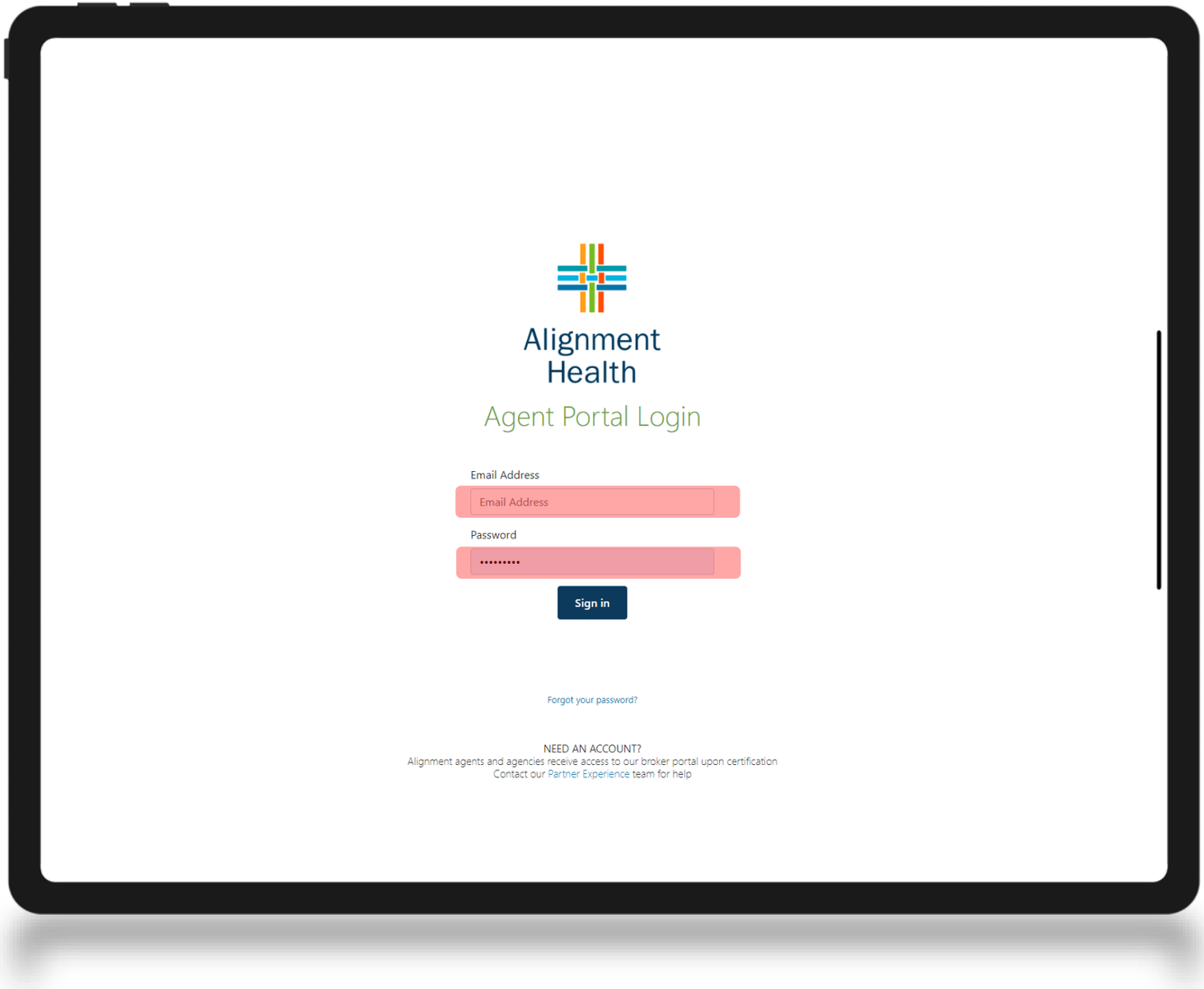
A NEW ERA OF AGING

Online Enrollment Instructions

Alignment Health Plan®

ONLINE ENROLLMENT INSTRUCTIONS

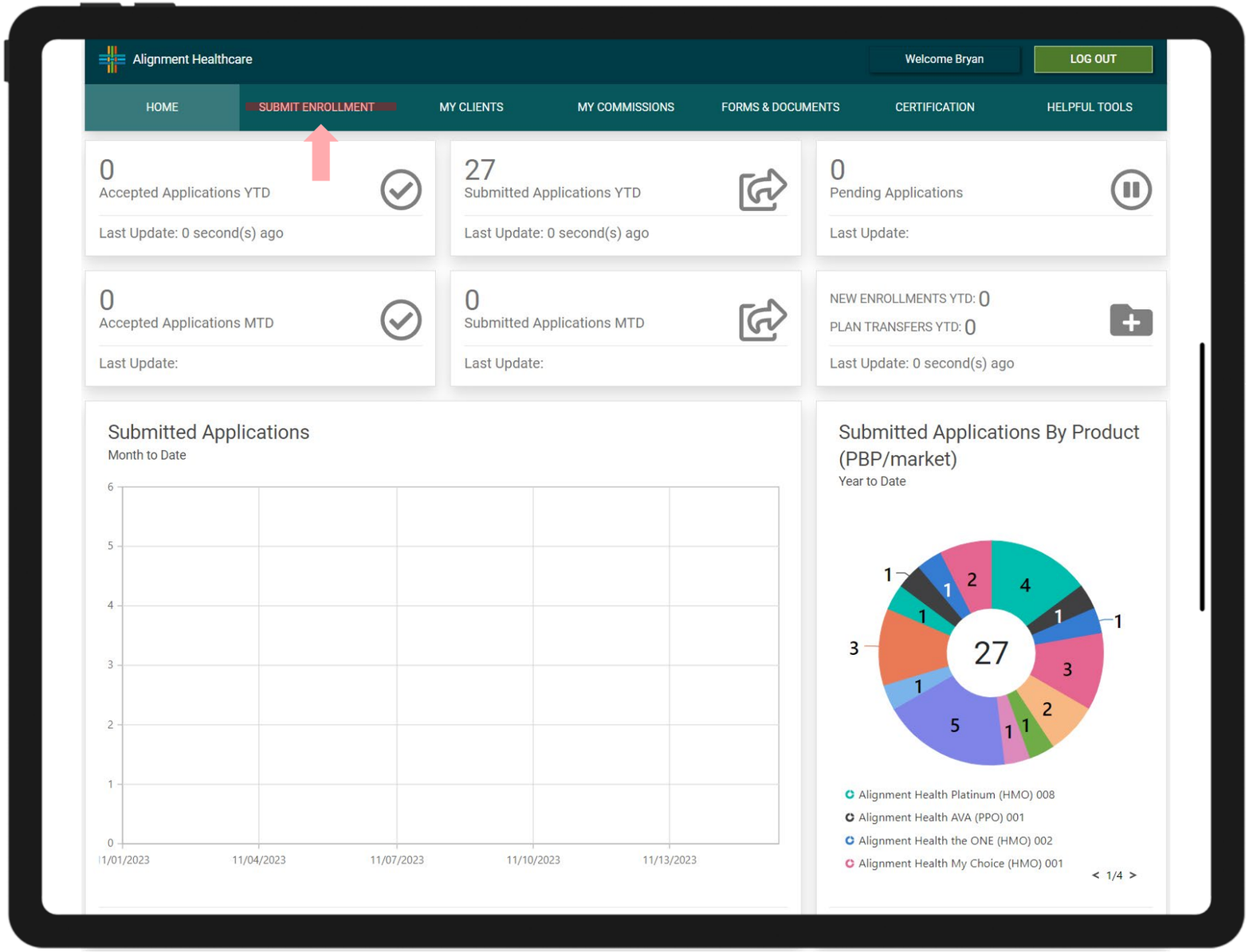


STEP 1

Go to:
https://brokerportalalignmentprd.b2clogin.com/
Enter Email Address and Password

