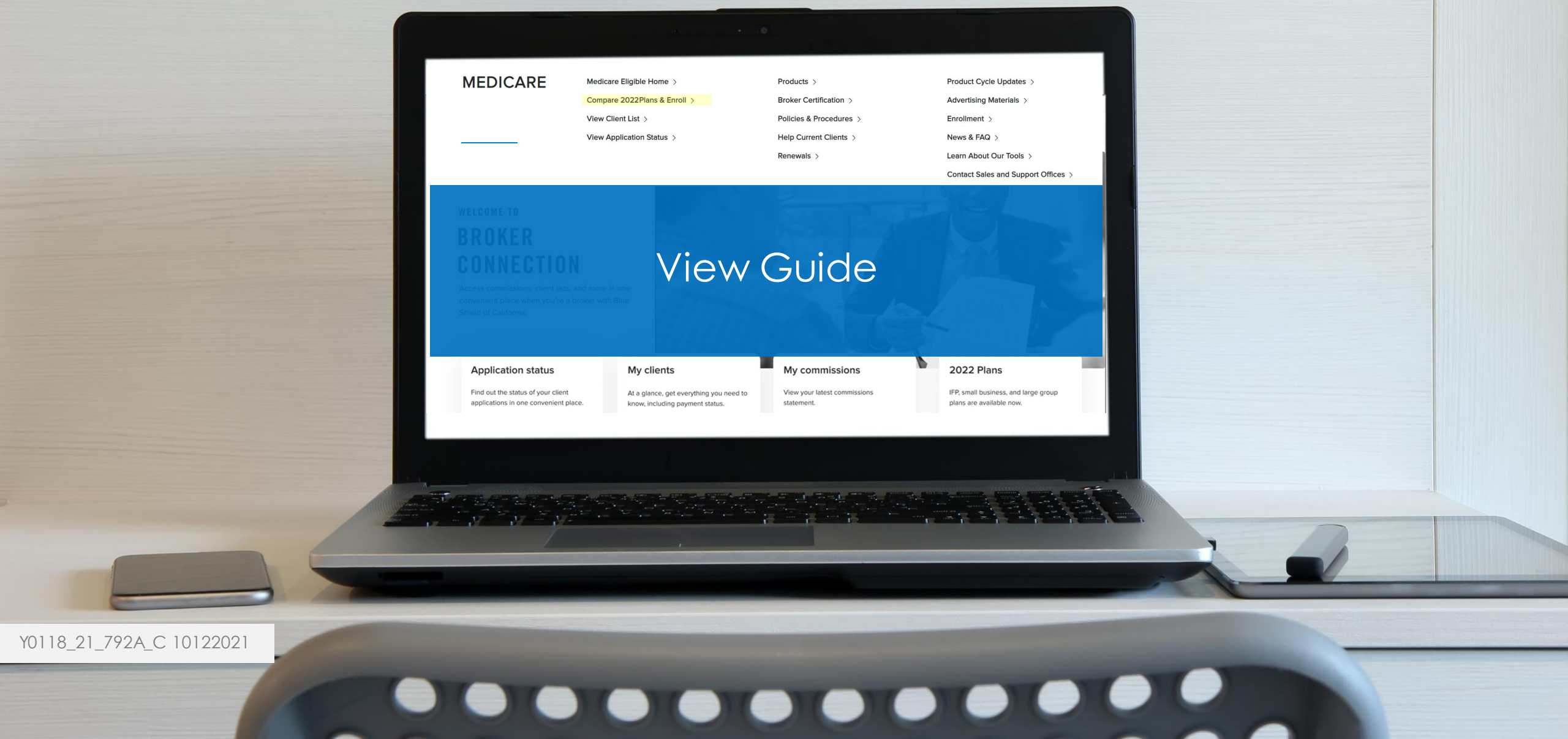
Blue Shield Medicare Enrollment Site
Reference Guide

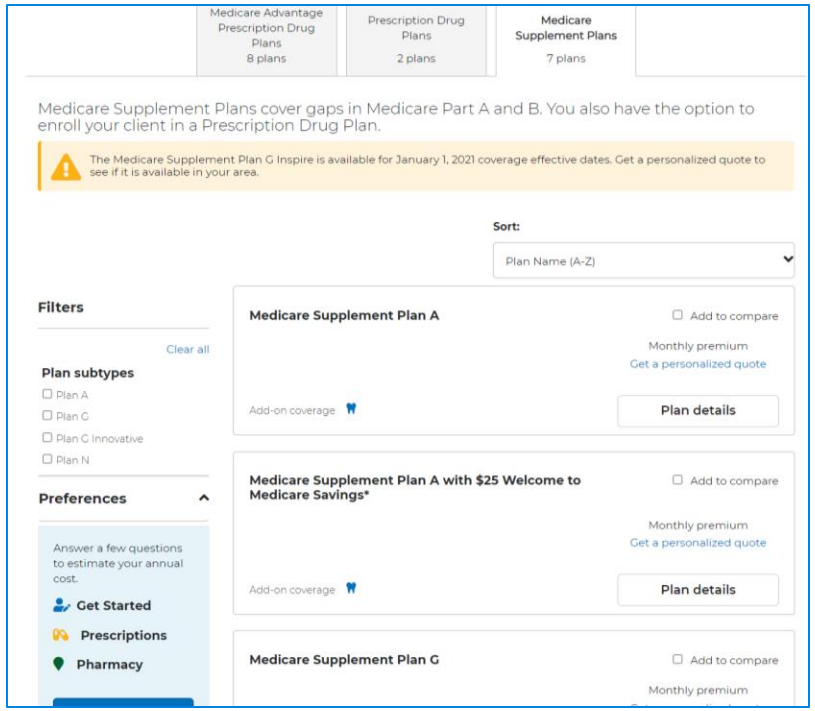


Overview

Our Online Enrollment system serves two basic purposes:

- Enrolling beneficiaries in Medicare and Medicare Supplement plans.
- Helping beneficiaries estimate their out-of-pocket expenses for each plan including their health, prescriptions, pharmacy, and the amount of coverage the plan offers.

Using this system, you will be able to enter all the beneficiary's information, compare plans, and enroll.



Questions ?

Contact US:

Blue Shield Producer Services Phone Number:

1-800-559-5905

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

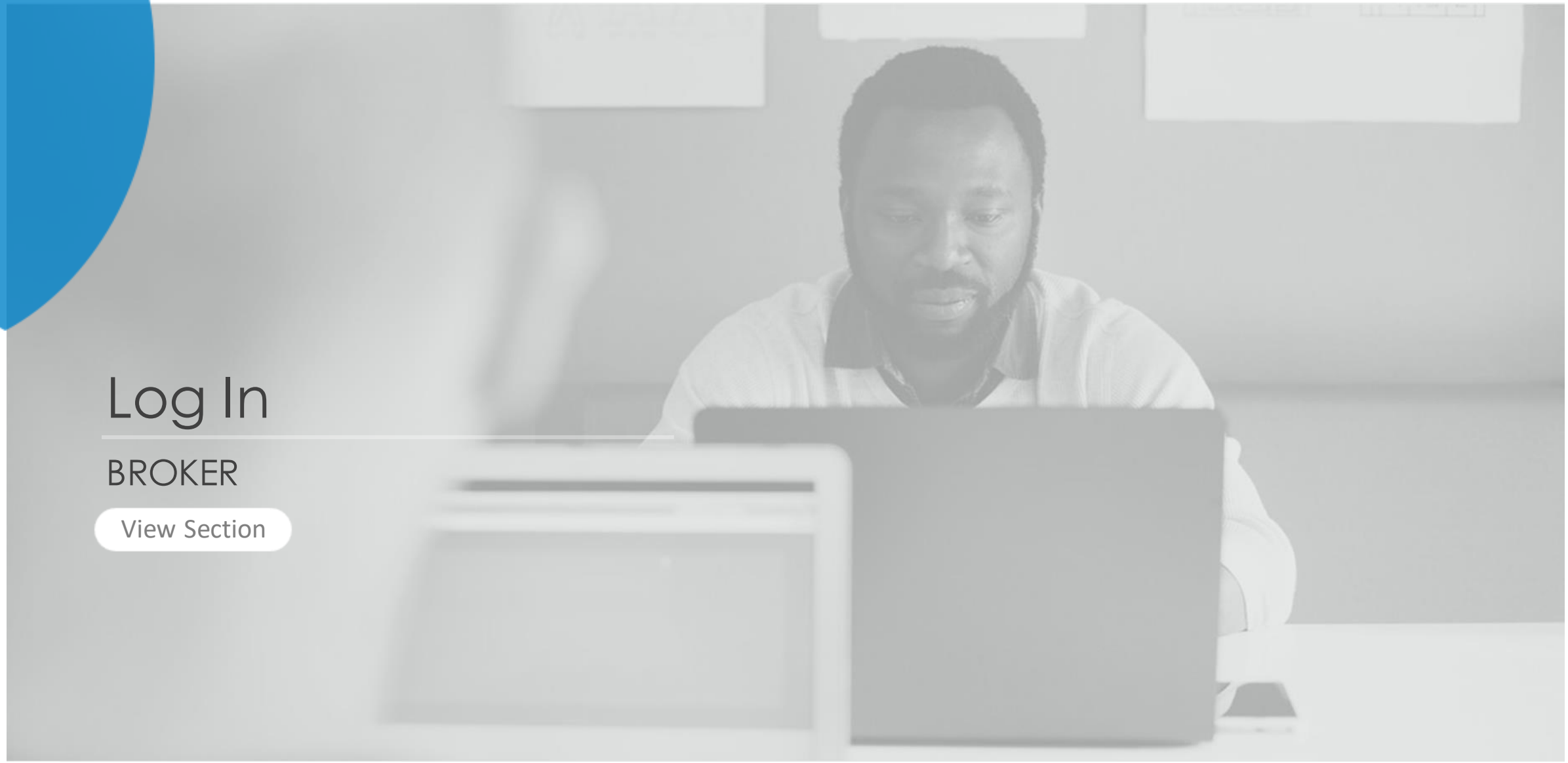
What's New for 2022

- Quick Quote for Medicare Supplement plans
- Send Quote to beneficiary via TEXT
- Cross sell Medicare Supplement plans and Prescription Drug plans upon selection
- Quick Quote: Add client name & Personalize quote summary message
- Add profile photo to Broker Account & communications
- USPS address suggestion on enrollment forms & consumer profile
- Print pages from header
- Consumer can view enrollment history
- Medicare Supplement "Statement of Health" page appears only when applicable (hidden if applicant does not qualify for guaranteed issue)
- Dental plan selected in cart will flow to BSC. (MAPD & MEDSUPP)
- Agent Dashboard.

