

# User Manual for Aetna 65+ iPad Application Users

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## Section 1: How to download the software application

1. Send the email you received with the URL Link to the email you use on your IPAD.
2. Open the email (you can skip step one and two if you already received this on your ipad)
3. Click the URL Link
4. Enter YOUR apple password.
5. Set the Ipad down and wait 5 minutes for download
6. Go back to HOME Screen
7. Click the "Aetna 65+" icon
8. Set the Ipad down 5 minutes for every state you are certified in (ie: 1 state=5/min, 2 states=10/mins, etc.)
9. After complete download enter your Username (your NPN#), Password is Welcome1 (the fields are case sensitive)

## Section 2: Important MUST Knows

1. This software can only be used to take applications with effective dates of 1/1/13 or later
2. CMS REGULATION – you must ask them if they are okay with completing an electronic application or if they prefer paper and follow which they wish to use.
3. If you enter a test application you must exit prior to the signature page and delete the application from the enrollment list
4. PCP ID# is required regardless if it is HMO/PPO or Closed or Open access in this software
5. It makes it much easier to complete the application if you obtained the PCP prior to entering any information
6. They can change their PCP at any time by calling customer service
7. IF YOU DO NOT CONNECT TO THE INTERNET IN 24 HOURS, your application will be deleted
8. You must fax a scope of appointment in with Green confirmation code with in the standard 48 hours of submission to 866-441-2341.
9. Your application is only submitted if you see a GREEN confirmation code on the enrollment list, if it is RED then you haven't connected to the internet. If it is ORANGE then it is incomplete.
10. If a POA has completed the application submit a copy of the POA with the GREEN confirmation code written on bottom with the proper SOA with in the standard 48 hours of submission to 866-441-2341.
11. If the beneficiary asks for a copy of the application and does not have an email address then you must email it to yourself, go back to your office and print and then mail it to the beneficiary.

## Section 3: Step by Step instructions on how to enter beneficiary's information on an MAPD Application

### Page 1: Basic Beneficiary Information

- a.) Enter beneficiary's first name
- b.) Enter beneficiary's last name
- c.) Enter beneficiary's zip code

d.) **Hit orange continue button** in lower right corner

\*Note: If you have the beneficiary's information saved in your contacts file, you may open the phone book to the right and select their name. It will prefill personal information fields.

## Page 2: Choosing a Plan

You will notice 3 tabs on this page.

Left Tab – Medicare Advantage Plans with PDP

Middle Tab – PDP Plans

Right Tab – Medicare Advantage Plans

- a.) Choose the tab of the plan you are completing an application for
- b.) Hit **orange enroll button** for the plan you are completing application for

## Page 3: Personal Information

\*Note: Must complete all fields that have an asterisk (\*)

### Step 1: 1. Personal information

- a.) Enter first name
- b.) Enter last name
- c.) Click in DOB field and scroll for month, day and year
- d.) Click radial button for gender
- e.) Enter home phone WITHOUT dashes
- f.) Enter email address if the member would like it on file

### Step 2: 2. Permanent Residence

- a.) Enter Address
- b.) Enter City

**Step 3: 3. Mailing Address:** \*Enter mailing address if it is different from permanent address

**Step 4:** Hit **orange continue button** on bottom right corner once you've completed the above steps.

## Page 4: Medicare and Benefits Information

**Step 1: 4. Emergency Contact Information:** \*If beneficiary would like to have one on file please complete

### Step 2: 5. Medicare Information

- a.) Make sure the proper radial button for type of Medicare Claim is chosen
  - a. Non Railroad Retiree
  - b. Railroad Retiree
- b.) Enter Medicare Claim Number WITHOUT dashes
- c.) Click in Part A effective date and scroll for month, day and year
- d.) Click in Part B effective date and scroll for month, day and year

### Step 3: 6. Special Enrollment Period

a.) Slide from NO to YES the proper enrollment reason.