Click on the "Sign in" button

ONLINE ENROLLMENT INSTRUCTIONS

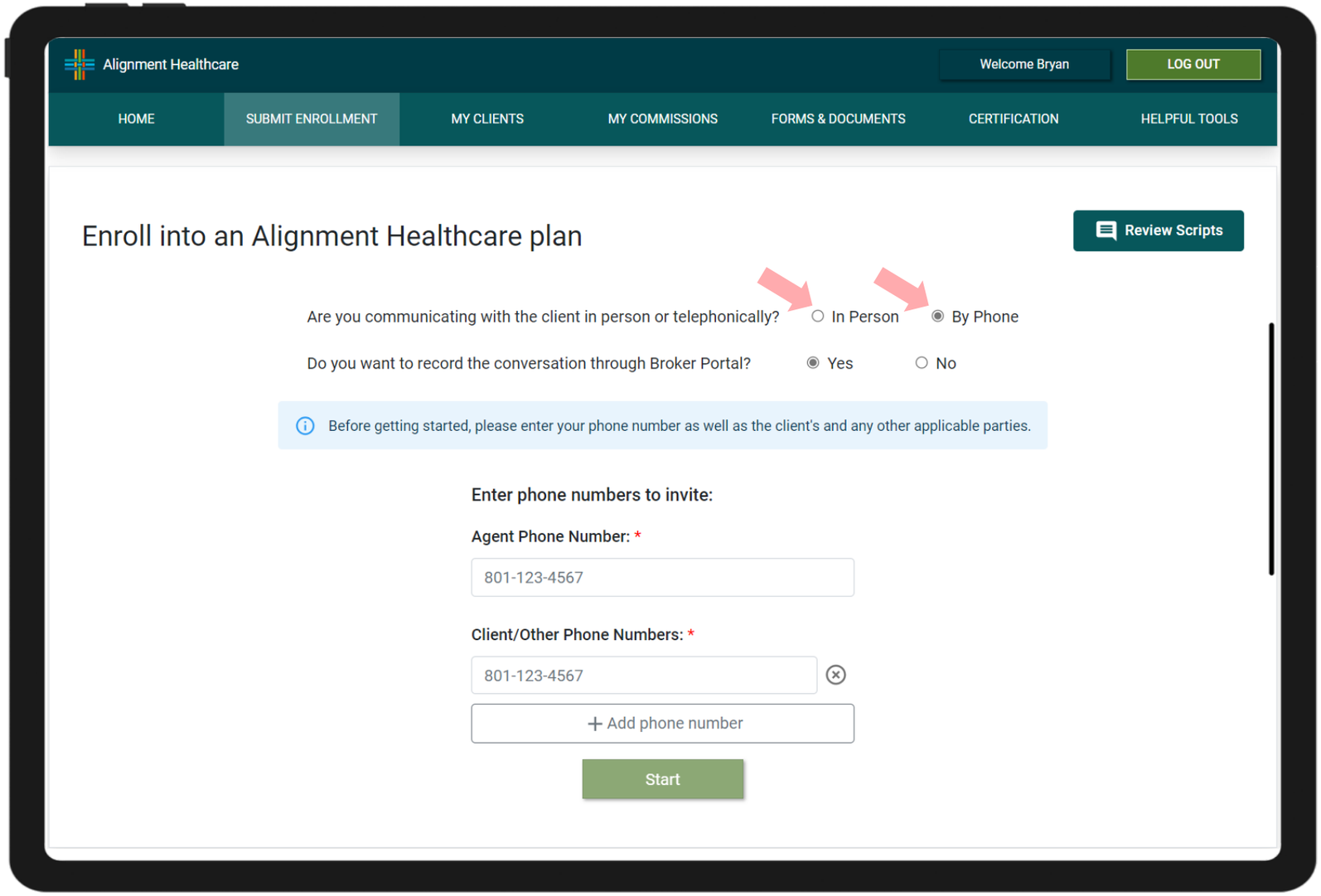


STEP 2

Welcome to the Agent Portal Home Page

To submit an enrollment, click on Submit Enrollment header

ONLINE ENROLLMENT INSTRUCTIONS

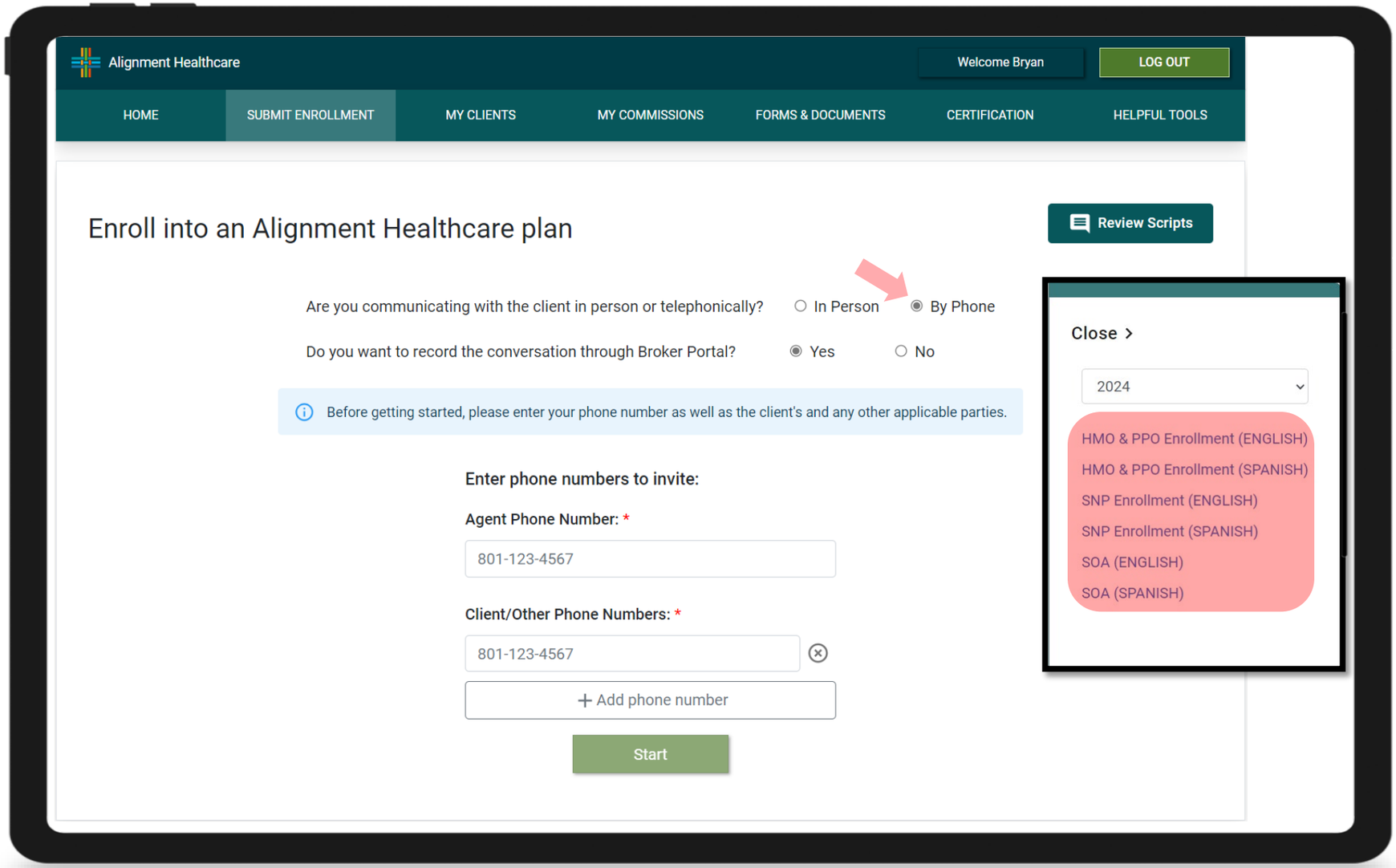


STEP 3

Select the appropriate enrollment type

- In Person
  - Skip to step 4
- By Phone
  - Move to step 3A

ONLINE ENROLLMENT INSTRUCTIONS

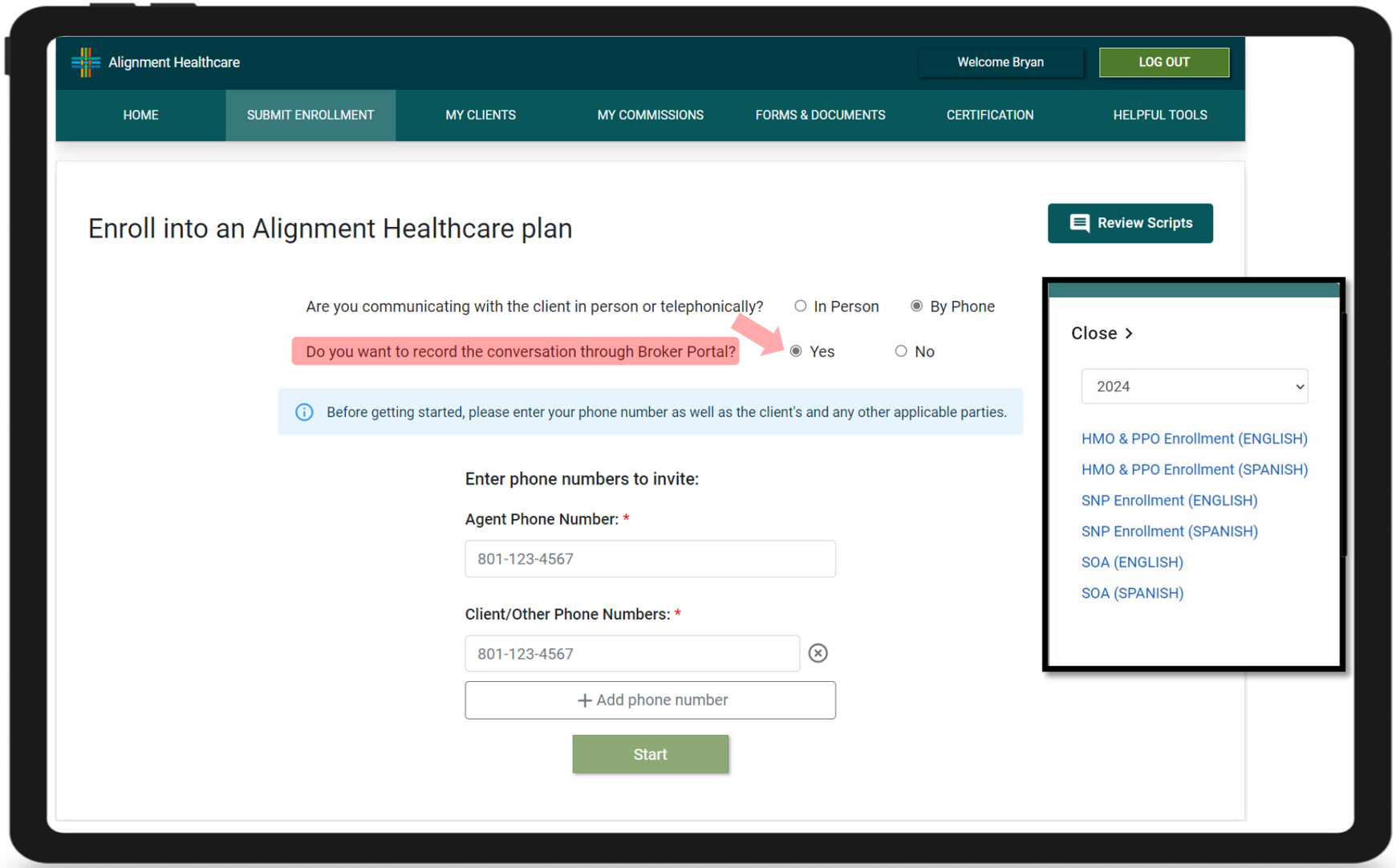


STEP 3A

You will notice the phone scripts will populate on the right side of the screen.

Choose the appropriate script to use during your call

ONLINE ENROLLMENT INSTRUCTIONS

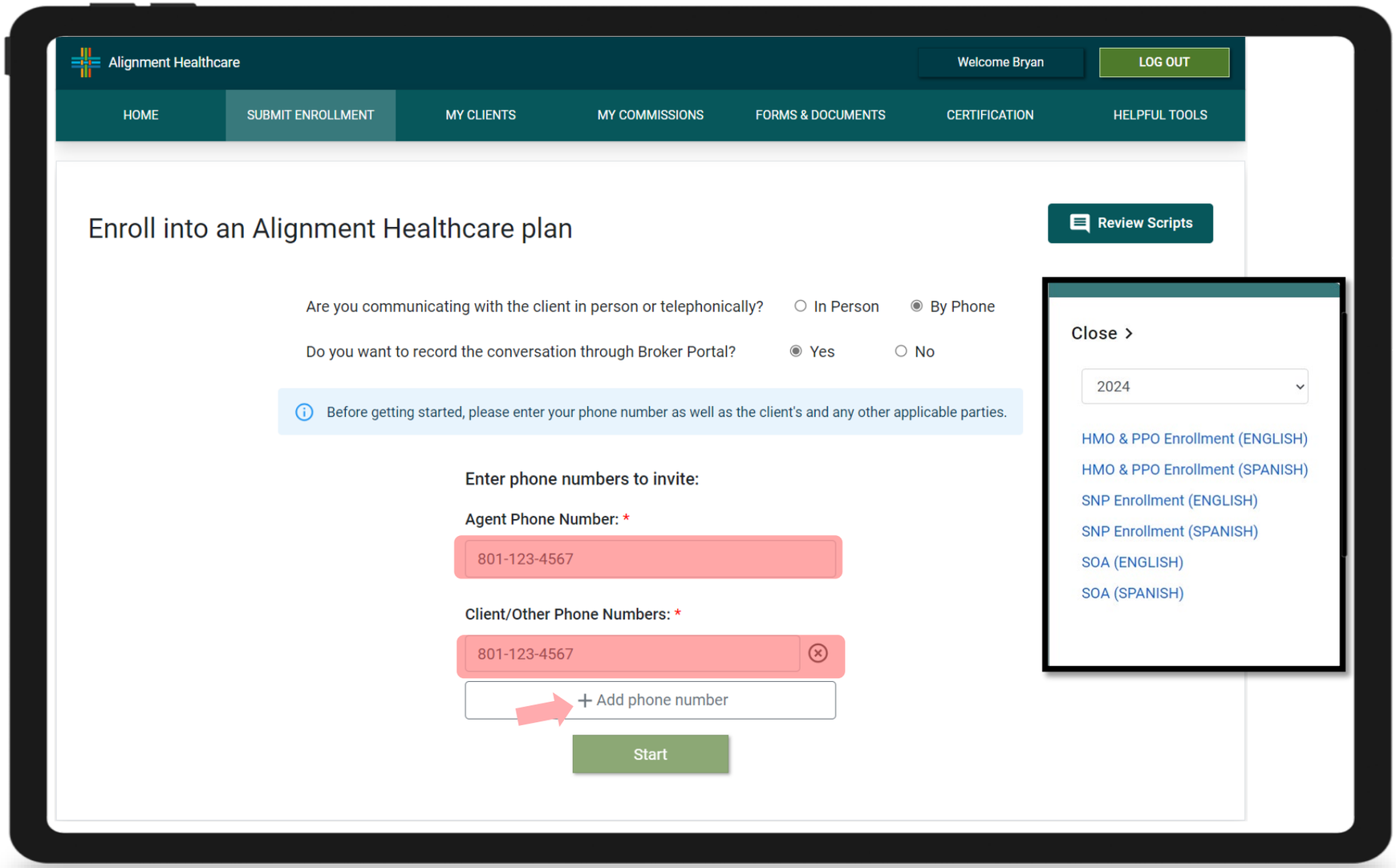


STEP 3B

Make sure that you choose “Yes” to record the conversation through Broker Portal.

If you have your own or agency provided recording process you may choose “No”. There will be a checkbox that appears when you press “No” which will have you attest that you are responsible for recording the conversation and will maintain it for a duration of 10 years.

ONLINE ENROLLMENT INSTRUCTIONS



STEP 3D

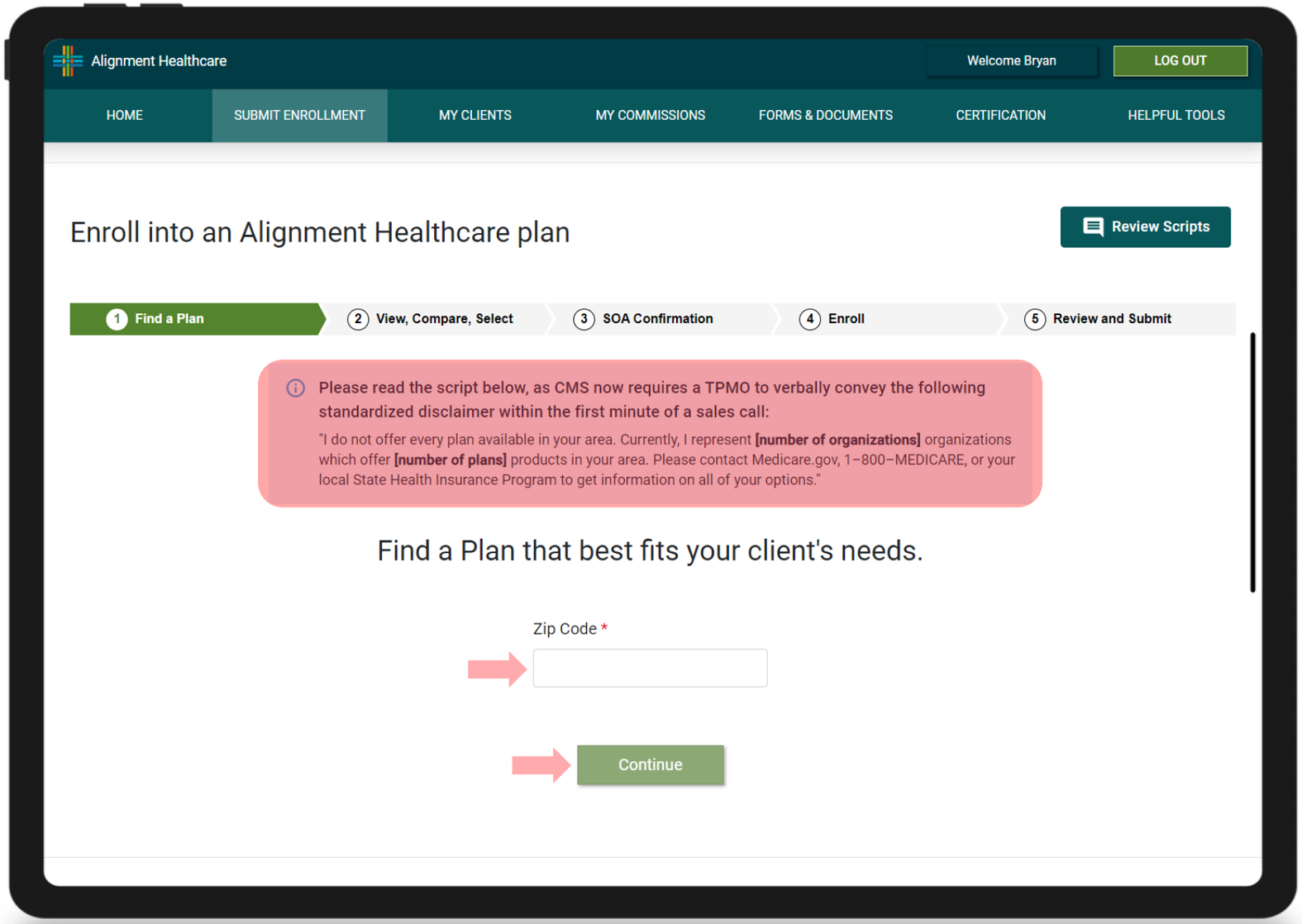
Enter your phone number in the first space provided

Then enter your client's number in the second space provided.