Enrollment Begins

This year Medicare Enrollment Site for Medicare Annual Enrollment Period begins on October 15, 2021.

blue of california For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

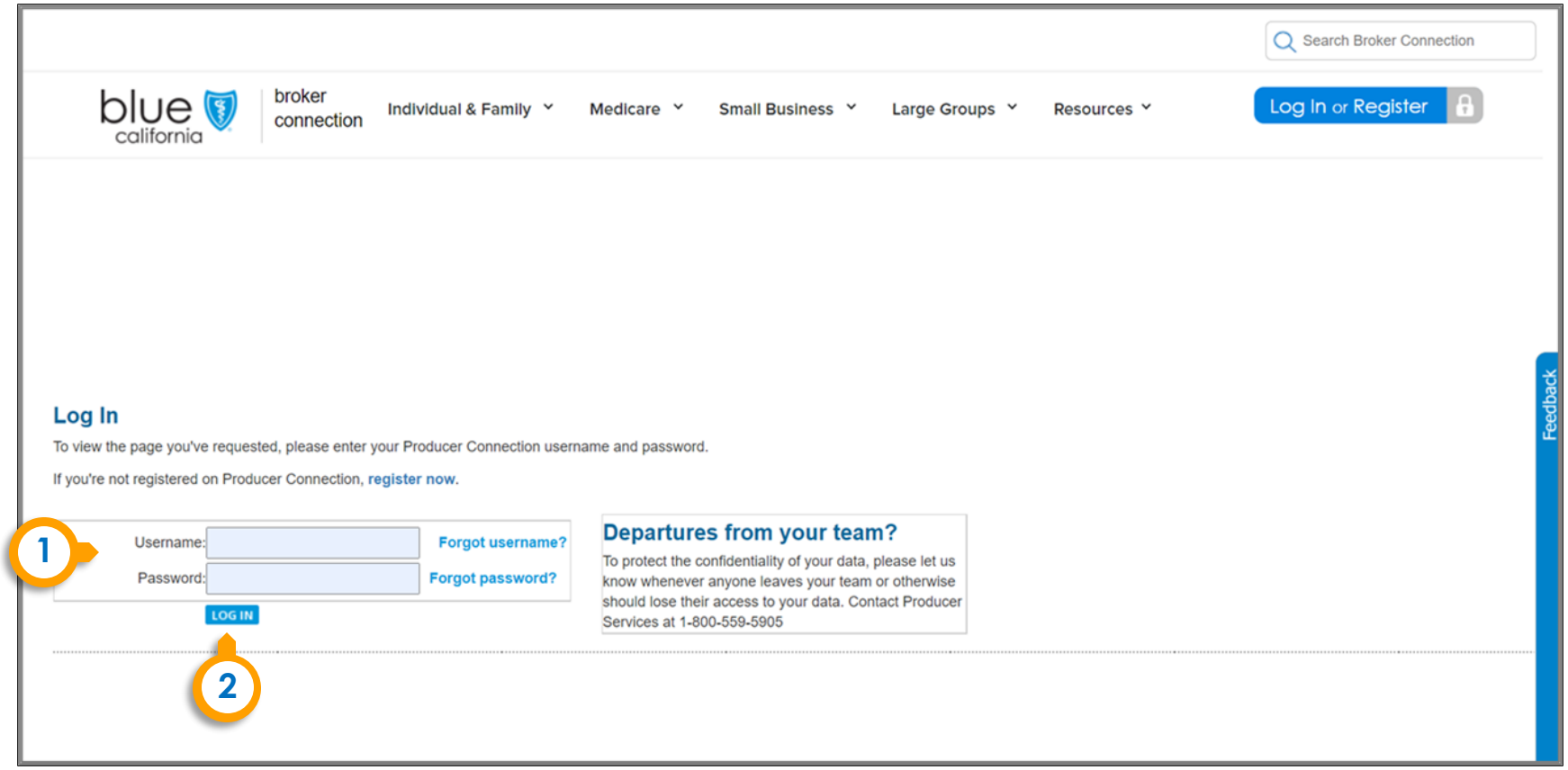


Log In

BROKER

View Section

Broker Login

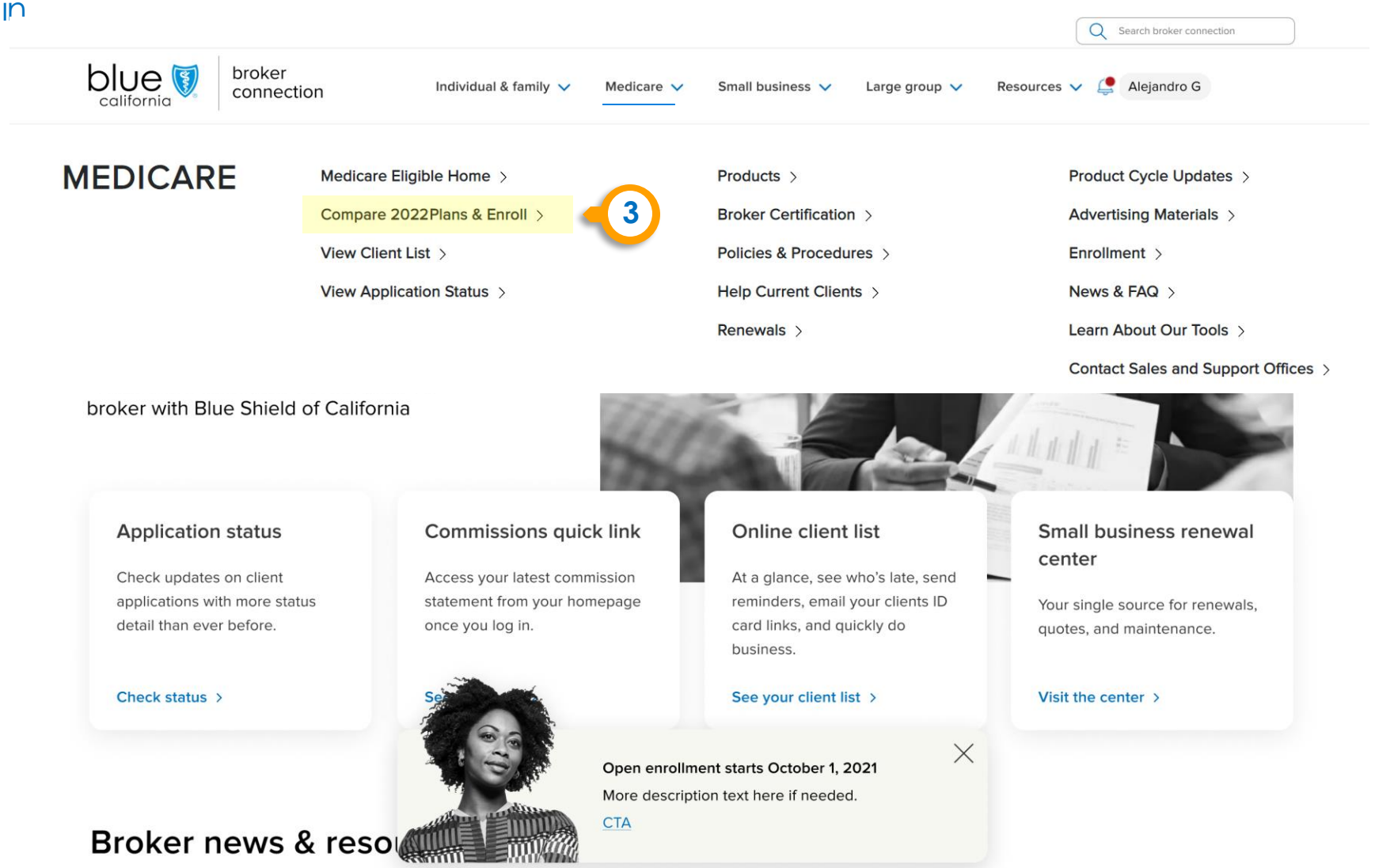


Log In Steps

1. Enter your **username** and **password.**
2. Click **Log In button.**

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Broker Login



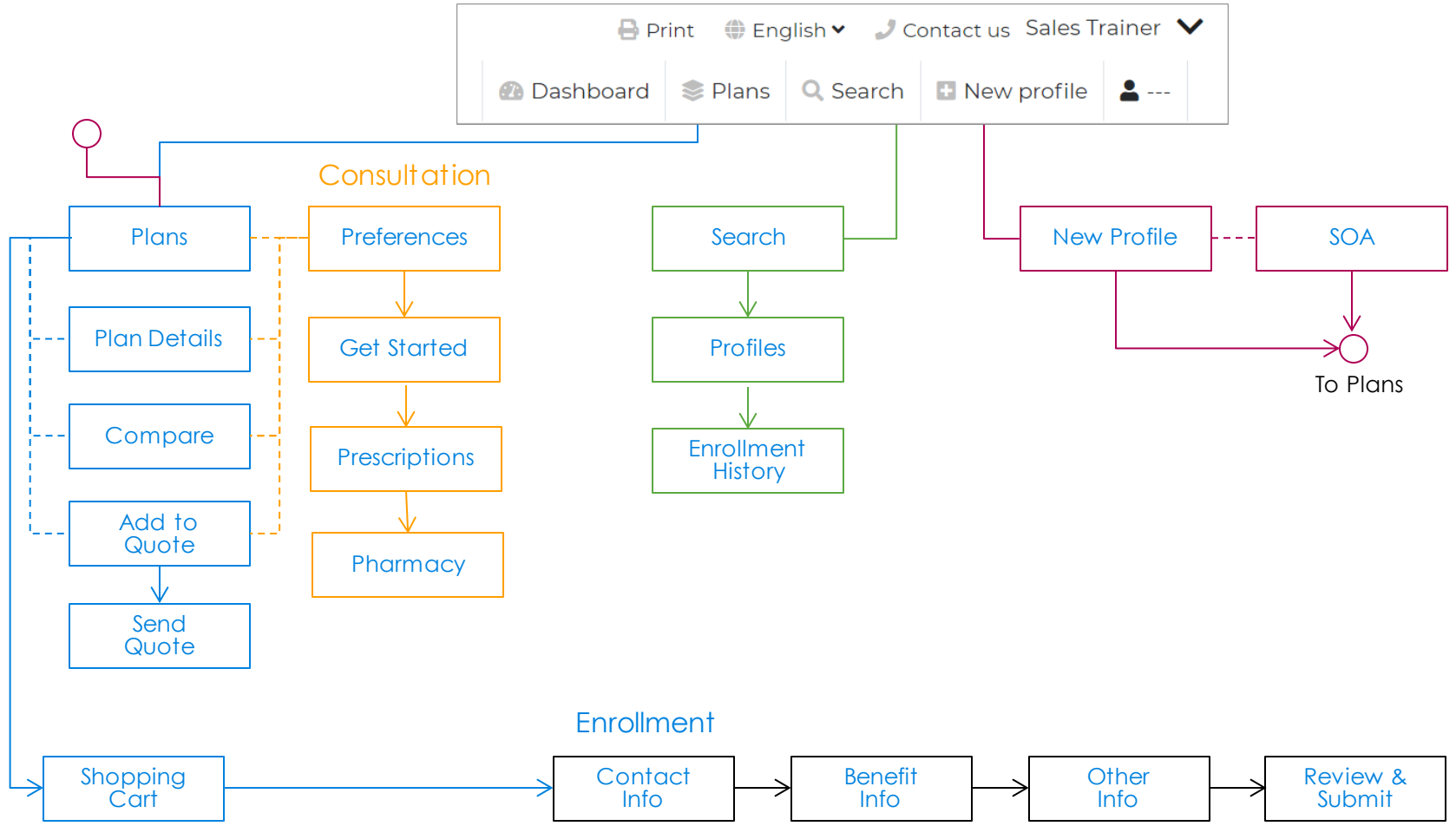
Log In Steps

3. Click the **Compare 2021 Plans & Enroll** link.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Site Navigation

Use the site flow diagram as a reference guide to navigating through the site.



