MEDICARE ID	CREATE DATE
Walt Disney			2020-04-14
Rene Polanco	3234939687		2020-04-11

1

2

< 1 2

Upload Close

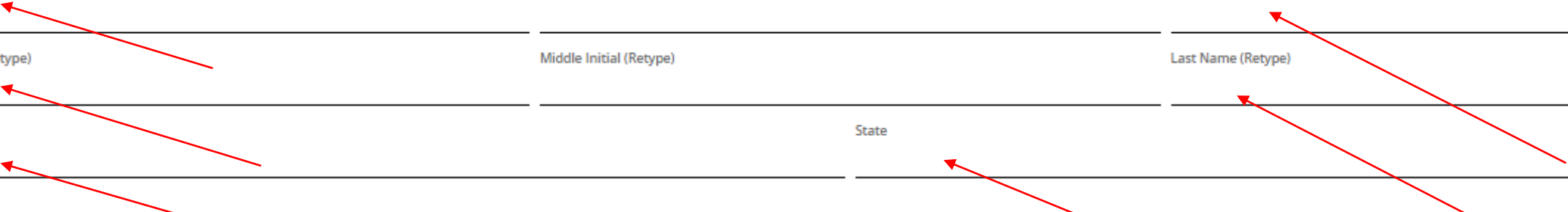
3 5

er Cancel

mProducer Agent Signature & Submit

Agent Electronic Signature


First Name*	Middle Initial	Last Name*
_____	_____	_____
First Name (Retype)	Middle Initial (Retype)	Last Name (Retype)
_____	_____	_____
City	State	
_____	_____	



Fill out ALL Agent Electronic Signature Section



Upload any required documents
in top right corner
& click "Transfer to Customer"



thank you!

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