You may add another person to that call by pressing the "+Add phone number" button then entering their number.

When you add these numbers, the system will create a call room by calling the phone numbers and you will speak into your phone to record the call.

ONLINE ENROLLMENT INSTRUCTIONS



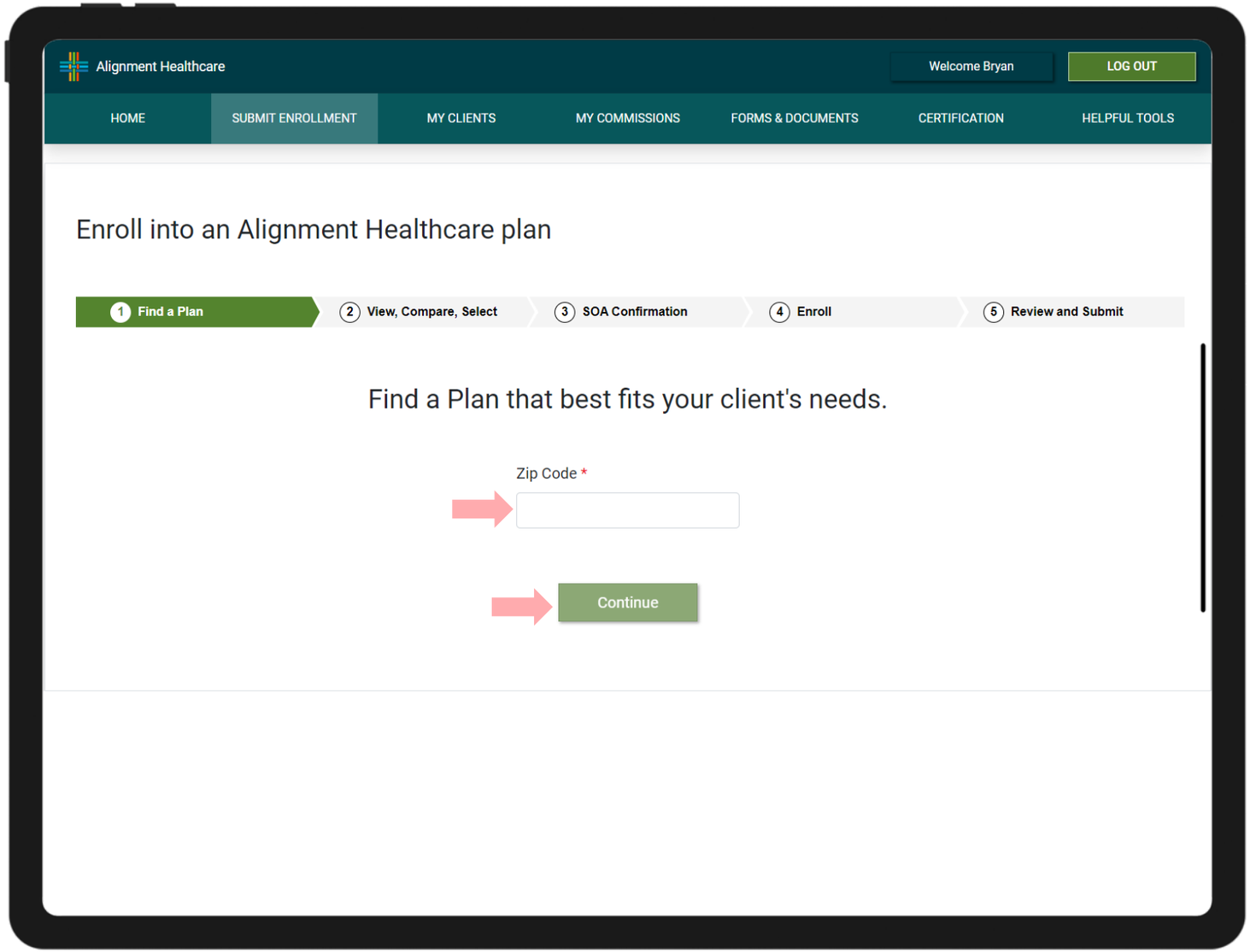
STEP 3E

Read this disclaimer to your client

Enter the beneficiary's Zip Code, and click Continue

Skip to step 5

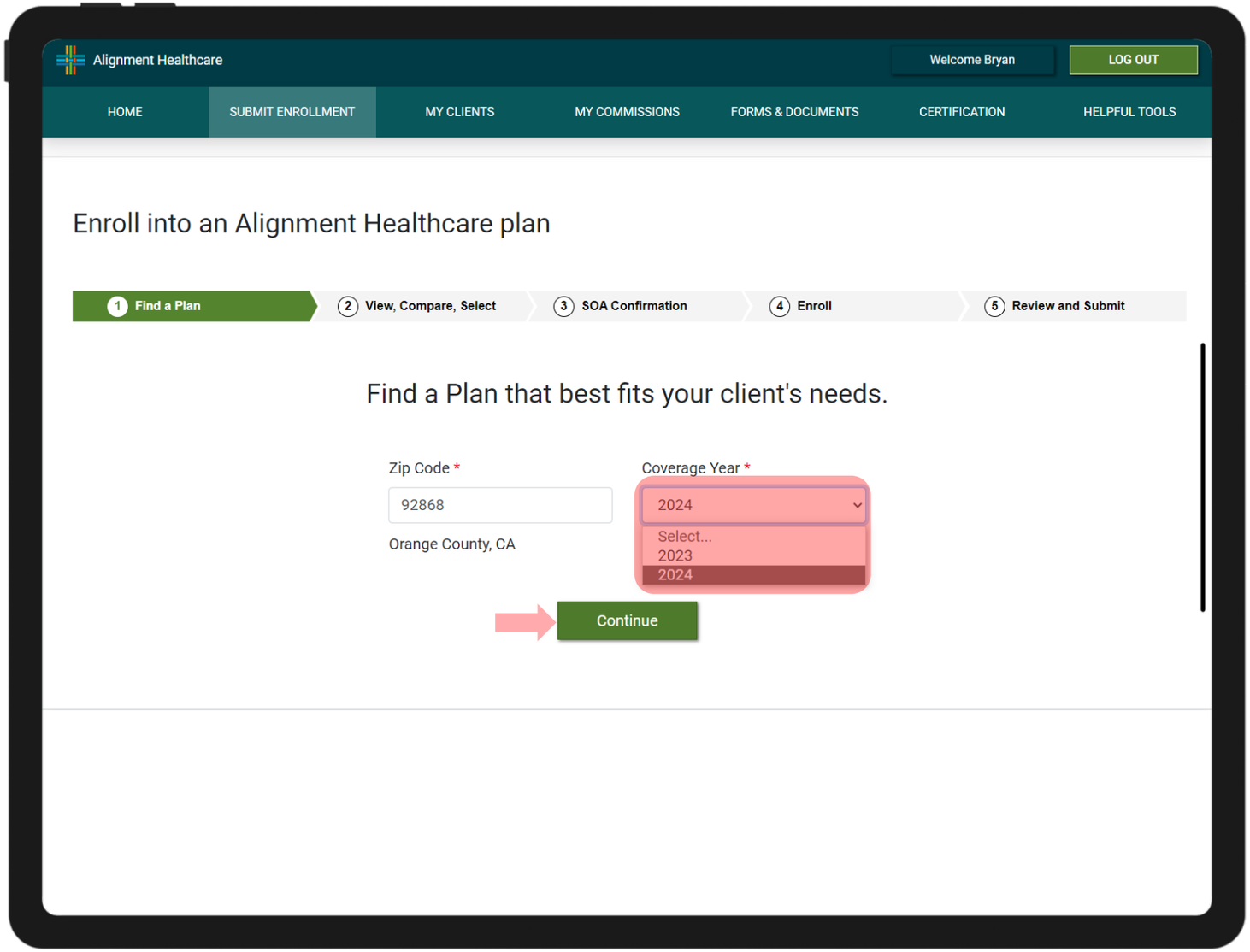
ONLINE ENROLLMENT INSTRUCTIONS



STEP 4

In Person: Enter the beneficiary's Zip Code, and click Continue

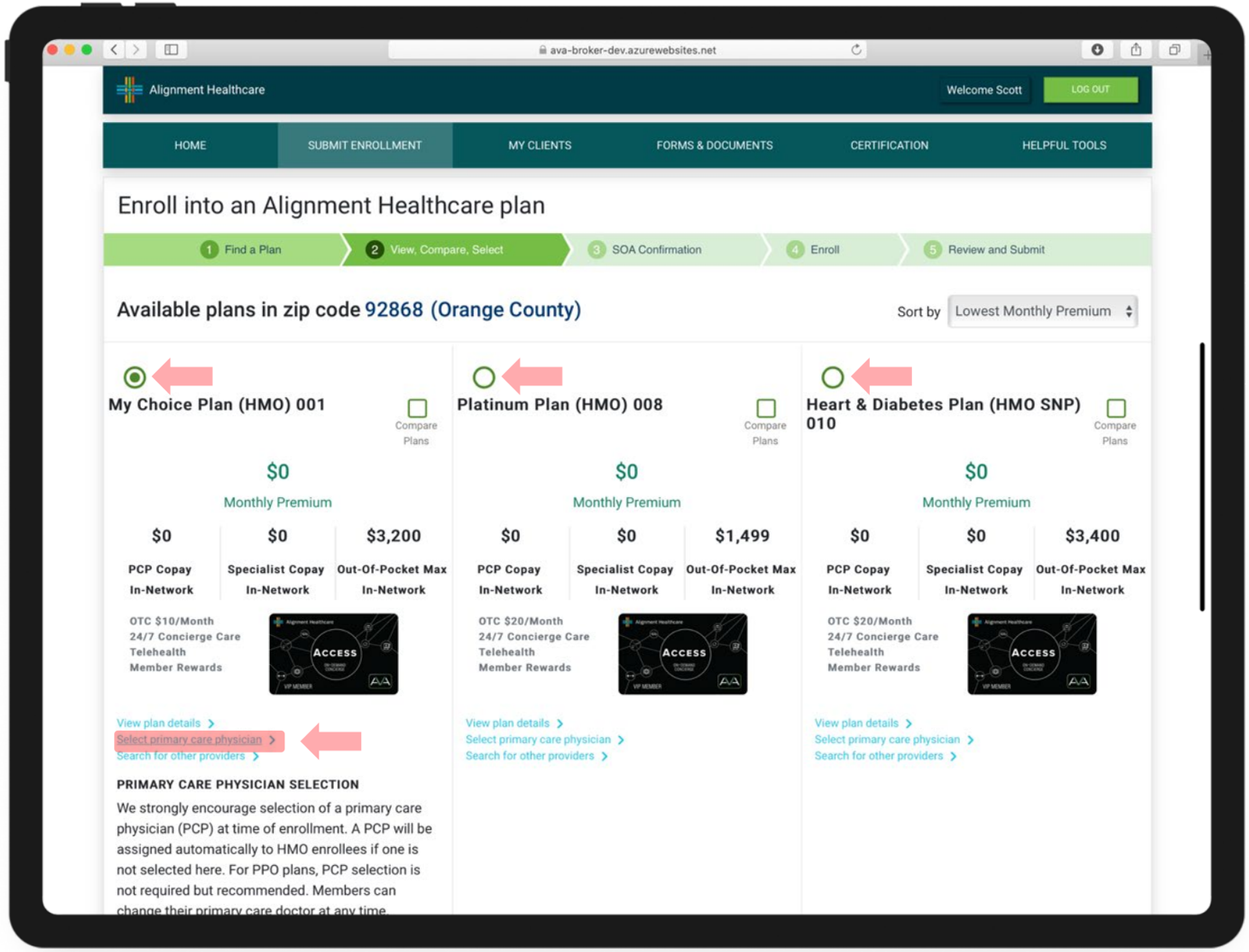
ONLINE ENROLLMENT INSTRUCTIONS



STEP 5

Select Coverage Year, and click Continue

ONLINE ENROLLMENT INSTRUCTIONS

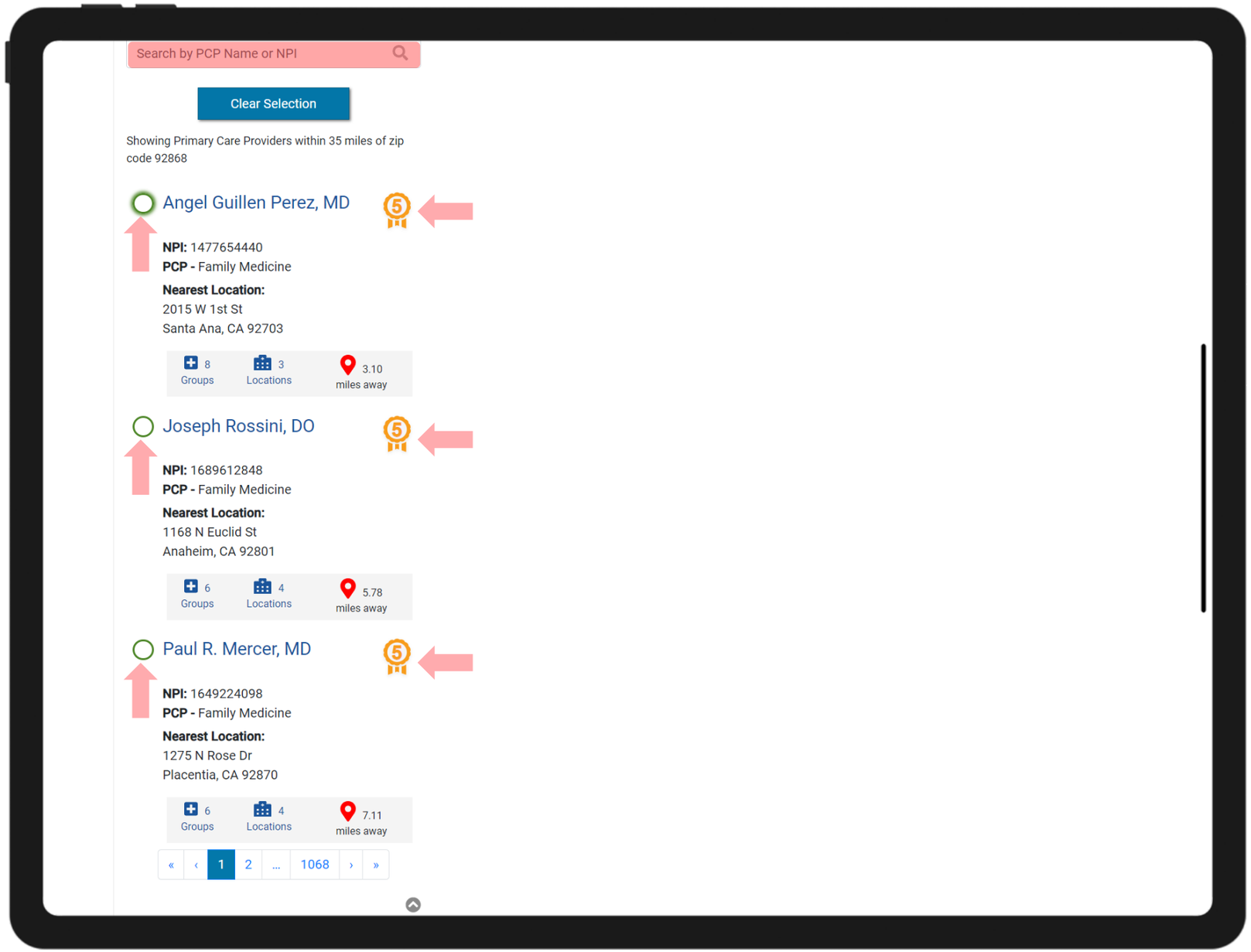


STEP 5