Navigation Map

When you login to the site, you will be on the Dashboard page. The Dashboard is your home page that provides a snapshot of your activity.

There are three main areas within the site:

1. Plans
2. Search Profiles & Enrollment
3. New Profile

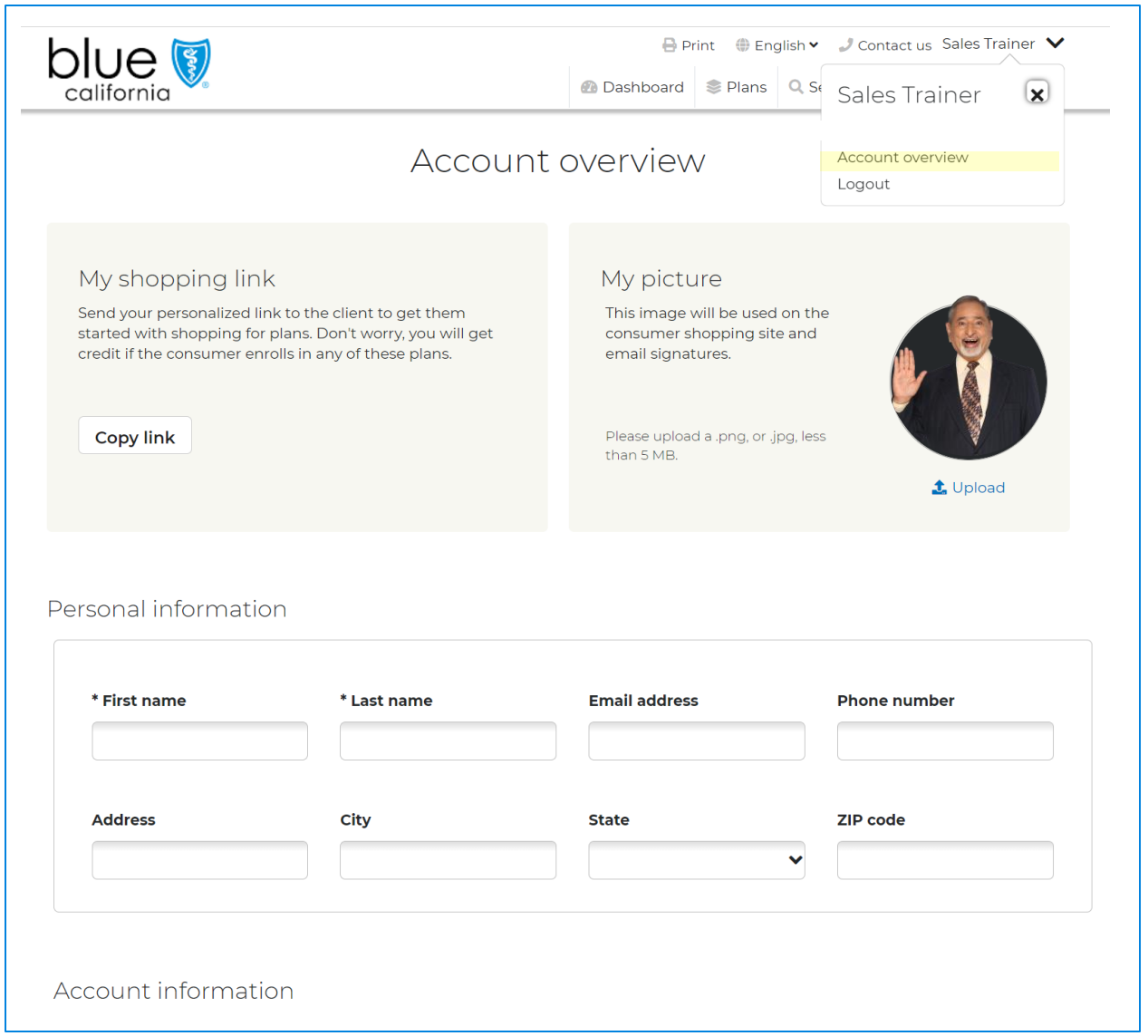
The diagram shows the associated screens for each area.

Note:

- Dotted lines indicate access to supporting site pages for the main screens.
- Sold arrow lines indicate typical process flow a person would follow during an enrollment.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Account Overview



Personal Sales Link

The Account Overview screen provides your personalized link.

Share this link with your clients to get them started shopping for plans.

You will get credit for the sale if your client enrolls in any of the plans you are authorized to sell.

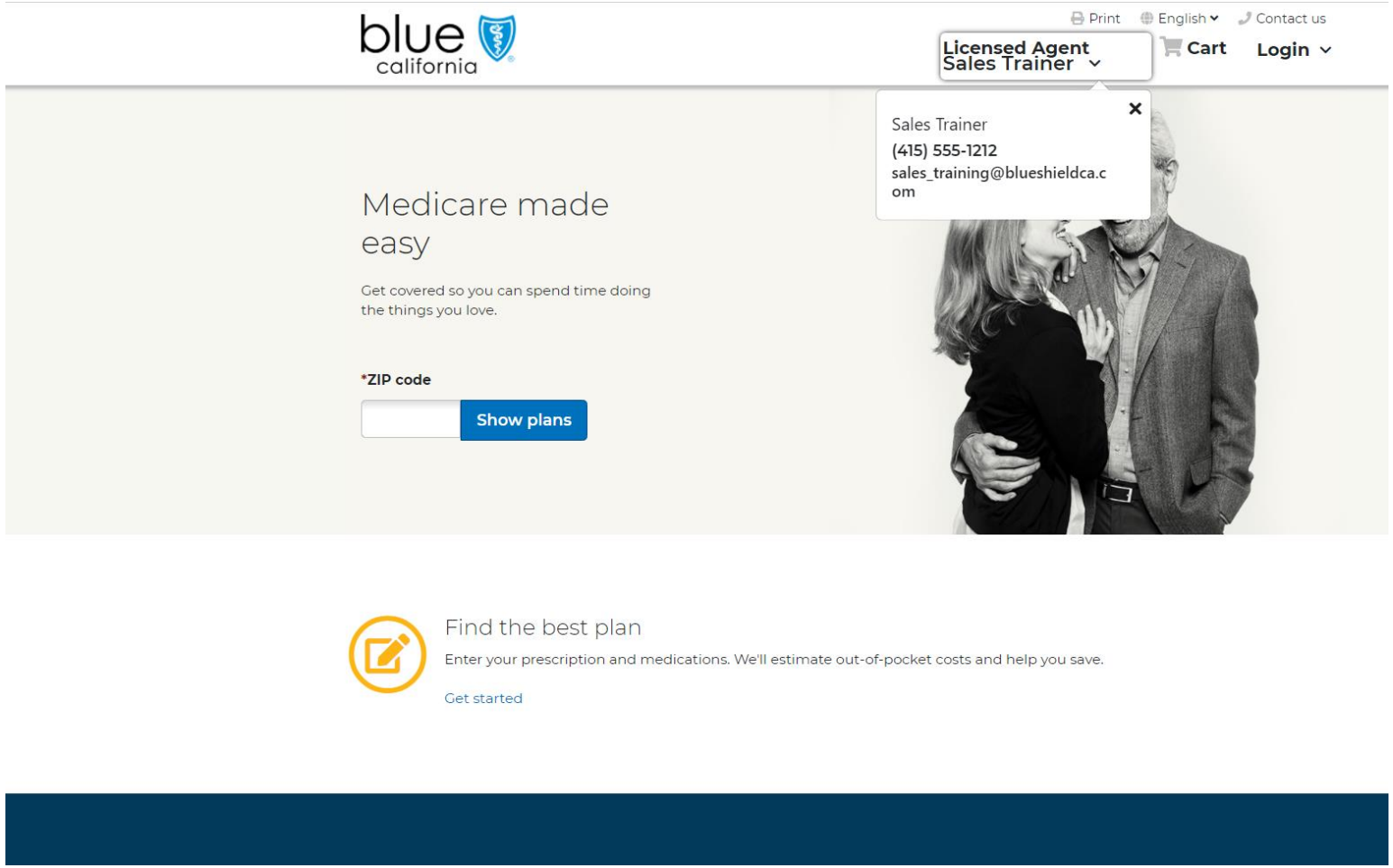
Note:

It's important to confirm your information including the NPN to ensure that you get credit for the sale.

You can make changes to the some of the fields and click the **Save My Account Info** button to update the information.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Site Navigation



Personal Link Page

When the prospect clicks your personal link, they will see your name and email at the top of the page.