**Step 4: 7. Plan Premium Payment Method**

- a.) Select proper radial button for payment method
  - a. If it is a \$0 monthly premium you must still select get a monthly bill

**Step 5: 8. Coordination of Benefits**

- a.) Choose proper radial button answer
  - a. If beneficiary has chosen yes, then enter the name of the coverage, ID# and Group# in the boxes that pop up below

**Step 6: 9. Coordination of Benefits (Long Term Care)**

- a.) Choose proper radial button answer
  - a. If beneficiary has chosen yes, then enter name of facility, address, city, state, zip and phone in the boxes that pop up below

**Step 7: 10. End Stage Renal Disease**

- a.) Choose proper radial button answer

**Step 8: 11. Medicaid Enrollment**

- a.) Choose proper radial button answer
  - a. If beneficiary has chosen yes, then enter the Medicaid Number on the box that pop up below

**Step 9: 12. Employment Information**

- a.) Choose proper radial button answer

**Step 10: 13. Physician Selection (Optional)**

- a.) PCP's name is optional

**Step 11:** Hit **orange continue button** on bottom right corner once you've completed the above steps.

**Page 5: Physician Code and Dental**

**Step 1:** **14. Physician Office Code** (\*field is mandatory regardless of Open/Closed access or HMO/PPO)

- a.) Enter physicians primary office code found on AetnaMedicare.com or in the pdf directory for your area (see iBooks for downloading directory to your iPad)

**Step 2:** **15. What is your requested effective date**

- a.) Click in field and scroll for month, day and year
  - a. \*NOTE: Application effective dates must be 1/1/13 or later to be enrolled through this application

**Step 3:** **16. Are you an existing patient?**

- a.) Click the proper radial button

**Step 4:** **17. Are you interested in enrolling in one of our Optional Supplemental Benefits Plans?**

a.) Click the proper radial button

**Step 5: 18. Optional Supplemental Benefits Plans** (Only complete if you entered Yes on previous question 17.)

a.) If you answered yes on 17, then choose proper dental plan for your area

**Step 6: 19. Primary Care Dentist** (Optional)

a.) Enter primary care dentist name

**Step 7: 19. Dental Office Code** (If you chose yes on question 17, this field is mandatory)

a.) If you answered yes on 17, then enter the primary dentist office code found on AetnaMedicare.com or in the pdf directory for your area (see ebooks for downloading directory to your iPad)

**Step 8:** Hit **orange continue button** on bottom right corner once you've completed the above steps.

**NOTE: Please select the statement below that best describes your relationship to the person with Medicare listed on this enrollment form:** (this pops up on page 5 after you hit continue – Must be completed, see page 6 for proper procedure)

#### **Page 6: Review Your Information**

**Step 1:** **Scroll back to the top of the page,** review all information that was input with the beneficiary, if anything is incorrect select the edit button below the incorrect information and make corrections.

Once you have completed the review of information then move on to step 2.

**Step 2: Please select the statement below that best describes your relationship to the person with Medicare listed on this enrollment form**

a.) Click the correct radial button

a. If a POA completed the application then additional boxes pop up below, they will need to complete Name, address, city, state, zip, phone and relationship to enrollee

**Step 3:** Hit **orange continue button** on bottom right corner once you've completed the above steps.

#### **Page 7: Agent Information**

**Step 1:** Click the proper radial button for SOA, if you used voicevault enter the confirmation number

**Step 2:** 1) I am an Aetna Employee

a.) Click the proper radial button, if yes, enter your ID#

2) I am a writing agent (THIS is all NON-Aetna Employees)

a.) Click proper radial button

b.) Enter your NPN number

c.) If you are writing under an agency and commissions are paid to that agency, then you need to enter that Agency's TIN number in the proper field

**Step 3: Attest to the application**

a.) Slide button from NO to YES

**Step 4:** Hit **orange continue button** on bottom right corner once you've completed the above steps.

#### **Page 8: Important Information**

**Step 1:** This page is for the beneficiary to read, it is the disclosure page.

a.) Once the beneficiary reads the page, then THEY slide from NO to YES at bottom of page