Select the Desired Plan

If enrolling into an HMO, you will need to Select Primary Care Physician

ONLINE ENROLLMENT INSTRUCTIONS

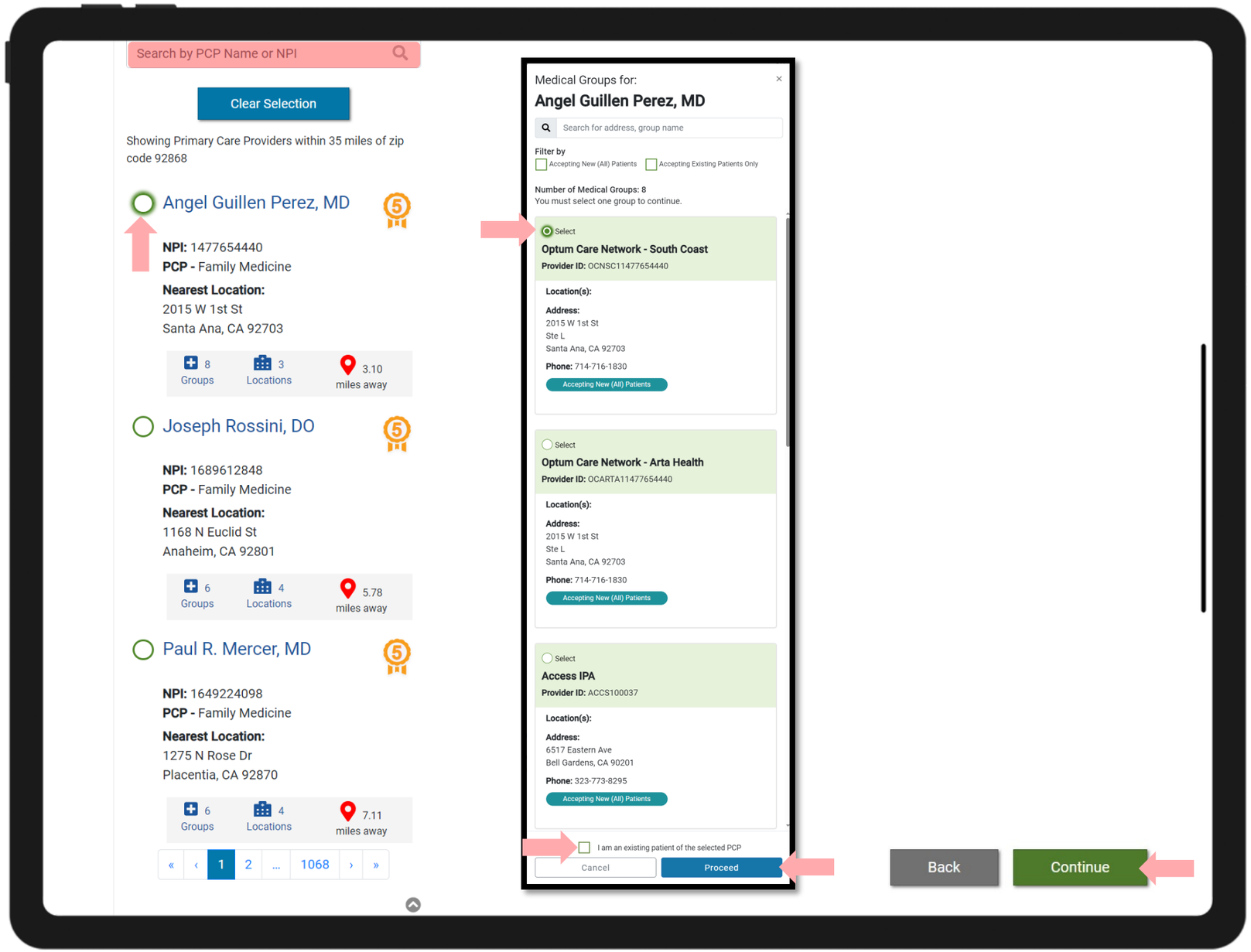


STEP 6

Select PCP by clicking on one of the preloaded names, or SEARCH by typing in the PCP's name

You will also notice there are ribbon ratings next to doctors' names. This is the High-Quality PCP badge it will only show on 4 or 5 star rated physicians

ONLINE ENROLLMENT INSTRUCTIONS



STEP 6 (cont)

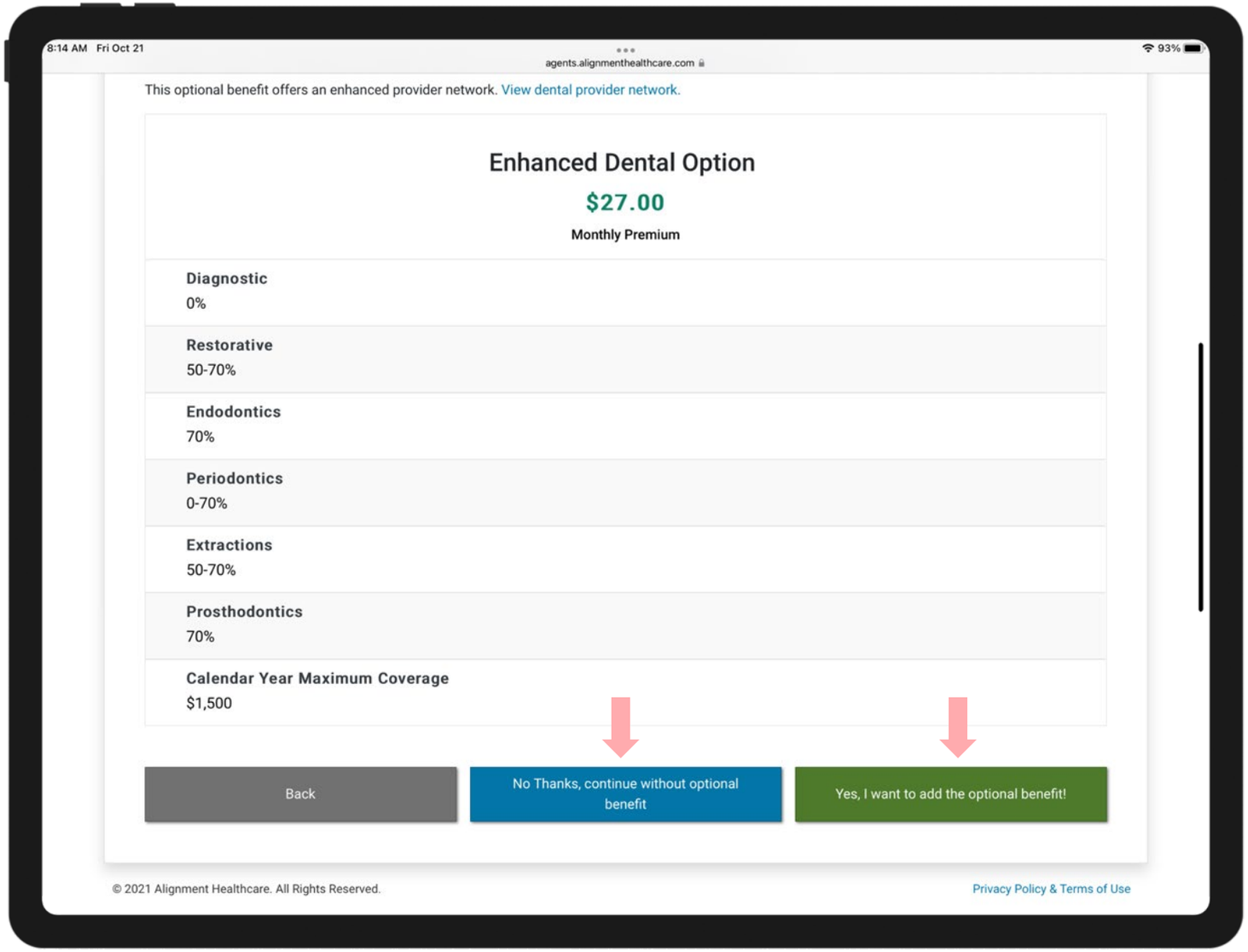
Once you click on desired PCP a pop-up box will open for you to select a MEDICAL GROUP

Check the box if they are an existing patient with that provider

Press the “Proceed” button

Scroll to the bottom of the page and press the green “Continue” button

ONLINE ENROLLMENT INSTRUCTIONS



STEP 6 (cont)