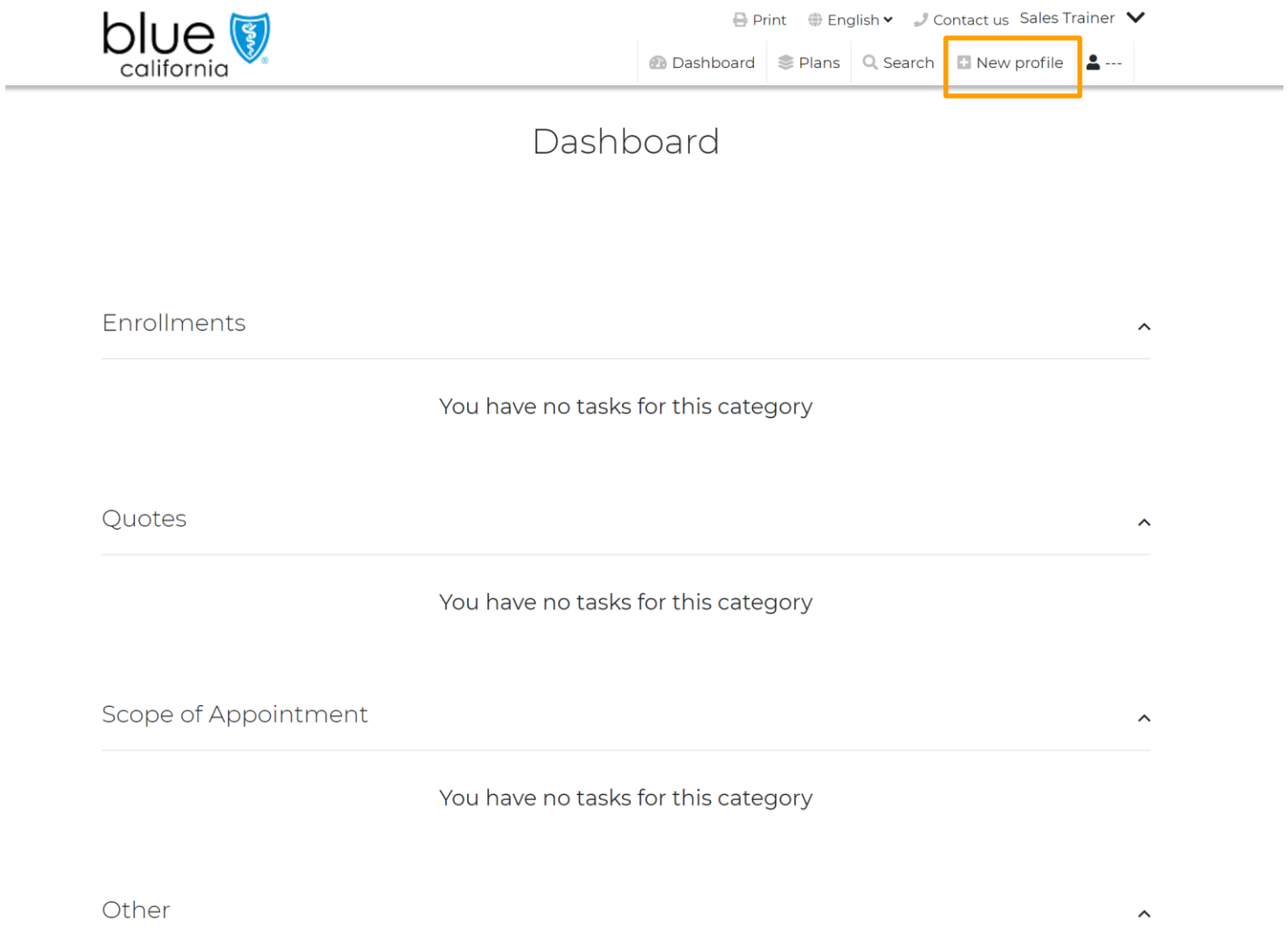
For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Start a New Consultation

View Section



Add Client

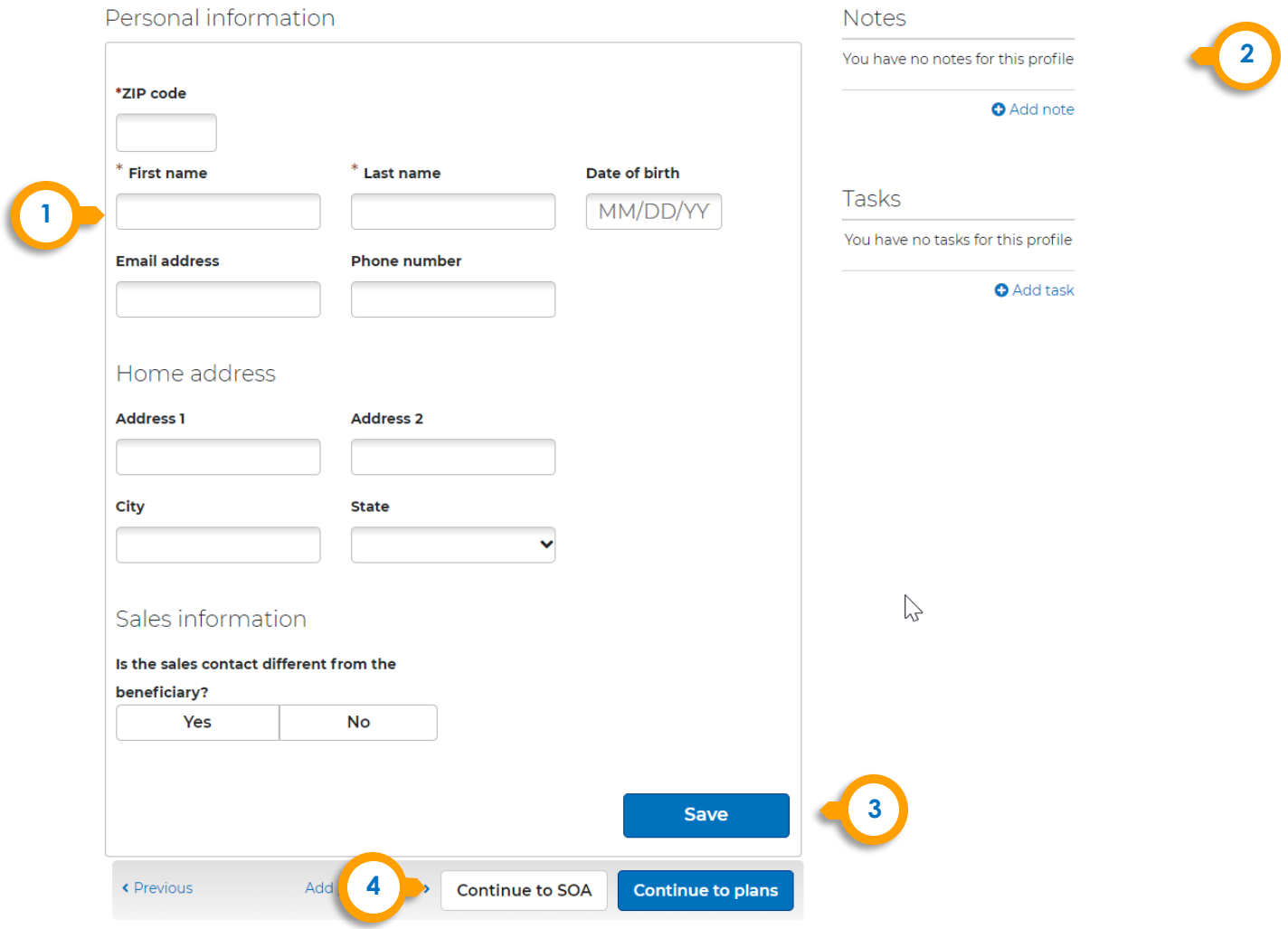


Create a Profile

Select **New Profile** to create a new beneficiary profile. Creating a profile will allow you to search and return to view all information related to this beneficiary record in the future.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Add Client



Create a Profile

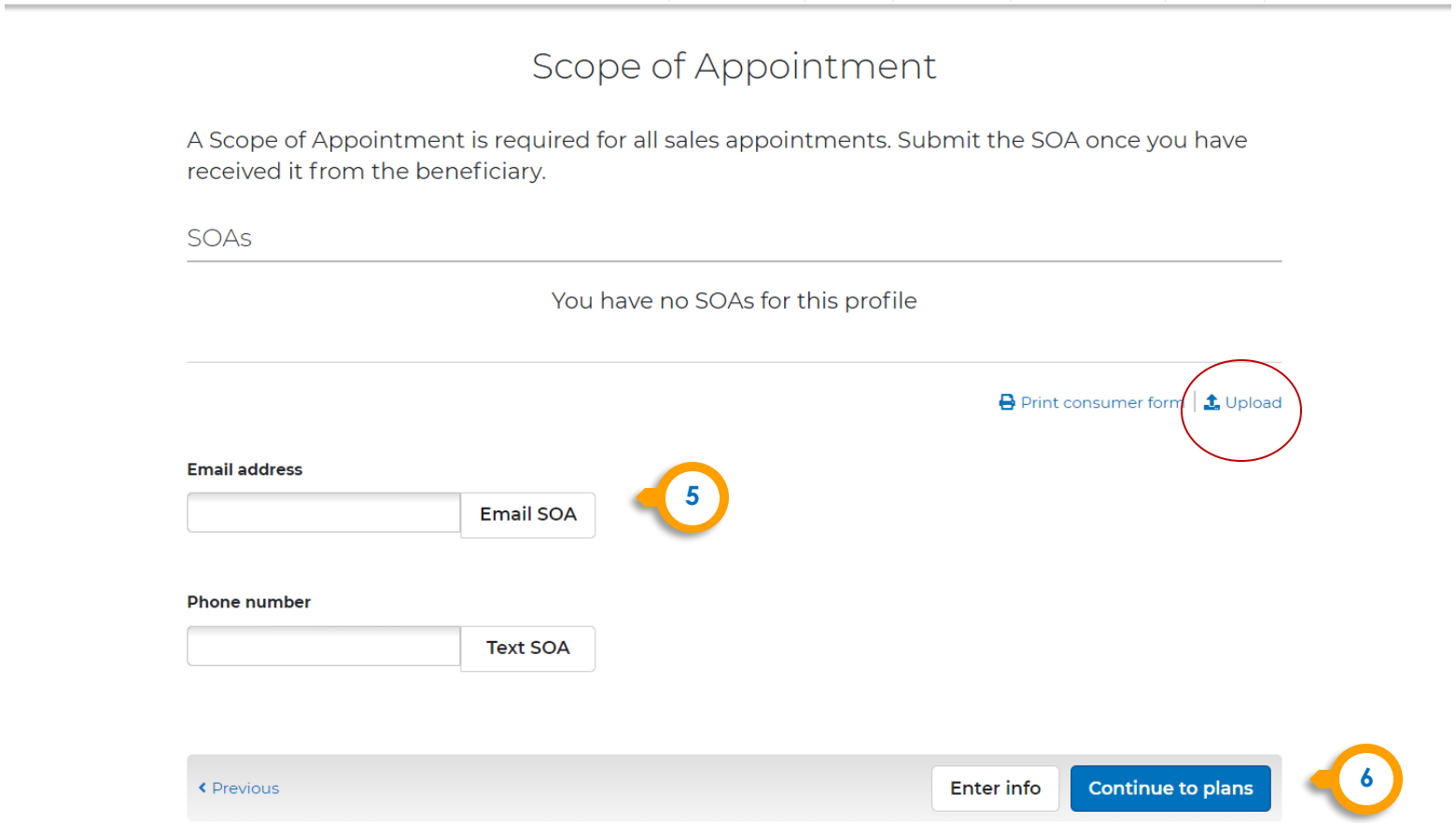
1. Begin by entering the beneficiary information sections:
   - Personal Information
   - Home Address
   - Sales Information (new section for 2021)
2. Add **Notes or Tasks** to the profile.
3. Click **Save.**
4. Click **SOA** to move to the Scope of Appointment screen.

Note:

Fields with an asterisk are required.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Scope of Appointment



SOA - Email

Electronically capture & store Scope of Appointment (SOA) confirmation.