**Step 2:** Hit **orange continue button** on bottom right corner once you've completed the above steps. (The button on this page may say submit, please hit it anyway)

#### **Page 9: Beneficiary Signature Page**

**Step 1:** Either with beneficiary's finger or with a stylus have the beneficiary SIGN their name in cursive.

**Step 2:** Have beneficiary slide from NO to YES stating they understand they have completed an electronic enrollment

**Step 3:** Hit **orange submit enrollment button** on bottom right corner once you've completed the above steps.

\*\*\*\*\*Beneficiary's Application has now been submitted\*\*\*\*\* Keep in mind if you were not connected to the internet at the time of this application, you have 24 hours to do so before the software deletes the application as if it never existed.

## **Section 4: Step by Step instructions on how to enter beneficiary's information on a PDP Application**

#### **Page 1: Basic Beneficiary Information**

- e.) Enter beneficiary's first name
- f.) Enter beneficiary's last name
- g.) Enter beneficiary's zip code
- h.) **Hit orange continue button** in lower right corner

\*Note: If you have the beneficiary's information saved in your contacts file, you may open the phone book to the right and select their name. It will prefill personal information fields.

#### **Page 2: Choosing a Plan**

You will notice 3 tabs on this page.

Left Tab – Medicare Advantage Plans with PDP

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Right Tab – Medicare Advantage Plans

- c.) Choose the tab of the plan you are completing an application for
- d.) Hit **orange enroll button** for the plan you are completing application for

#### **Page 3: Personal Information**

\*Note: Must complete all fields that have an asterisk (\*)

**Step 1: 1. Personal information**

- g.) Enter first name
- h.) Enter last name
- i.) Click in DOB field and scroll for month, day and year
- j.) Click radial button for gender
- k.) Enter home phone WITHOUT dashes
- l.) Enter email address if the member would like it on file

**Step 2: 2. Permanent Residence**

- c.) Enter Address
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**Page 4: Medicare and Benefits Information**

**Step 1: 4. Emergency Contact Information:** \*If beneficiary would like to have one on file please complete

**Step 2: 5. Medicare Information**

- e.) Make sure the proper radial button for type of Medicare Claim is chosen
  - a. Non Railroad Retiree
  - b. Railroad Retiree
- f.) Enter Medicare Claim Number WITHOUT dashes
- g.) Click in Part A effective date and scroll for month, day and year
- h.) Click in Part B effective date and scroll for month, day and year

**Step 3: 6. Special Enrollment Period**

- b.) Slide from NO to YES the proper enrollment reason.

**Step 4: 7. Plan Premium Payment Method**

- b.) Select proper radial button for payment method
  - a. If it is a \$0 monthly premium you must still select get a monthly bill

**Step 5: 8. Coordination of Benefits**

- b.) Choose proper radial button answer
  - a. If beneficiary has chosen yes, then enter the name of the coverage, ID# and Group# in the boxes that pop up below

**Step 6: 9. Coordination of Benefits (Long Term Care)**

- b.) Choose proper radial button answer
  - a. If beneficiary has chosen yes, then enter name of facility, address, city, state, zip and phone in the boxes that pop up below

**Step 7:** Hit **orange continue button** on bottom right corner once you've completed the above steps.

#### **Page 5: Effective Date**

**Step 1:** **What is your requested effective date?**

- a.) Click in field and scroll for month, day and year
  - a. \*NOTE: Application effective dates must be 1/1/13 or later to be enrolled through this application

**Step 2:** Hit **orange continue button** on bottom right corner once you've completed the above steps.

#### **Page 6: Review Your Information**

**Step 1:** **Review all information that was input with the beneficiary** if anything is incorrect select the edit button below the incorrect information and make corrections.

Once you have completed the review of information then move on to step 2.