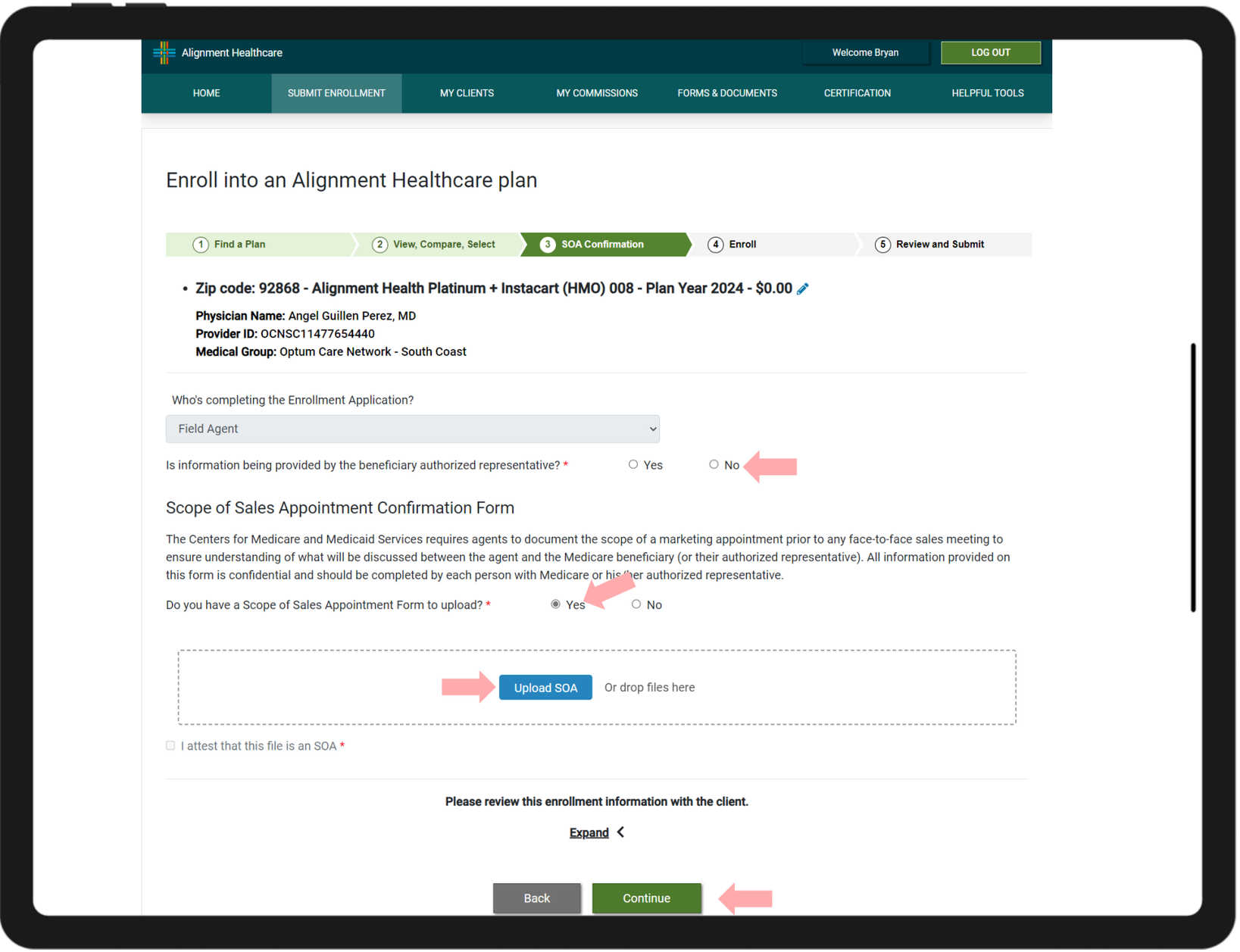
Optional Supplemental Buy-Up

Select whether member would like to enroll into the optional supplemental buy up

If yes, click on Yes, I want to add the optional benefit

If no, click on No Thanks, continue without optional benefit

ONLINE ENROLLMENT INSTRUCTIONS



STEP 7

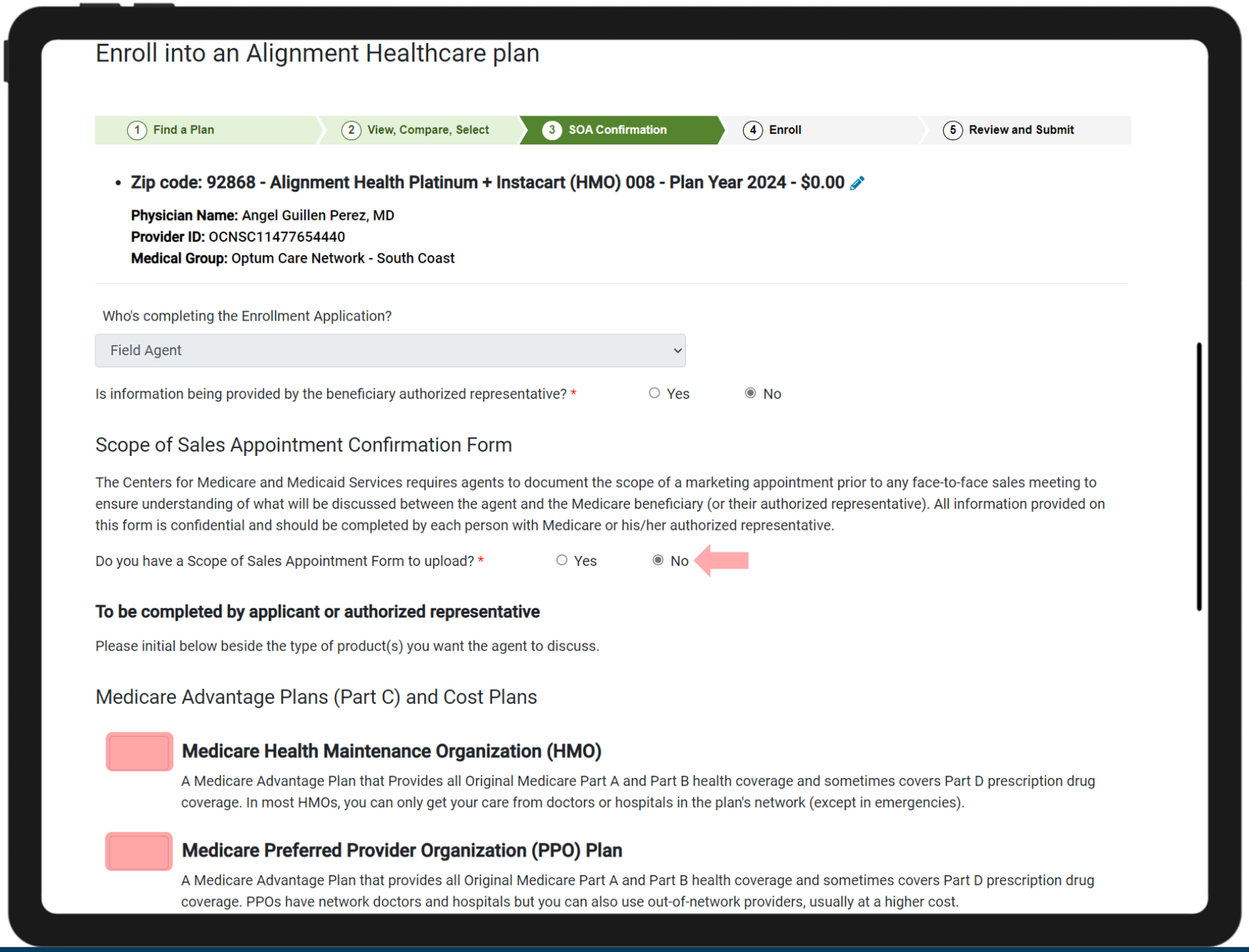
If beneficiary has an authorized representative, you will upload a copy of the Power of Attorney (POA)

If you have a physical copy of the Scope of Appointment (SOA), you will upload a copy.

If you DO NOT have a physical copy of the Scope of Appointment (SOA), click NO

Scroll to the bottom of the page and press the green “Continue” button

ONLINE ENROLLMENT INSTRUCTIONS

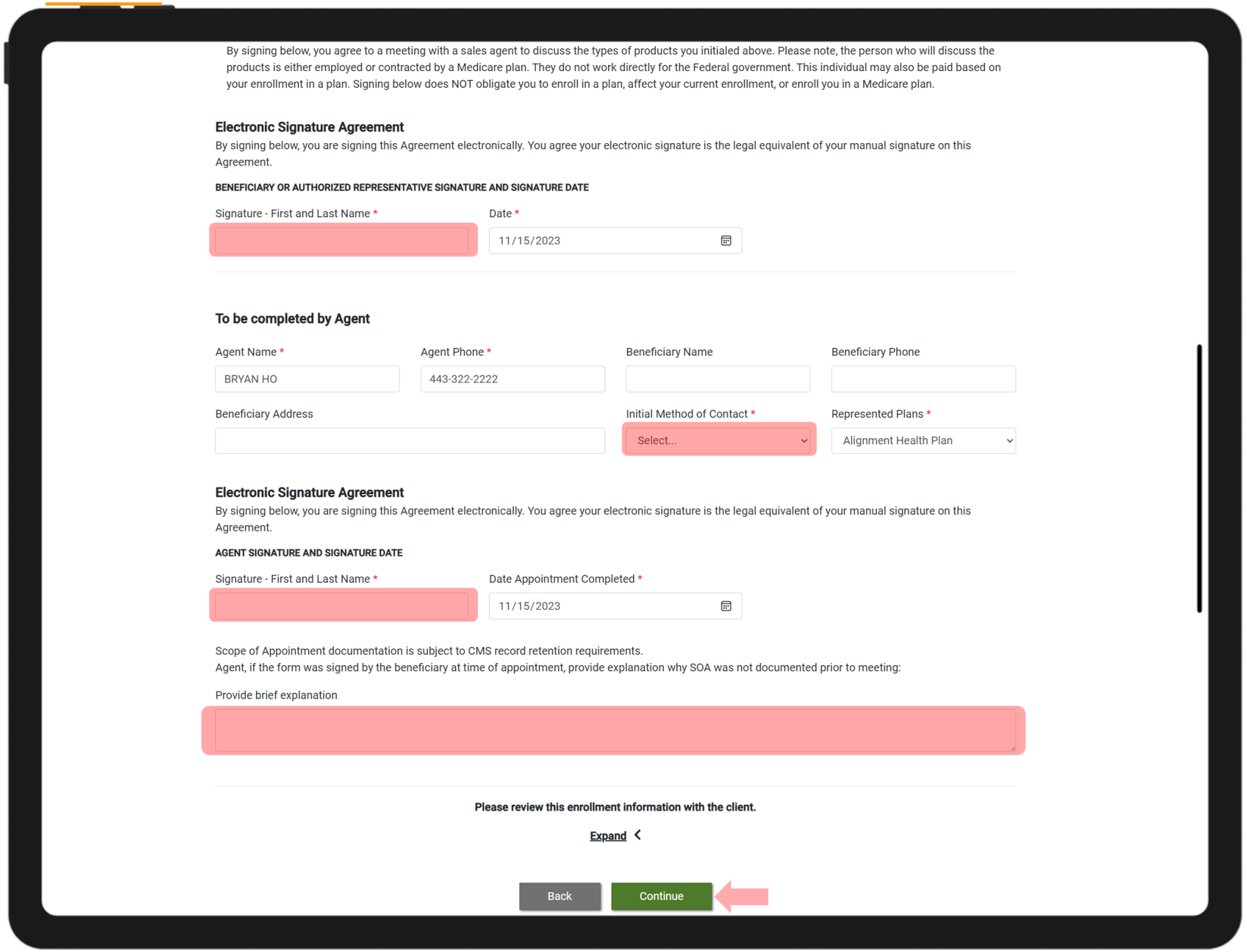


STEP 7 (CONT)

If you DO NOT have a physical copy of the Scope of Appointment (SOA), click NO

You will need to complete and electronic version of the Scope of Appointment (SOA)

ONLINE ENROLLMENT INSTRUCTIONS

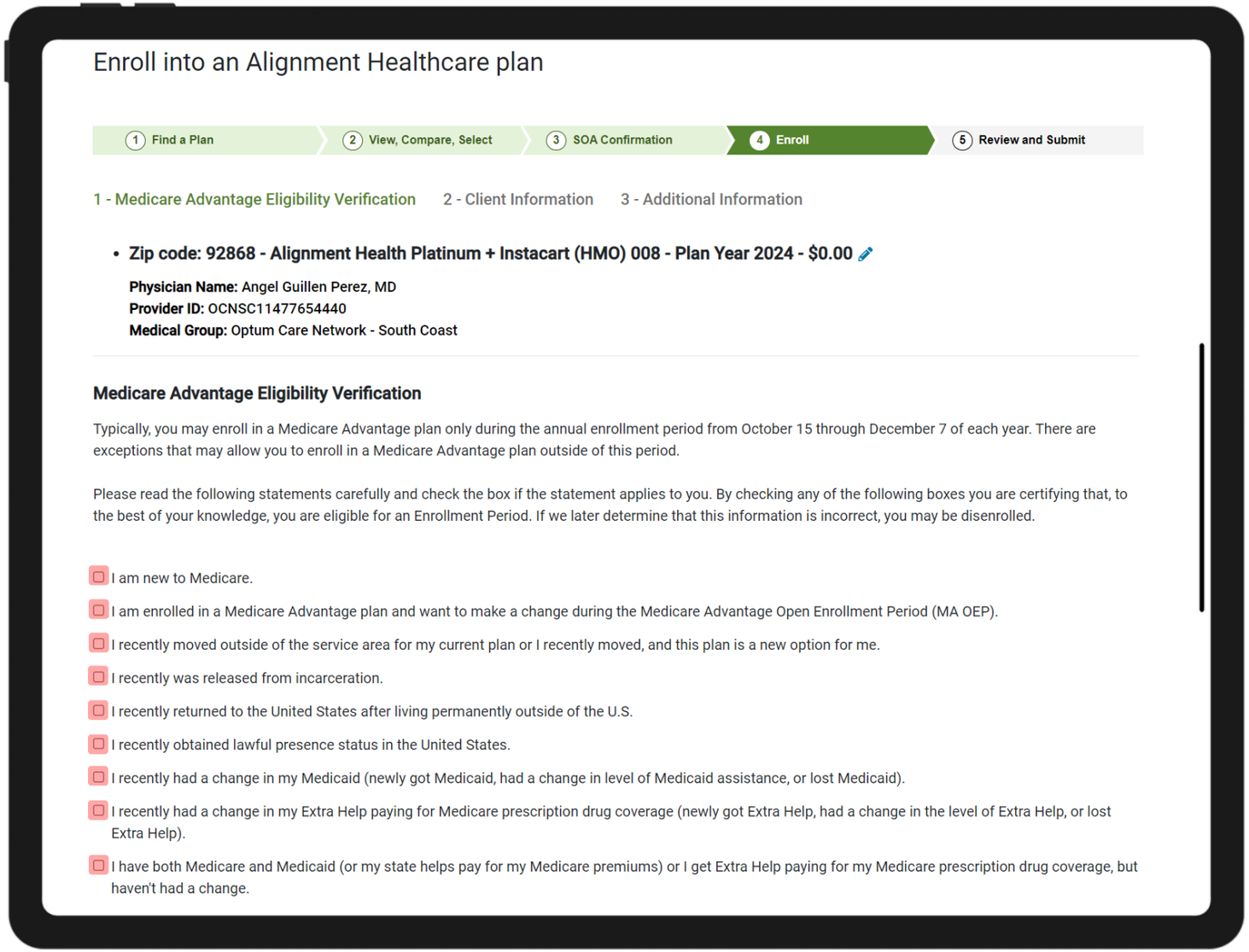


STEP 7 (CONT)

Once the Scope of Appointment (SOA), has been completed, scroll down and click CONTINUE

Please provide a brief description if the SOA is signed at the time of the appointment.