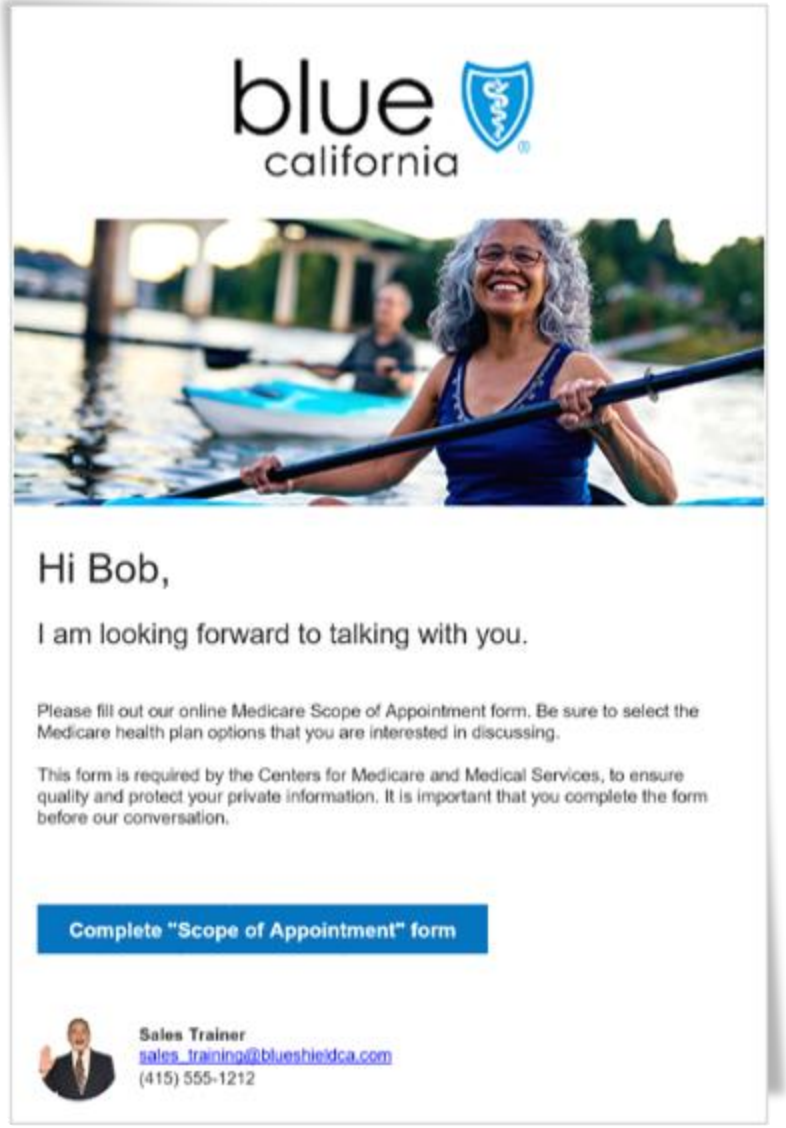
5. Complete the **Email or Text option** to send the SOA to yourself or the beneficiary.
6. Click **Continue** to plans.

Note:

- The agent receives confirmation that beneficiary has signed their SOA.
- The beneficiary receives confirmation SOA has been submitted.
- You can upload a copy of the SOA using the upload button.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Prospect SOA Email



SOA - Email

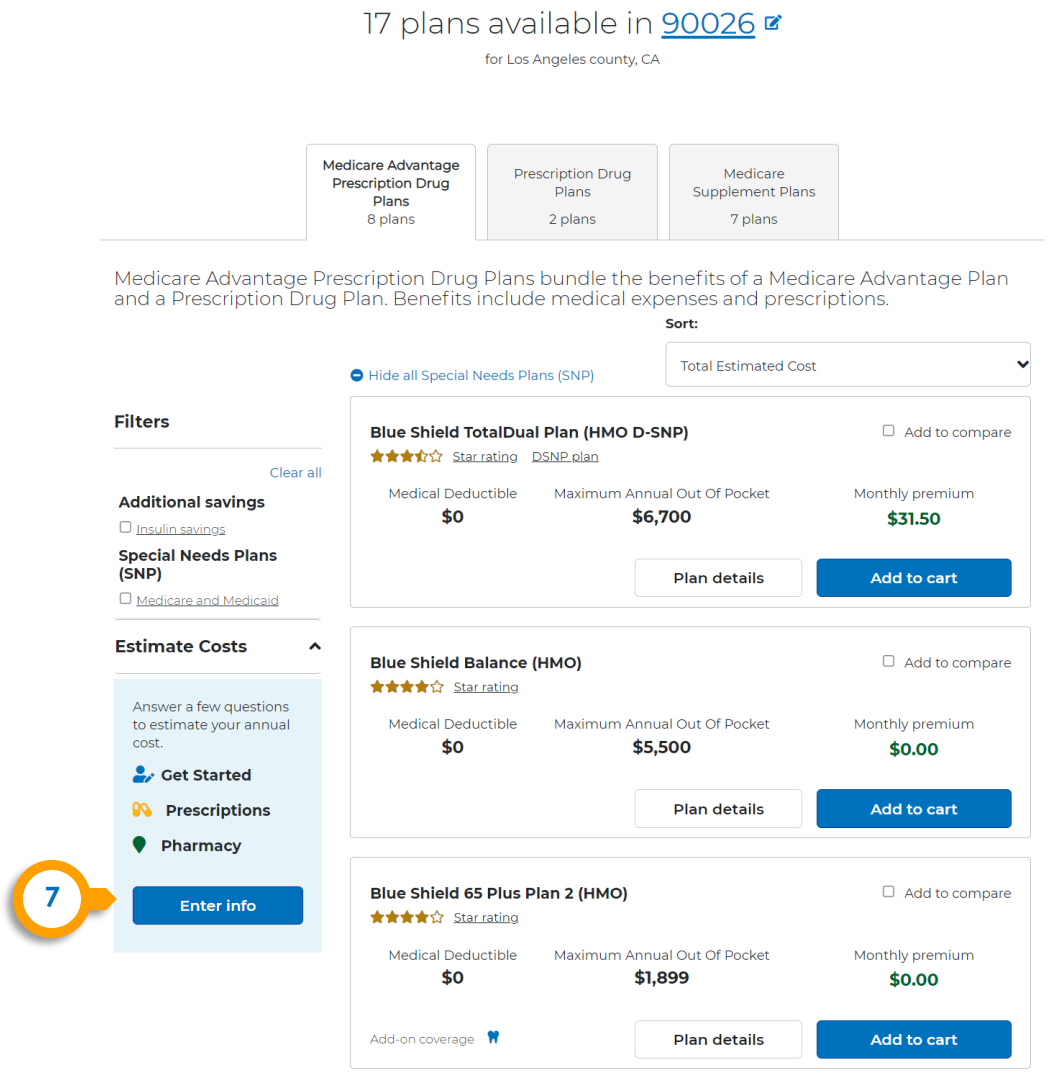
The beneficiary will receive an email or text with a link.

When they click the link, they are taken to the Scope of Appointment form.

When they complete form, you will receive an email notification.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Start Consultation



Preferences

Guided Help gives agents and beneficiaries the option of adding preferences for a more personalized shopping experience, along with the ability to see the most accurate cost estimates for every plan option.

From the **Get Started** page, the following can be added:

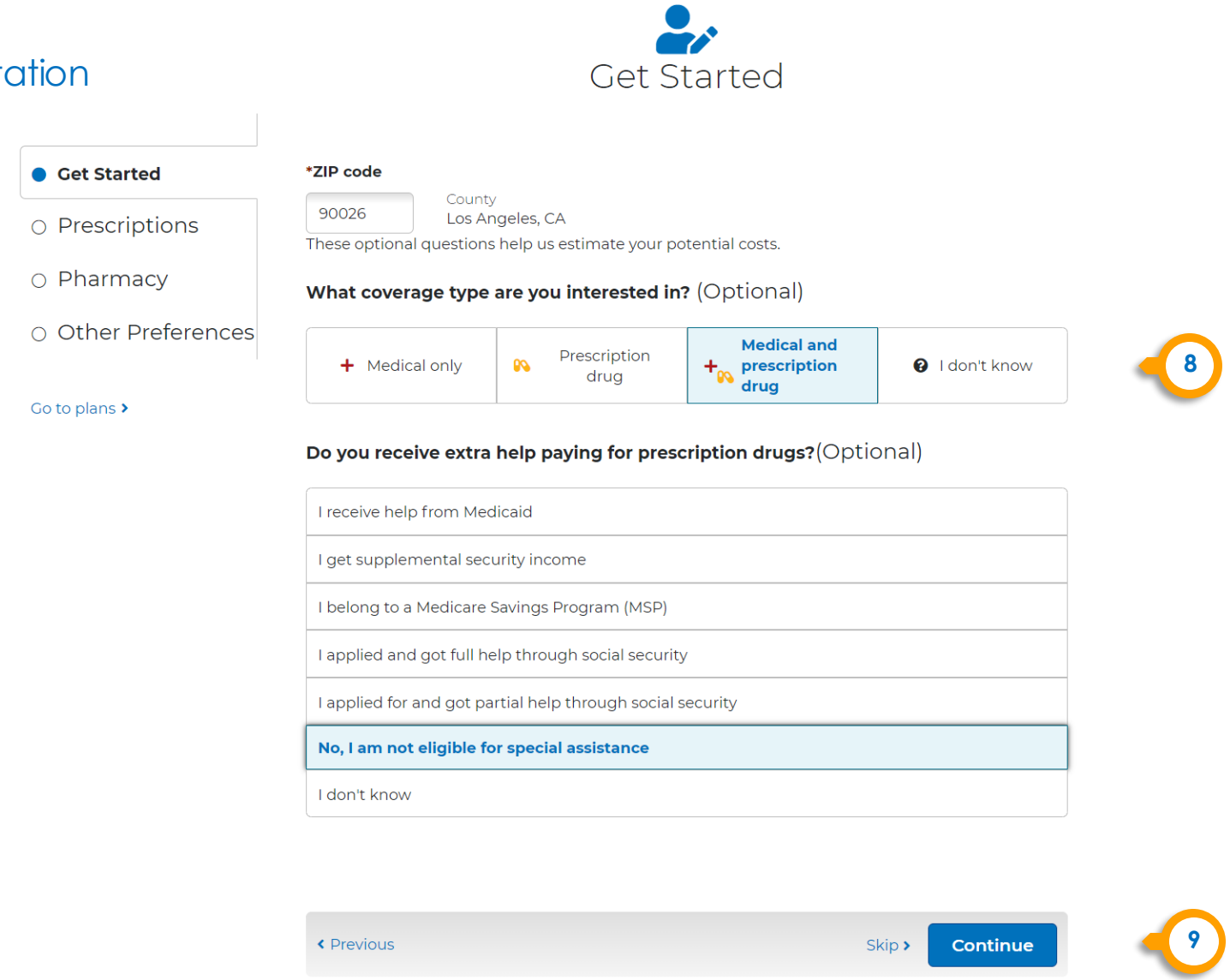
- Prescriptions
- Pharmacy

7. Select the **Enter Info** option to start the consultation.

Note: this section is optional.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Start Consultation