**Step 2:** **Please select the statement below that best describes your relationship to the person with Medicare listed on this enrollment form**

- a.) Click the correct radial button
  - a. If a POA completed the application then additional boxes pop up below, they will need to complete Name, address, city, state, zip, phone and relationship to enrollee

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2) I am a writing agent (THIS is all NON-Aetna Employees)

a.) Click proper radial button

b.) Enter your NPN number

c.) If you are writing under an agency and commissions are paid to that agency, then you need to enter that Agency's TIN number in the proper field

**Step 3:** **Attest to the application**

b.) Slide button from NO to YES

**Step 4:** Hit **orange continue button** on bottom right corner once you've completed the above steps.

#### **Page 8: Important Information**

**Step 1:** This page is for the beneficiary to read, it is the disclosure page.

b.) Once the beneficiary reads the page, then THEY slide from NO to YES at bottom of page



**Step 2:** Hit **orange continue button** on bottom right corner once you've completed the above steps. (The button on this page may say submit, please hit it anyway)

### **Page 9: Beneficiary Signature Page**

**Step 1:** Either with beneficiary's finger or with a stylus have the beneficiary SIGN their name in cursive.

**Step 2:** Have beneficiary slide from NO to YES stating they understand they have completed an electronic enrollment

**Step 3:** Hit **orange submit enrollment button** on bottom right corner once you've completed the above steps.

\*\*\*\*\*Beneficiary's Application has now been submitted\*\*\*\*\* Keep in mind if you were not connected to the internet at the time of this application, you have 24 hours to do so before the software deletes the application as if it never existed.

## **Section 5: Enrollment List**

You can sort the enrollment list by any of the tabs, just select one and it will resort by that tab.

### **Did my application go over to Aetna?**

- a.) If there is a GREEN confirmation code then YES Aetna received the application – write this number on the bottom of the SOA and fax the SOA to 866-441-2341
- b.) If there is a RED confirmation code then NO Aetna did not receive the application – connect to the internet within 24 hours of completion of the application is deleted
- c.) If there is an ORANGE incomplete then the application is missing something or it is one you did not close. If it is missing something, complete have beneficiary sign and submit. If you no longer need it then hit the TRASH container and it will delete it.

### **Emailing the confirmation of submission**

You should email the confirmation to the member if they have email, also if you have a GA/FMO relationship or to yourself for your files.

- a.) Click the envelope with the arrow going to the left next to the Green confirmation code
- b.) Enter 1 email address, this can only handle one email at a time
- c.) Hit send
- d.) REPEAT for each person you need to email it to

### **Trashing a no longer needed application**

If there is an ORANGE incomplete then the application is missing something, if you no longer need it then hit the TRASH container and it will delete it.

## Section 6: iBooks

### Where to get the application – It is a Free Apple application

1. On your iPad open your Apple App Store
2. In the search field enter iBooks
3. Click download
4. Enter your apple password

### How to download pdf's and save them to iBooks – Formularies and Directories

#### Formularies

1. Connect iPad to the internet
2. Click on Safari
3. Go to AetnaMedicare.com
4. Scroll down on home page to Are your prescription drugs covered
5. Click the blue link Visit our Find Prescriptions page
6. Choose 2013 plan year
7. Click the plan that you are searching for – CVS, Premier, Advantage
8. Click Review Comprehensive Formulary
9. On top right of your iPad click open in iBooks
10. On top left click library

You just saved this pdf to your iBooks

Repeat for each formulary

#### Directories

1. Connect iPad to the internet
2. Click on Safari
3. Go to AetnaMedicare.com
4. On left enter a zip code of the MAPD plan you are selling
5. Click find plans and costs
6. Click see plans and costs for MAPD
7. Click 2013 plan year
8. Click Go
9. Enter or Skip age and health information
10. Enter or skip enter prescriptions
11. Under the MAPD plan click the blue link view or print details
12. Click blue link provider directories
13. On top right of your iPad click open in iBooks
14. On top left click library

You just saved this pdf to your iBooks

Repeat for directories in other areas you sell