ONLINE ENROLLMENT INSTRUCTIONS



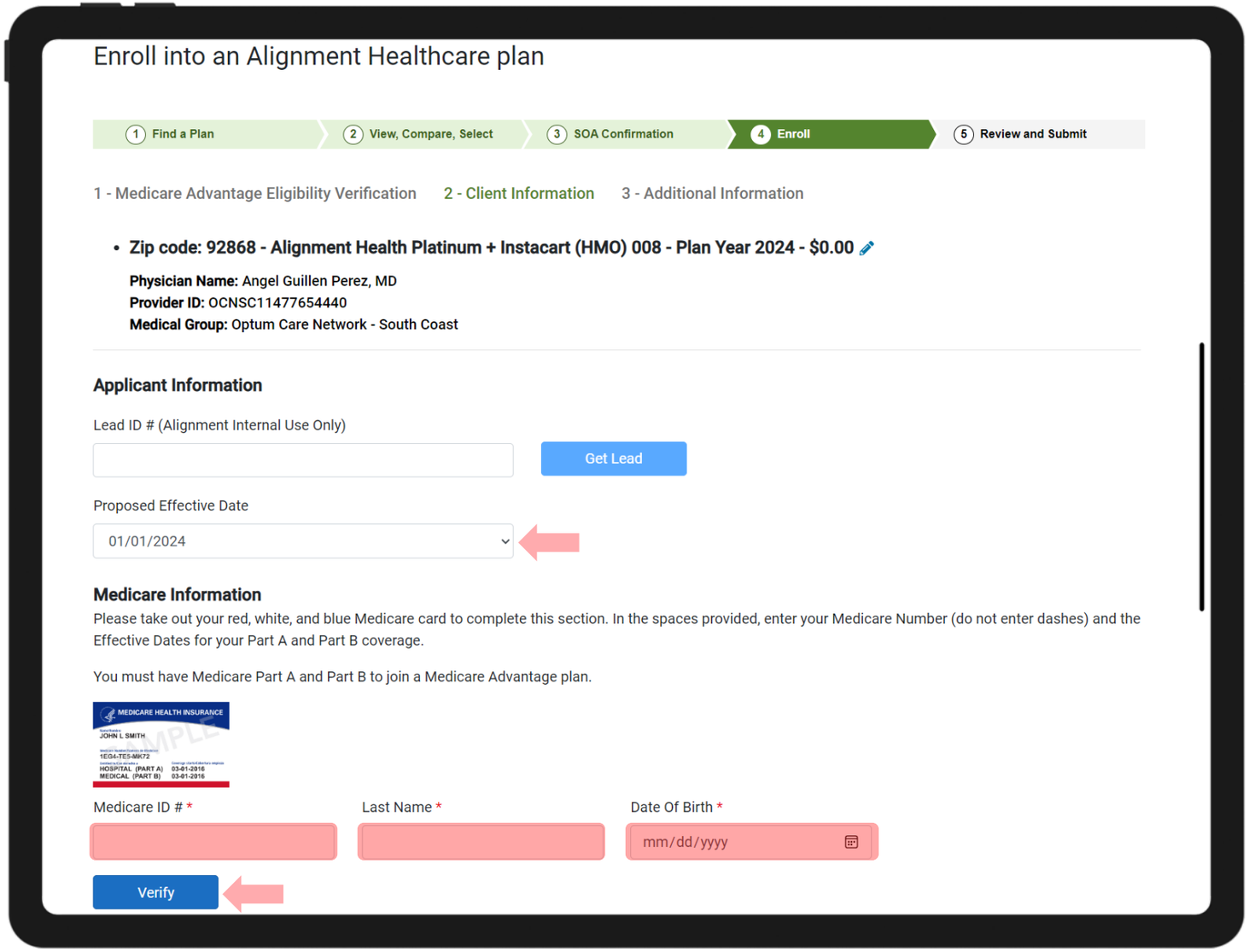
STEP 8

Select applicable Enrollment Reason

If enrolling during AEP, there is no need to select anything.

Scroll down and click CONTINUE

ONLINE ENROLLMENT INSTRUCTIONS



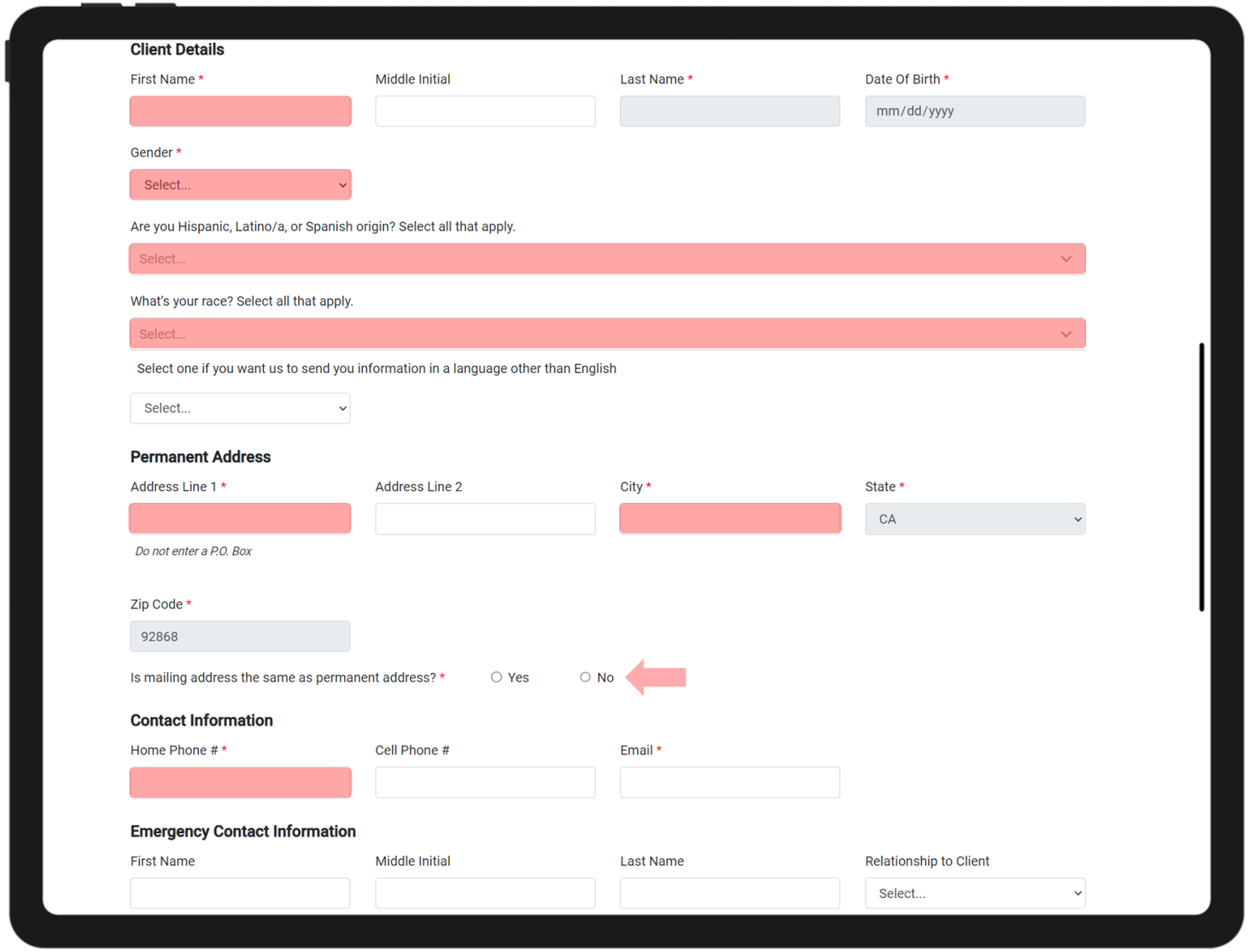
STEP 9

Ensure you have the correct PROPOSED EFFECTIVE DATE

Enter the beneficiary's Medicare number, last name and DOB and click VERIFY to automatically fill in the effective dates

If the system does not automatically fill in the Part A/B effective dates, please complete manually

ONLINE ENROLLMENT INSTRUCTIONS



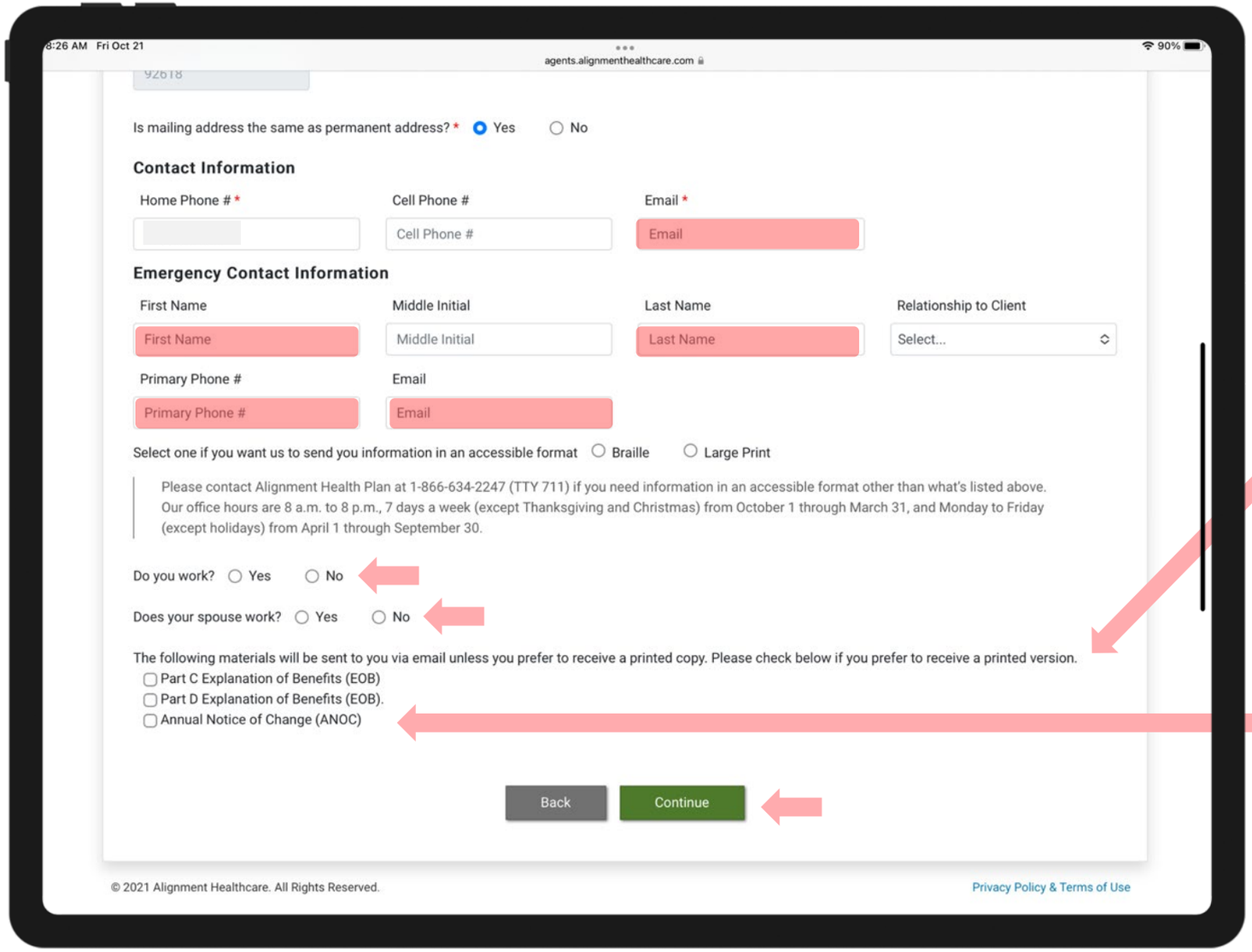
STEP 9 (cont)

Fill in all Required Fields

Scroll down and click CONTINUE

EMAIL REQUIREMENT WILL BE REVIEWED ON NEXT PAGE

ONLINE ENROLLMENT INSTRUCTIONS



STEP 9 (cont)

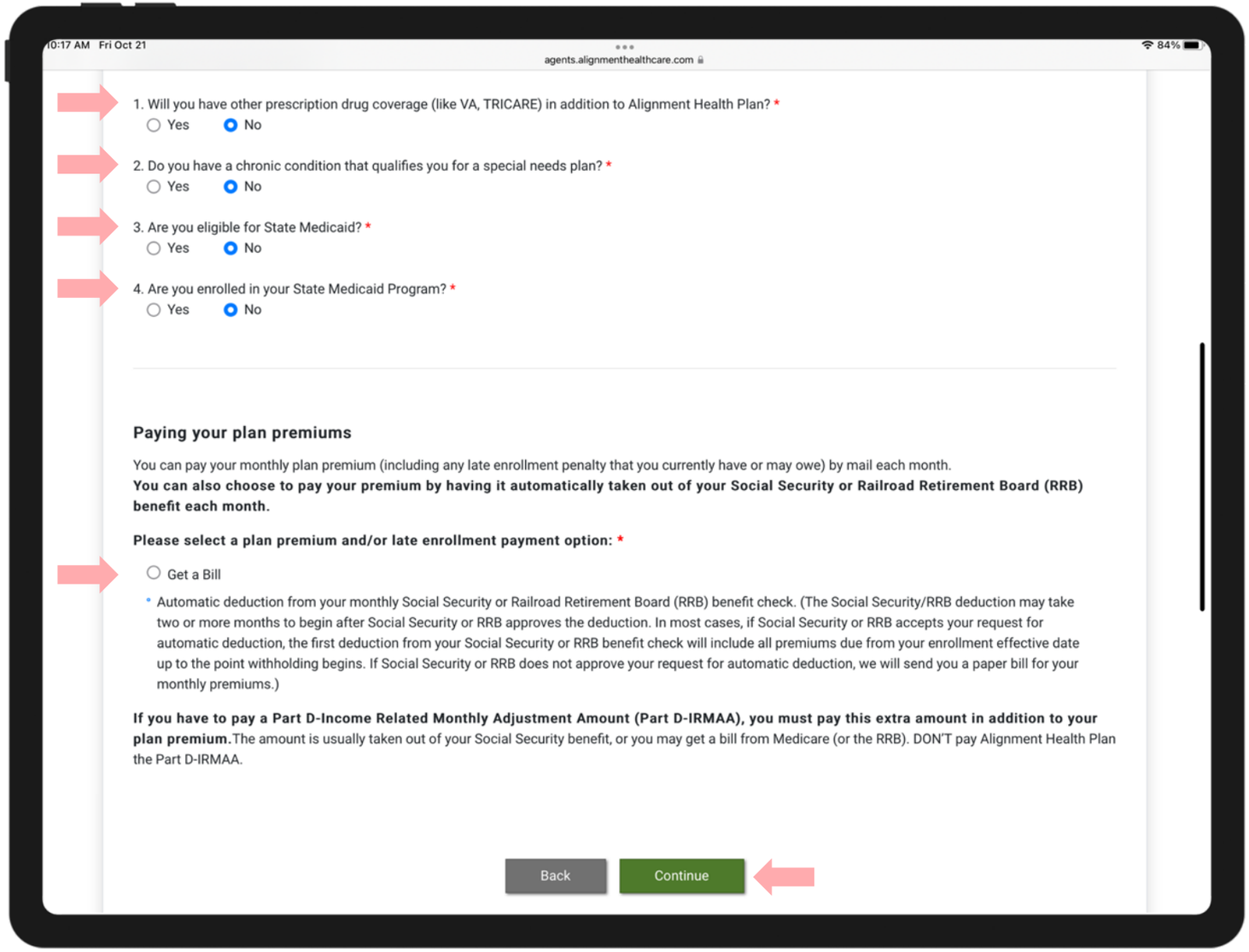
Email Requirement

System defaults to require email based on the last portion of this page.