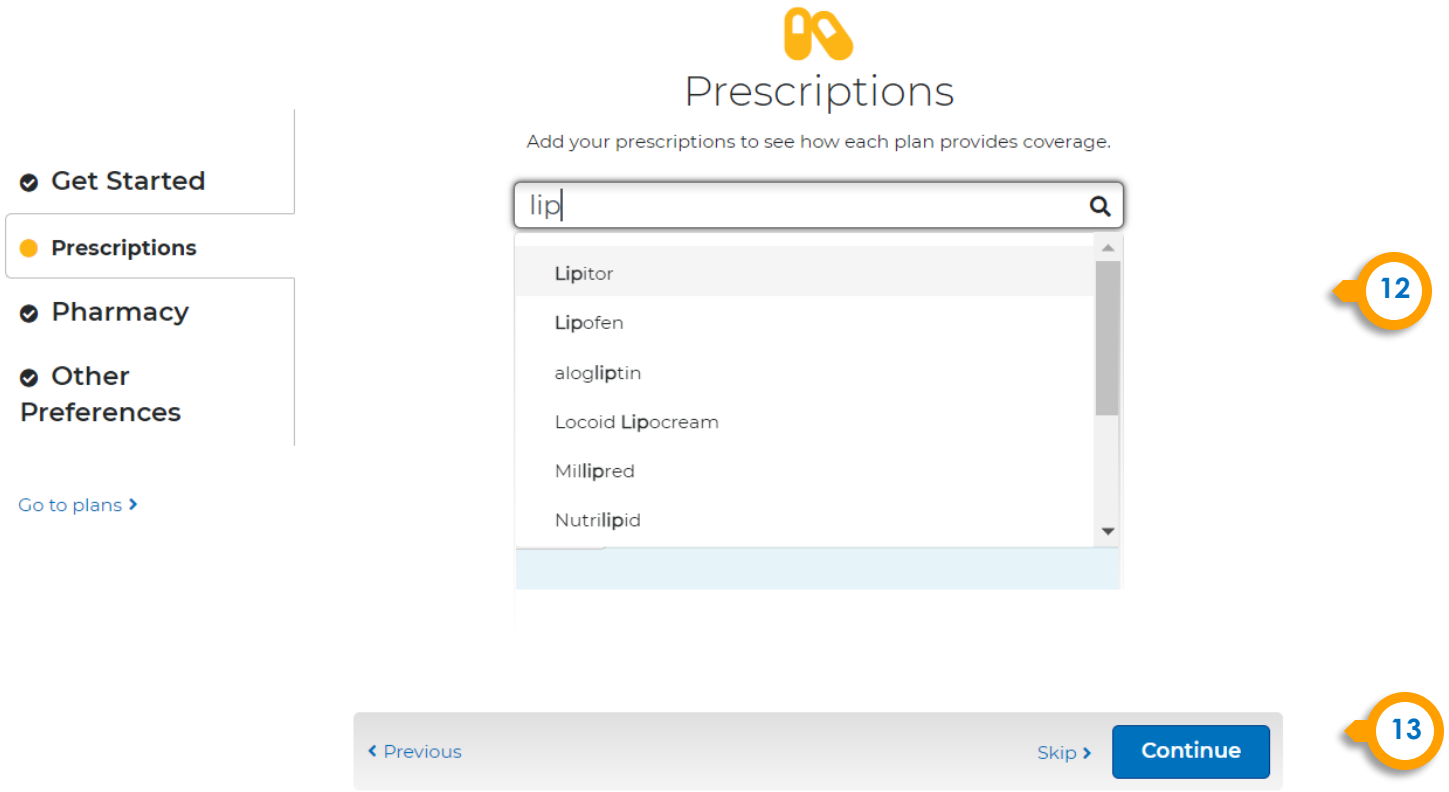
Get Started

8. Add what type of coverage the beneficiary is interested in.
9. Click **Continue**.

Note: this section is optional.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Start Consultation



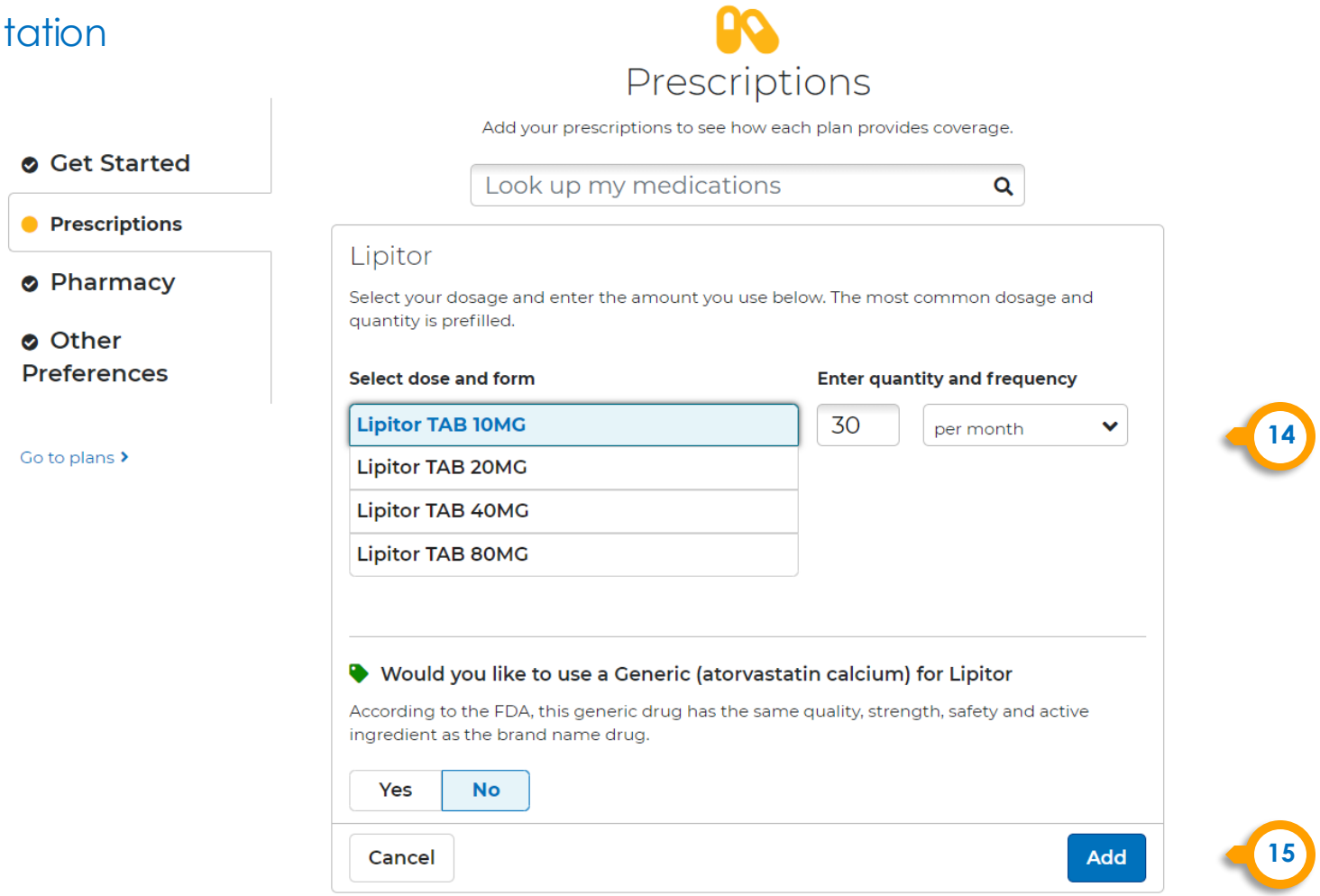
Prescription

12. Add prescriptions to see how each plan provides coverage.
13. Click **Continue.**

Note: this section is optional.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Start Consultation



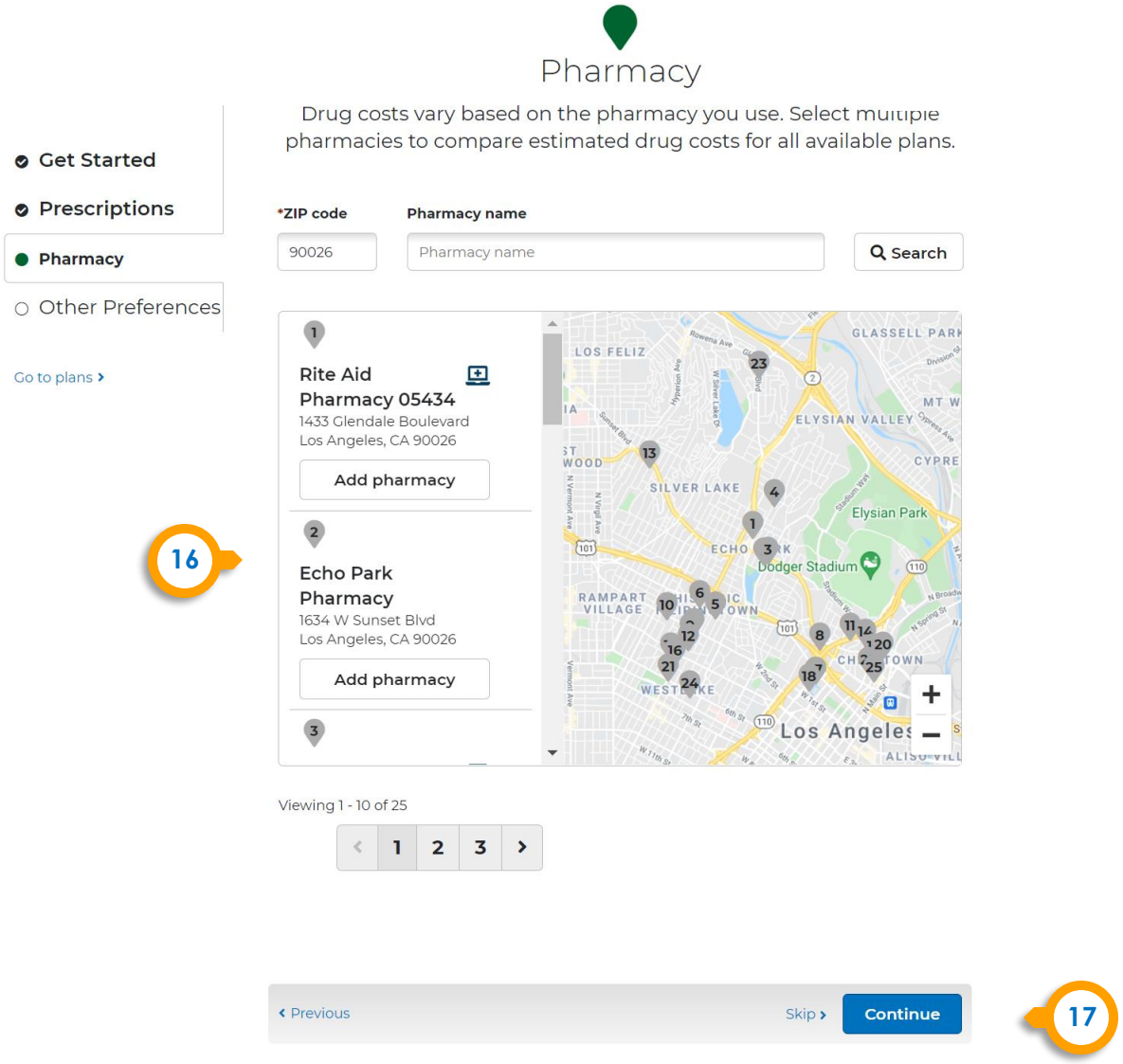
Prescription

14. Select the dose, form, and quantity. Indicate the generic preference, if available.
15. Click **Add** to continue.

Note: this section is optional.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Start Consultation