If member has an email, please fill in member email.

If member DOES NOT have an email, make sure the 3 boxes are checked off for Part C/D EOB, ANOC

ONLINE ENROLLMENT INSTRUCTIONS

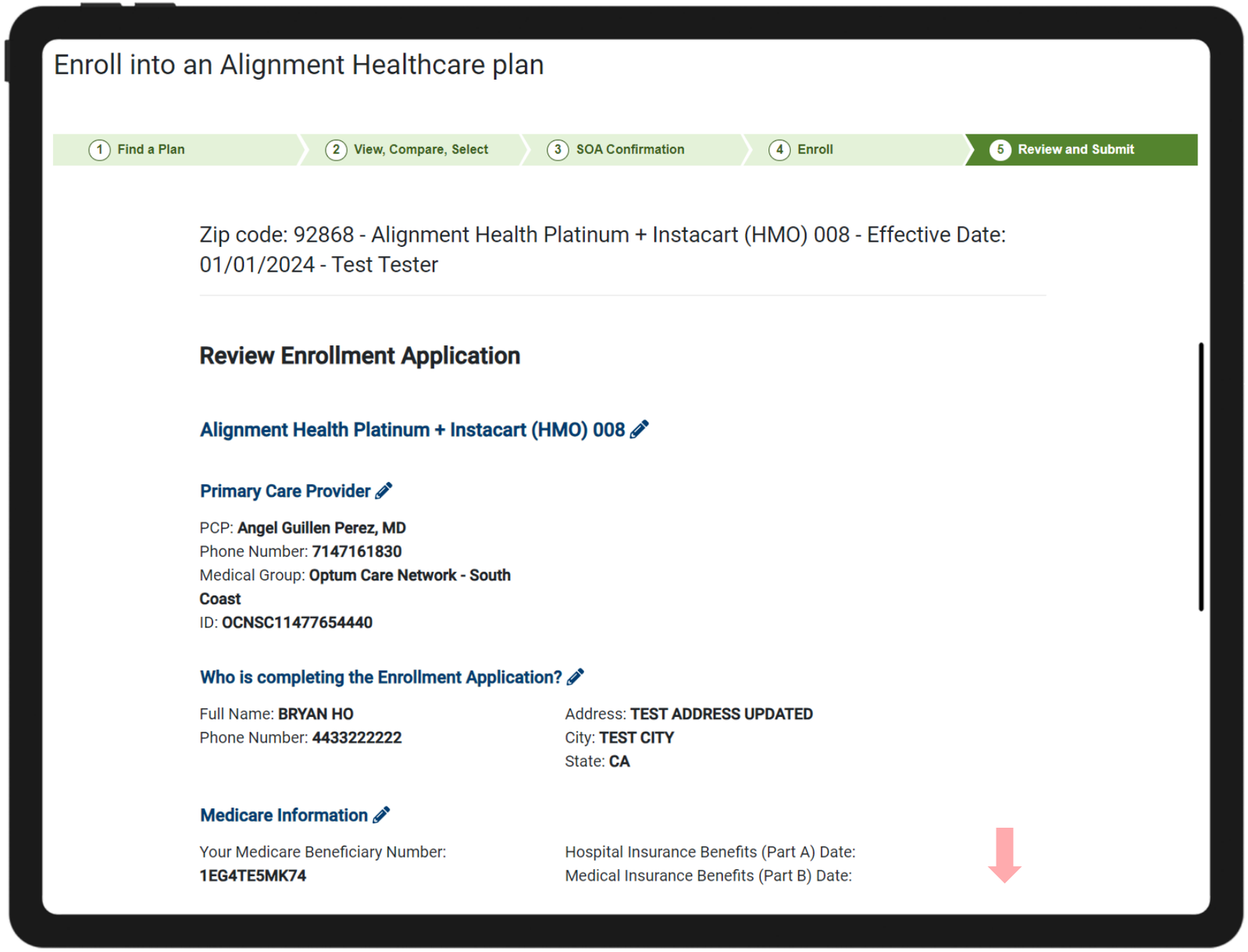


STEP 10 (cont)

Answer the required questions and select how the member would like to pay for their Monthly Plan Premium

Scroll down and click CONTINUE

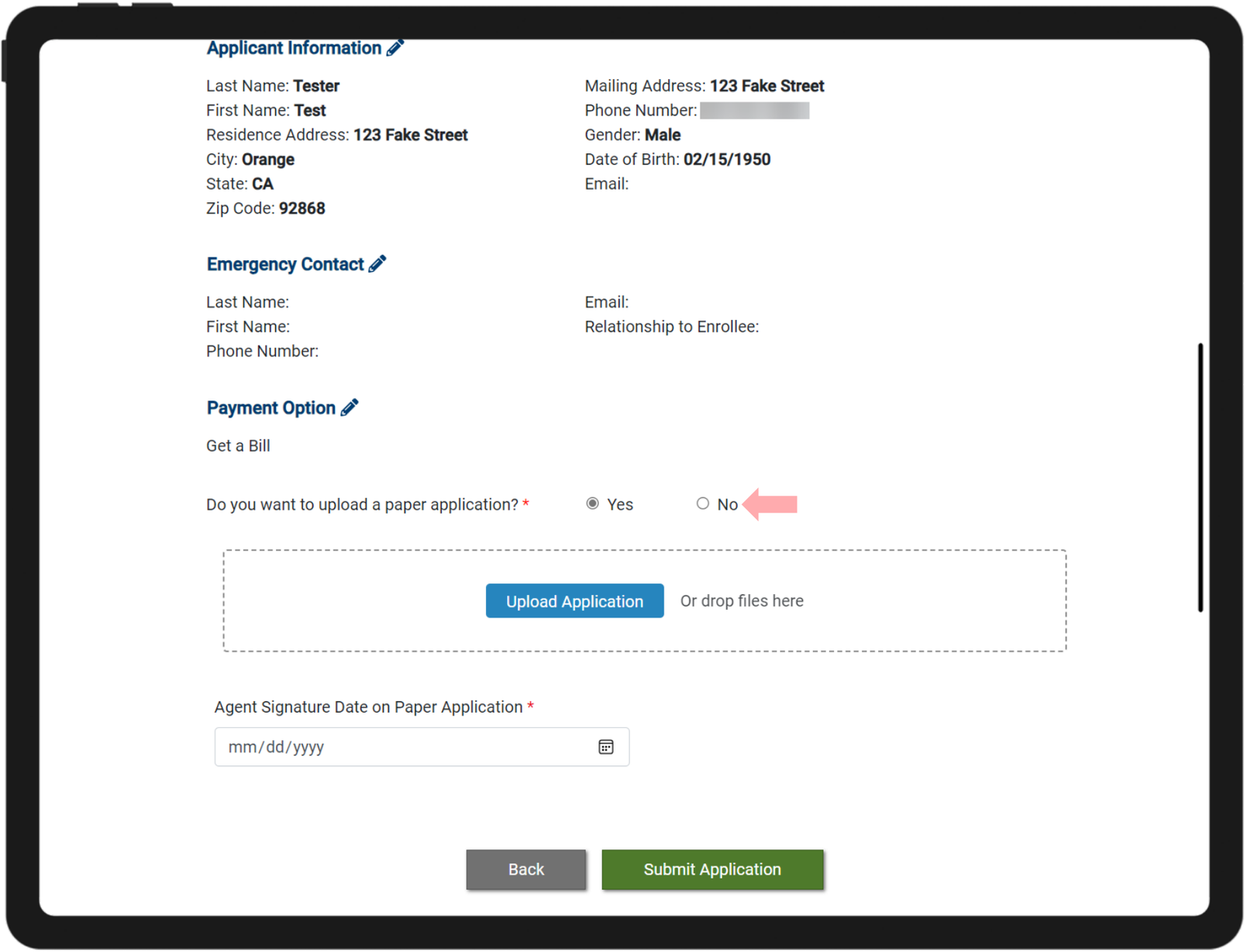
ONLINE ENROLLMENT INSTRUCTIONS



STEP 11

Review all information and Scroll Down

ONLINE ENROLLMENT INSTRUCTIONS

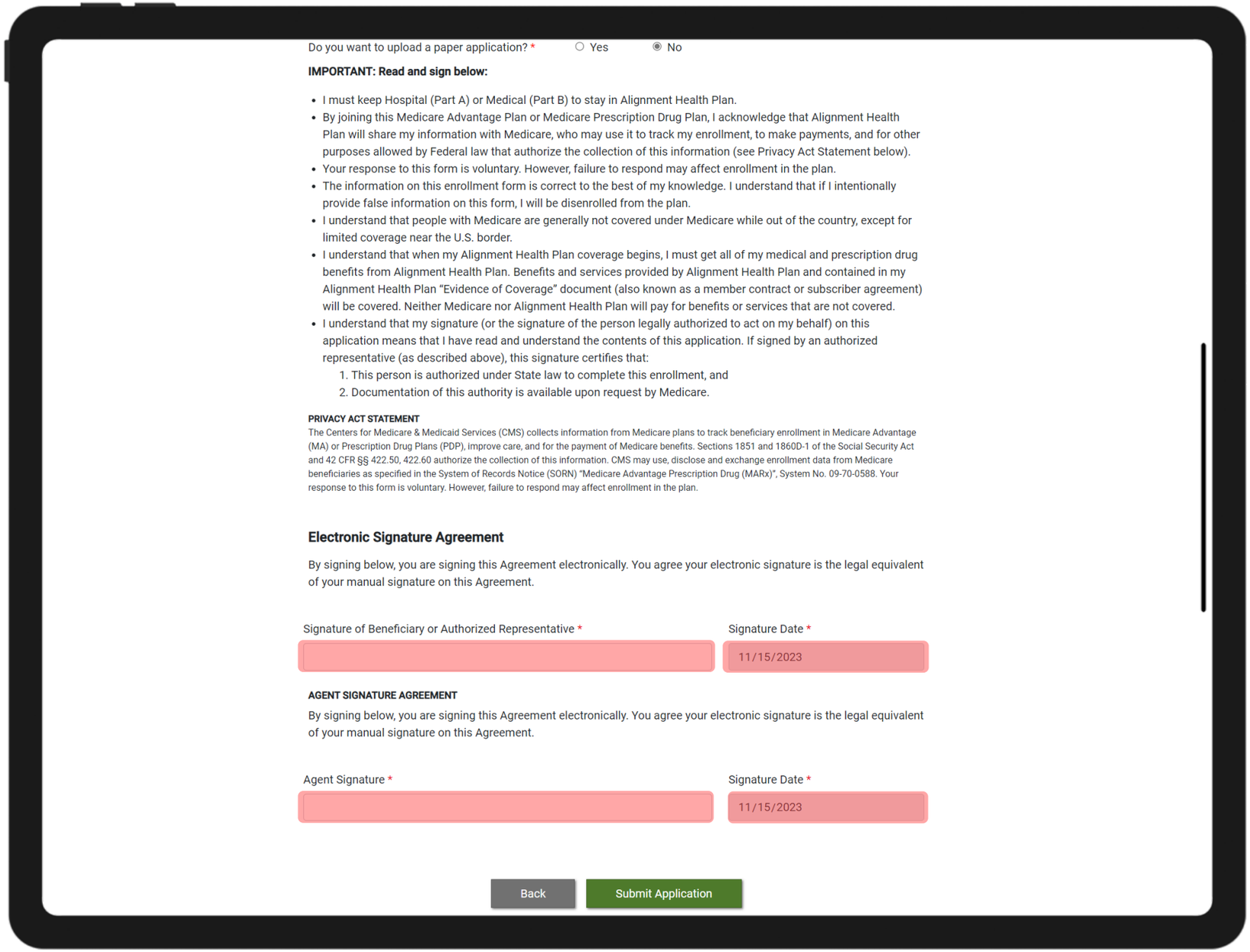


STEP 11 (cont)

If you have a physical copy of the Enrollment Application, you will upload a copy.

If you DO NOT have a physical copy of the Enrollment Application, click NO

ONLINE ENROLLMENT INSTRUCTIONS

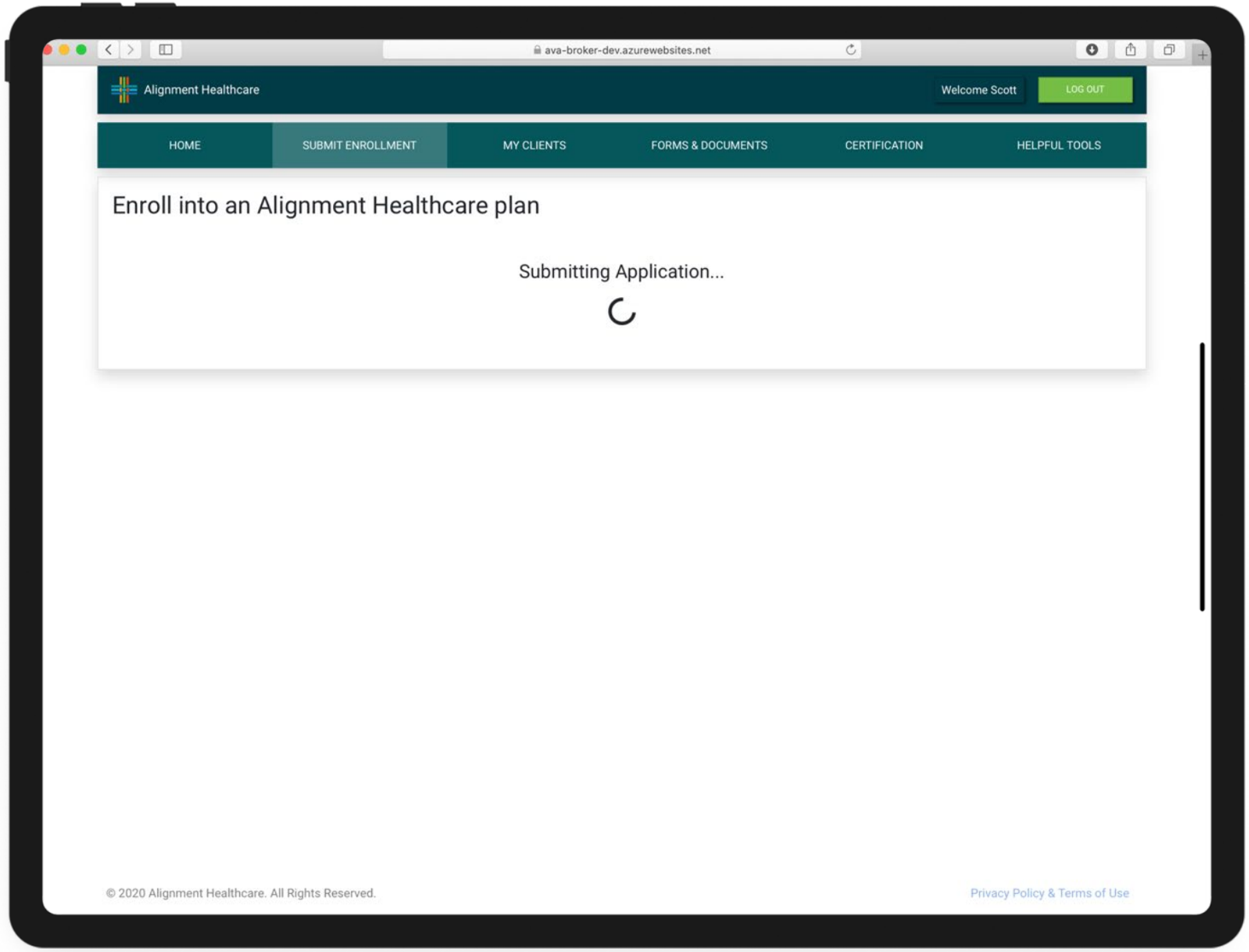


STEP 11 (CONT)

If you DO NOT have a physical copy of the Enrollment Application, click NO

Complete the information, scroll down and click Submit Application

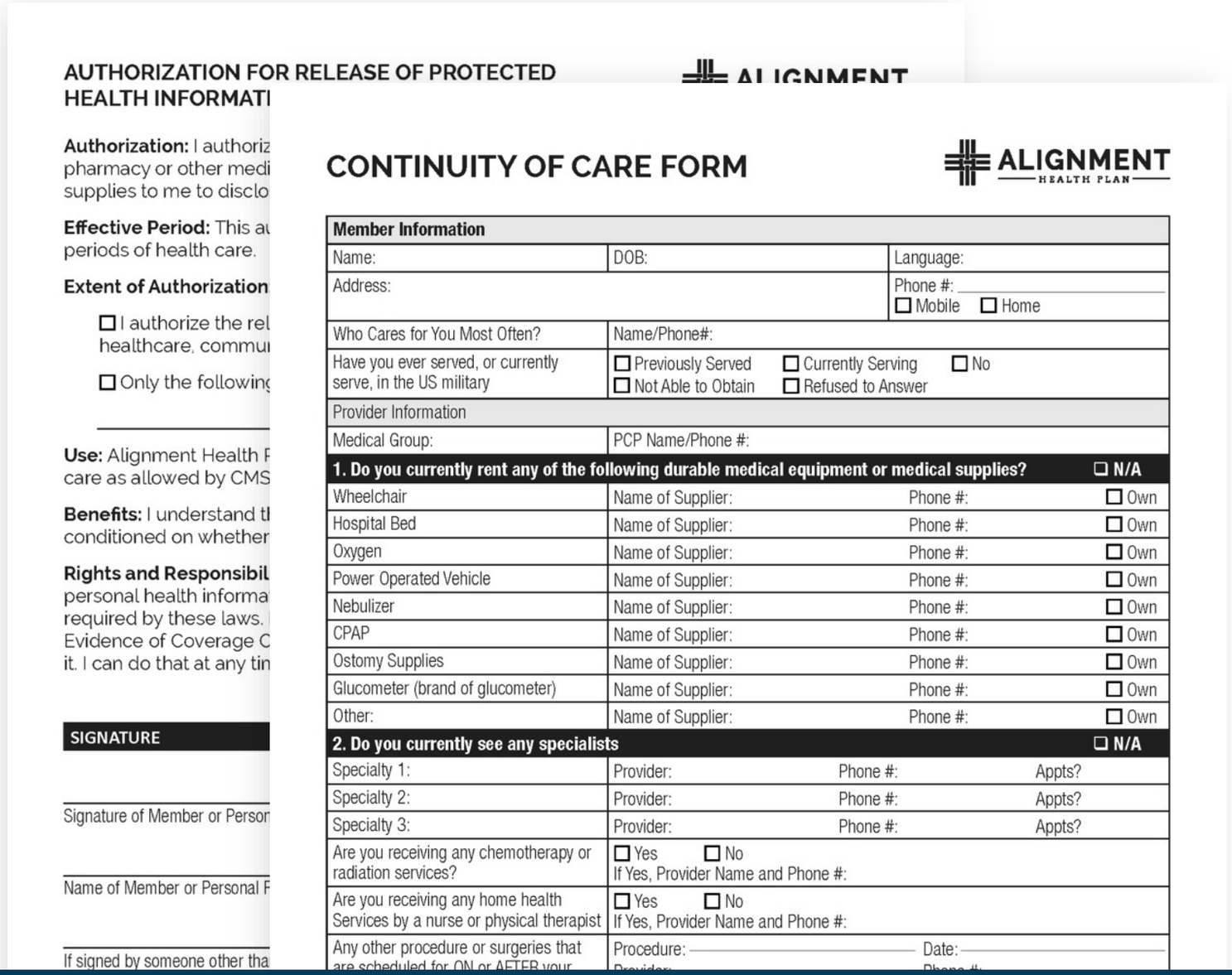
ONLINE ENROLLMENT INSTRUCTIONS



STEP 12

You've now submitted the Enrollment Application

ONLINE ENROLLMENT INSTRUCTIONS



AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATI

Authorization: I authoriz
pharmacy or other medi
supplies to me to disclo

Effective Period: This au
periods of health care.

Extent of Authorization

☐ I authorize the rel
healthcare, commu

☐ Only the following

Use: Alignment Health P
care as allowed by CMS

Benefits: I understand th
conditioned on whether

Rights and Responsibil
personal health informa
required by these laws.
Evidence of Coverage C
it. I can do that at any tin

SIGNATURE

Signature of Member or Persor

Name of Member or Personal F

If signed by someone other tha

CONTINUITY OF CARE FORM

ALIGNMENT HEALTH PLAN

Member Information			
Name:	DOB:		Language:
Address:			Phone #: ☐ Mobile ☐ Home
Who Cares for You Most Often?	Name/Phone#:		
Have you ever served, or currently serve, in the US military	☐ Previously Served ☐ Currently Serving ☐ No ☐ Not Able to Obtain ☐ Refused to Answer		
Provider Information			
Medical Group:	PCP Name/Phone #:		
1. Do you currently rent any of the following durable medical equipment or medical supplies?			☐ N/A
Wheelchair	Name of Supplier:	Phone #:	☐ Own
Hospital Bed	Name of Supplier:	Phone #:	☐ Own
Oxygen	Name of Supplier:	Phone #:	☐ Own
Power Operated Vehicle	Name of Supplier:	Phone #:	☐ Own
Nebulizer	Name of Supplier:	Phone #:	☐ Own
CPAP	Name of Supplier:	Phone #:	☐ Own
Ostomy Supplies	Name of Supplier:	Phone #:	☐ Own
Glucometer (brand of glucometer)	Name of Supplier:	Phone #:	☐ Own
Other:	Name of Supplier:	Phone #:	☐ Own
2. Do you currently see any specialists			☐ N/A
Specialty 1:	Provider:	Phone #:	Appts?
Specialty 2:	Provider:	Phone #:	Appts?
Specialty 3:	Provider:	Phone #:	Appts?
Are you receiving any chemotherapy or radiation services?	☐ Yes ☐ No If Yes, Provider Name and Phone #:		
Are you receiving any home health Services by a nurse or physical therapist	☐ Yes ☐ No If Yes, Provider Name and Phone #:		
Any other procedure or surgeries that are scheduled for ON or AFTER your	Procedure:	Date:	

STEP 13

Continuity of Care Form

Continuity of Care (COC) form is not available through the online enrollment process and must be submitted to Alignment Health Plan either by:

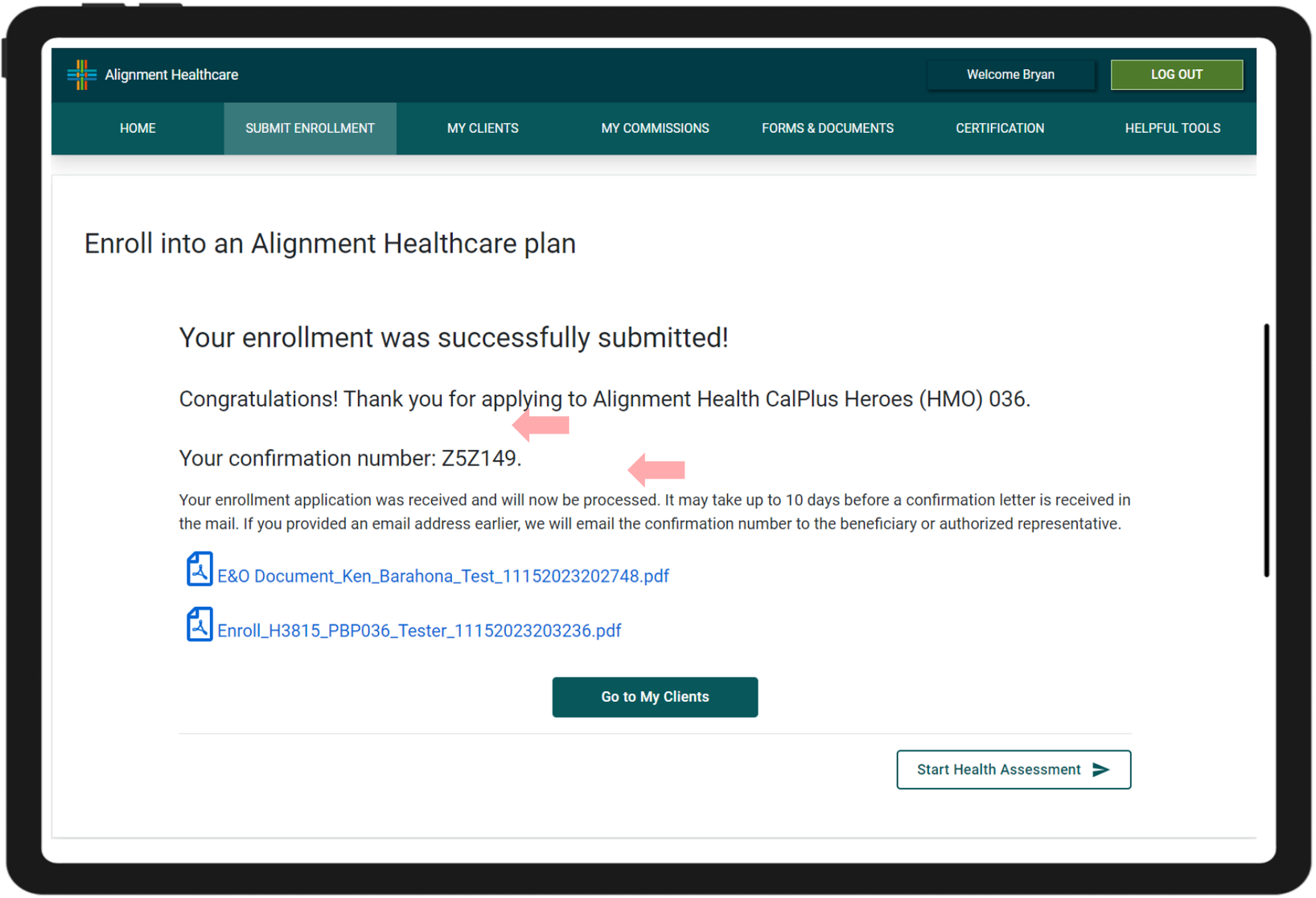
FAX: 562.207.4623

EMAIL: [Encrypted] to COC@ahcusa.com

The COC form is available on your Broker portal under:

FORMS & DOCUMENTS

ONLINE ENROLLMENT INSTRUCTIONS



STEP 12 (cont)

You've now submitted the Enrollment Application

You'll be able to:

- View a copy of the Enrollment Application
- View a copy of the Scope of Appointment
- Start the HRA

AS ALWAYS, IF YOU

HAVE ANY QUESITONS

CALL US / EMAIL TODAY

888-793-5700 /

PartnerExperience@ahcusa.com

Alignment Health Plan®