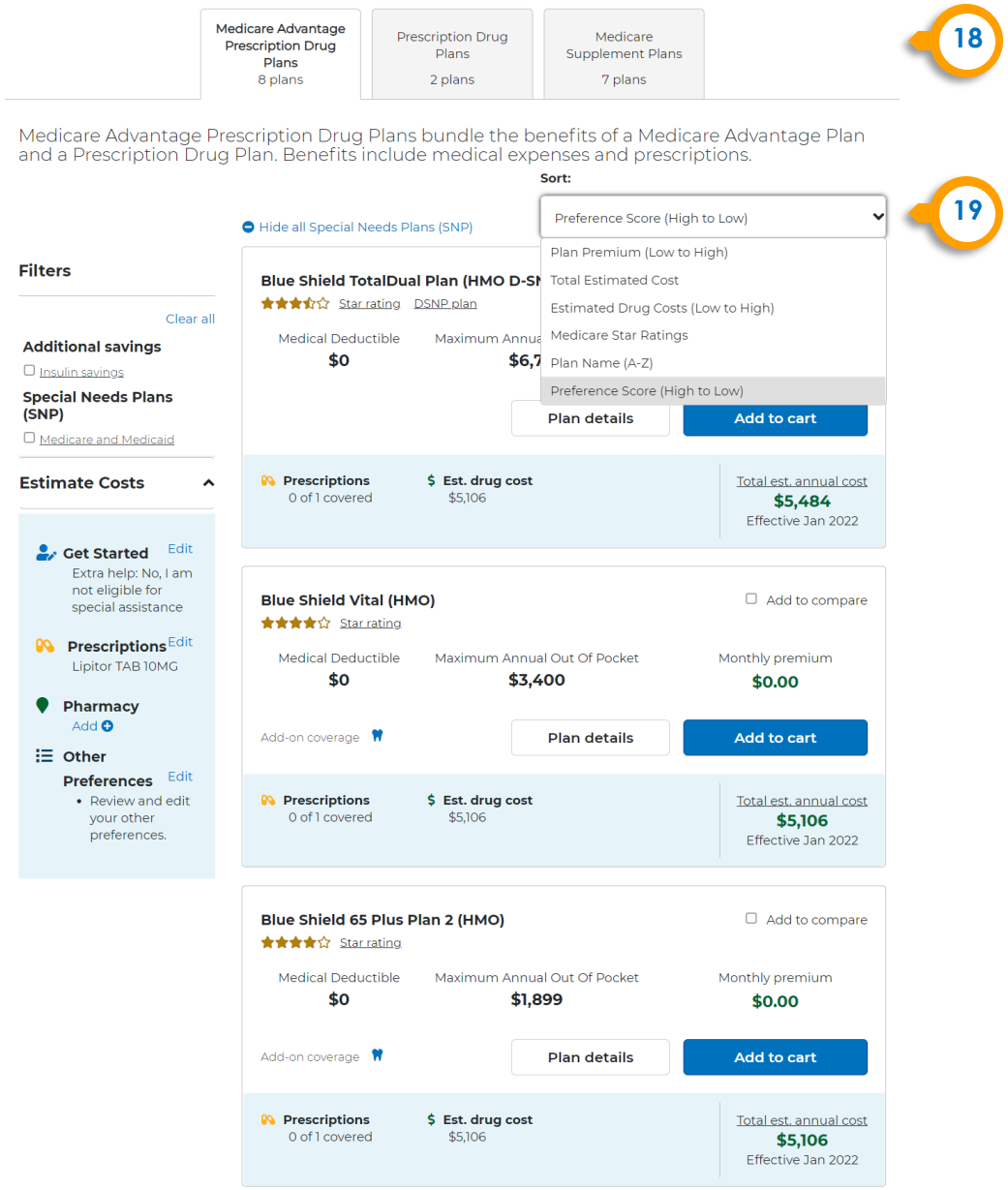
Pharmacy

16. Add the beneficiary pharmacy preference.
17. Click **Continue**.

Note: this section is optional.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Start Consultation



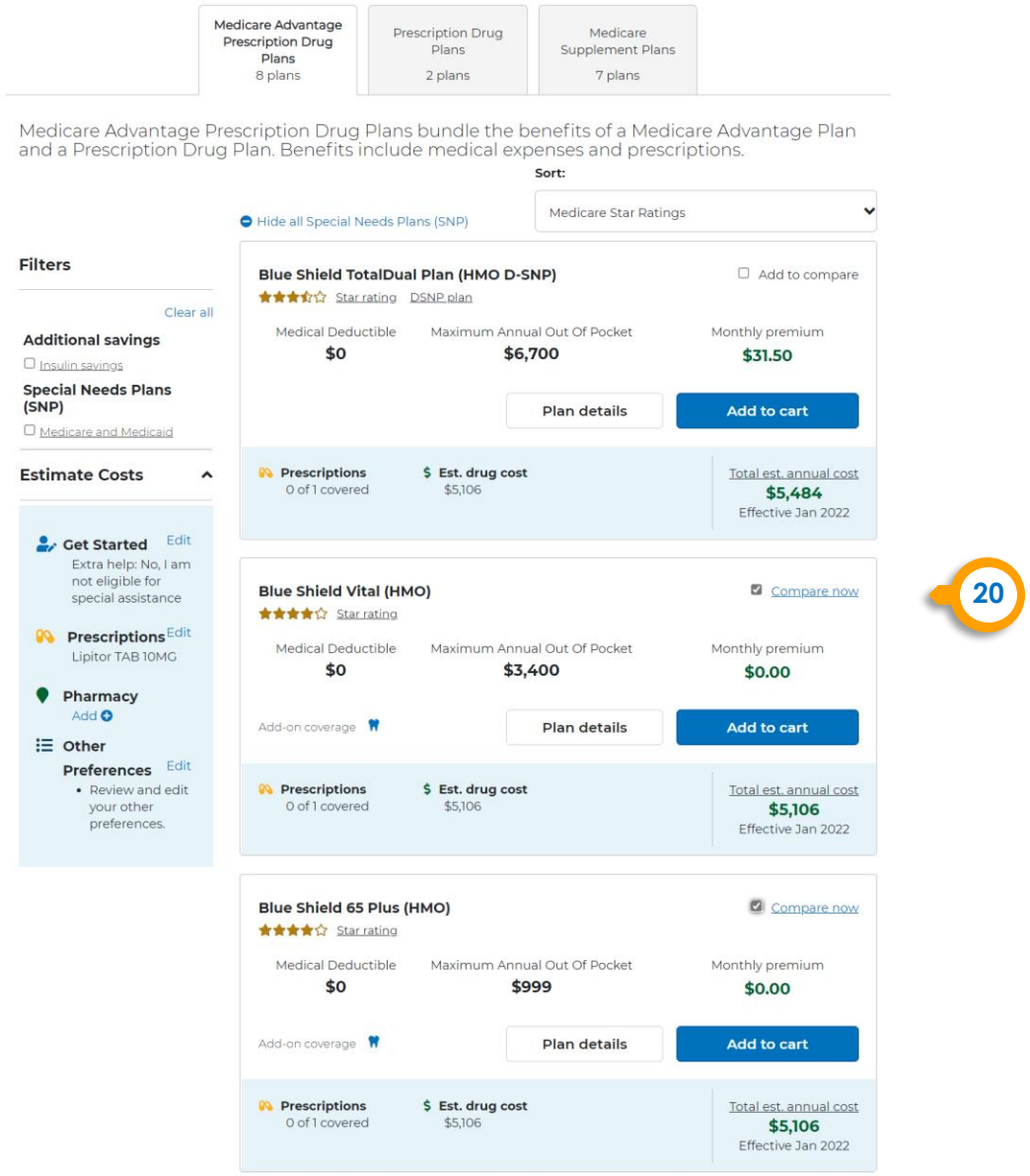
Plans

Available plans are shown for the beneficiary's zip code.

18. Select the tab to view available plans by type
    - Medicare Advantage Prescription Drug Plans
    - Prescription Drug Plans
    - Medicare Supplement Plans
19. Sort the plans by:
    - Plan Premium (low to high)
    - Total Estimated Annual Cost
    - Medicare Star Ratings
    - Plan Name (A –Z)

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Start Consultation



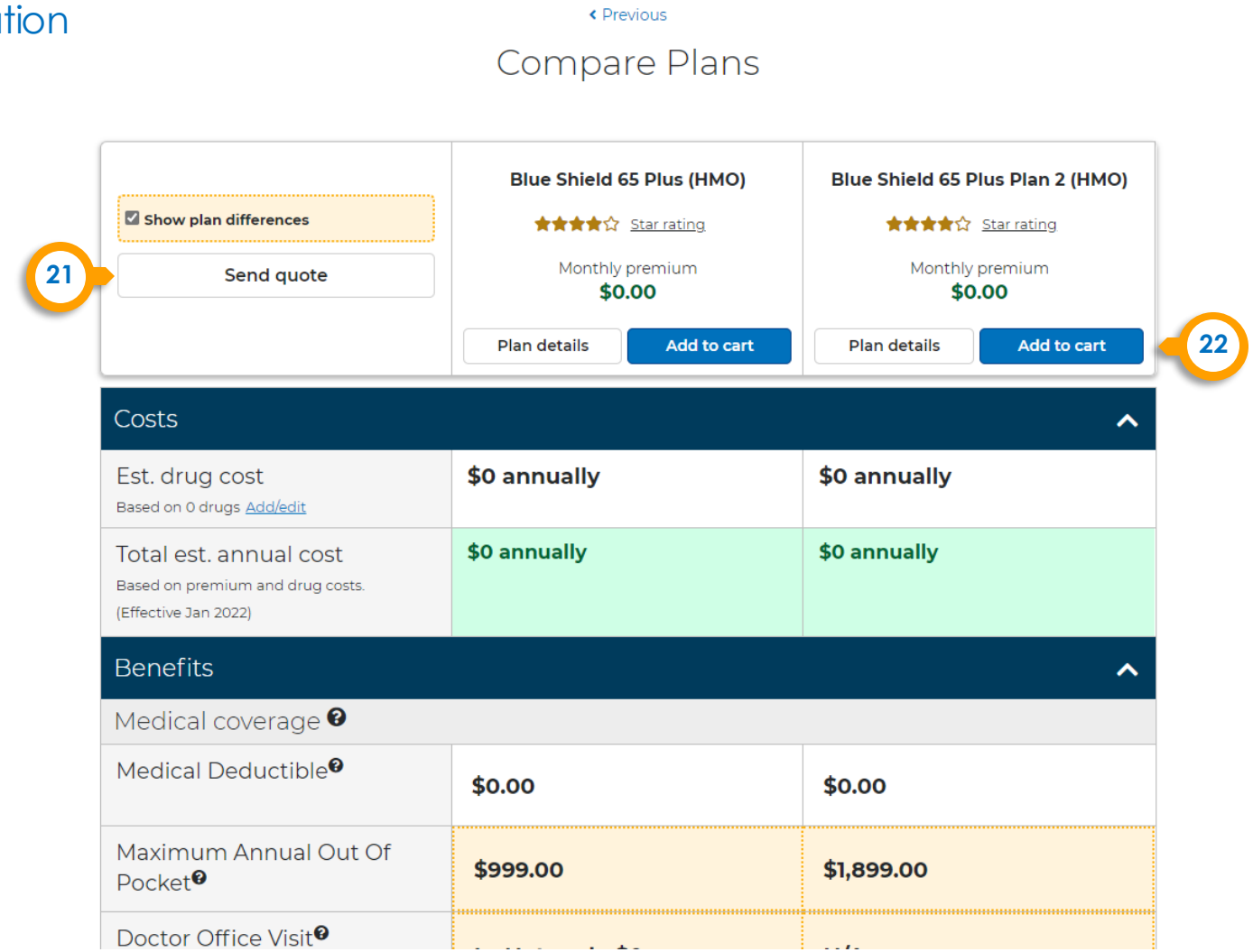
Compare Plans

Select up to three plans to compare side-by-side.

20. Check the box for each plan that you want to compare and click **Compare Now** to view the results.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Start Consultation



Plans

Expand each section to view the information for each plan side-by-side.

In the Preferences section, you can search for:

- Provider
- Prescriptions
- Pharmacy's

From this page, you can:

21. Send a quote.
22. Add a plan to the shopping cart.

Note:

Differences between plans are highlighted in orange.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

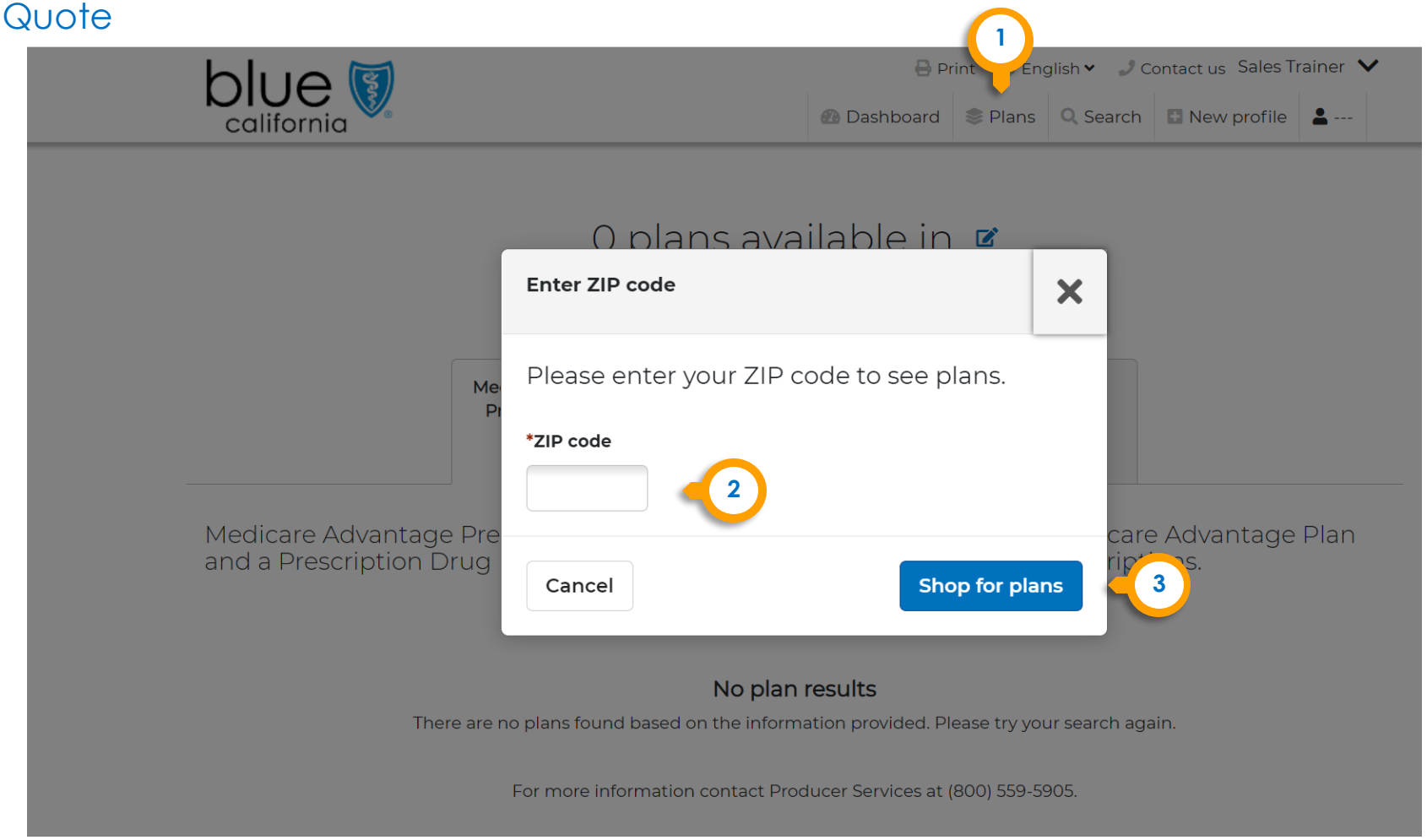
Send a Quick Quote

View & Compare plans

View Section



Quick Quote



Plans

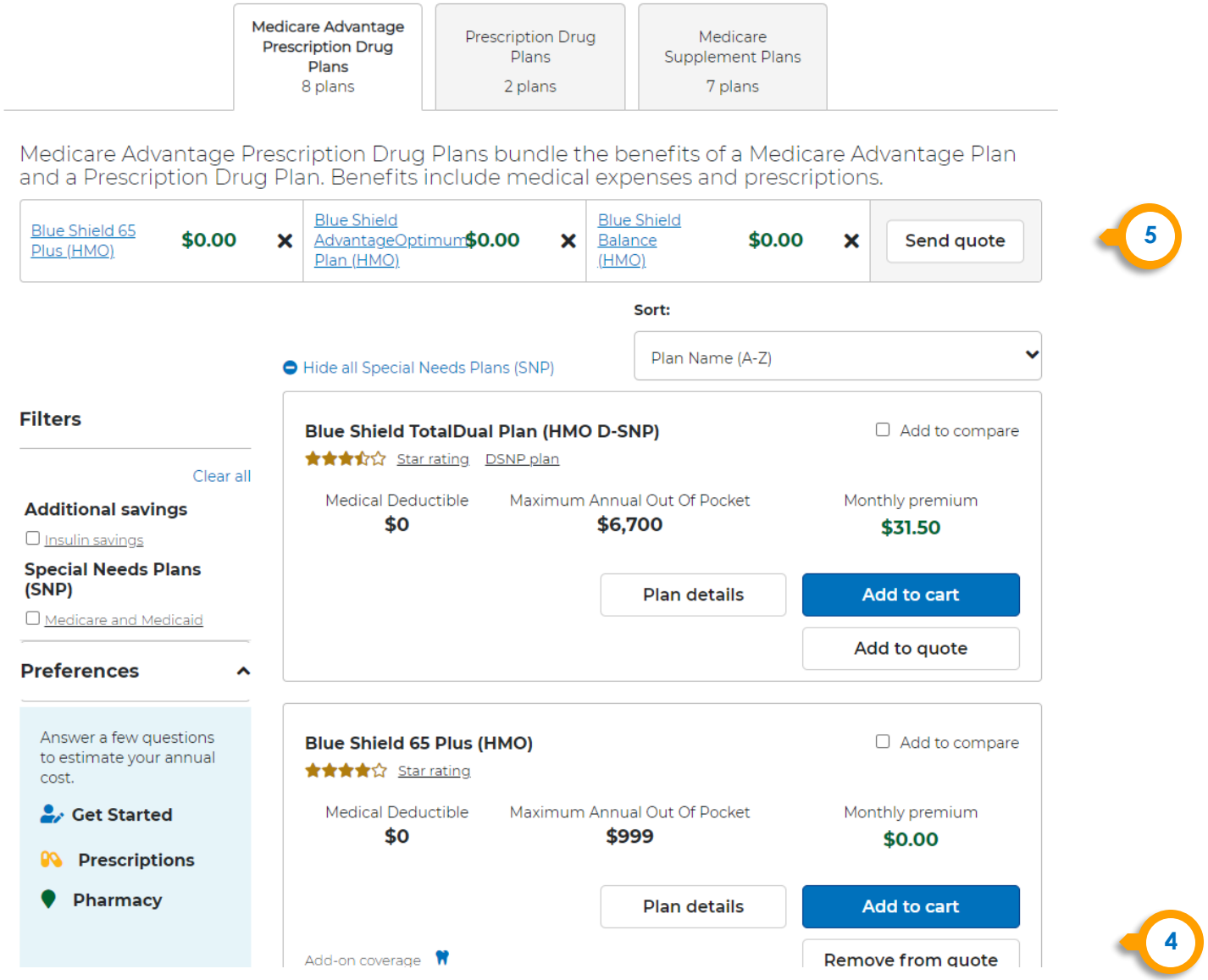
Available plans are shown for the beneficiary's zip code.

1. Select **Plans** from the menu bar.
2. Select the **Edit Zip Code** button.
3. Enter the zip code and click **Shop for Plans** to continue.

Note: this section is optional.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Quick Quote



Plans

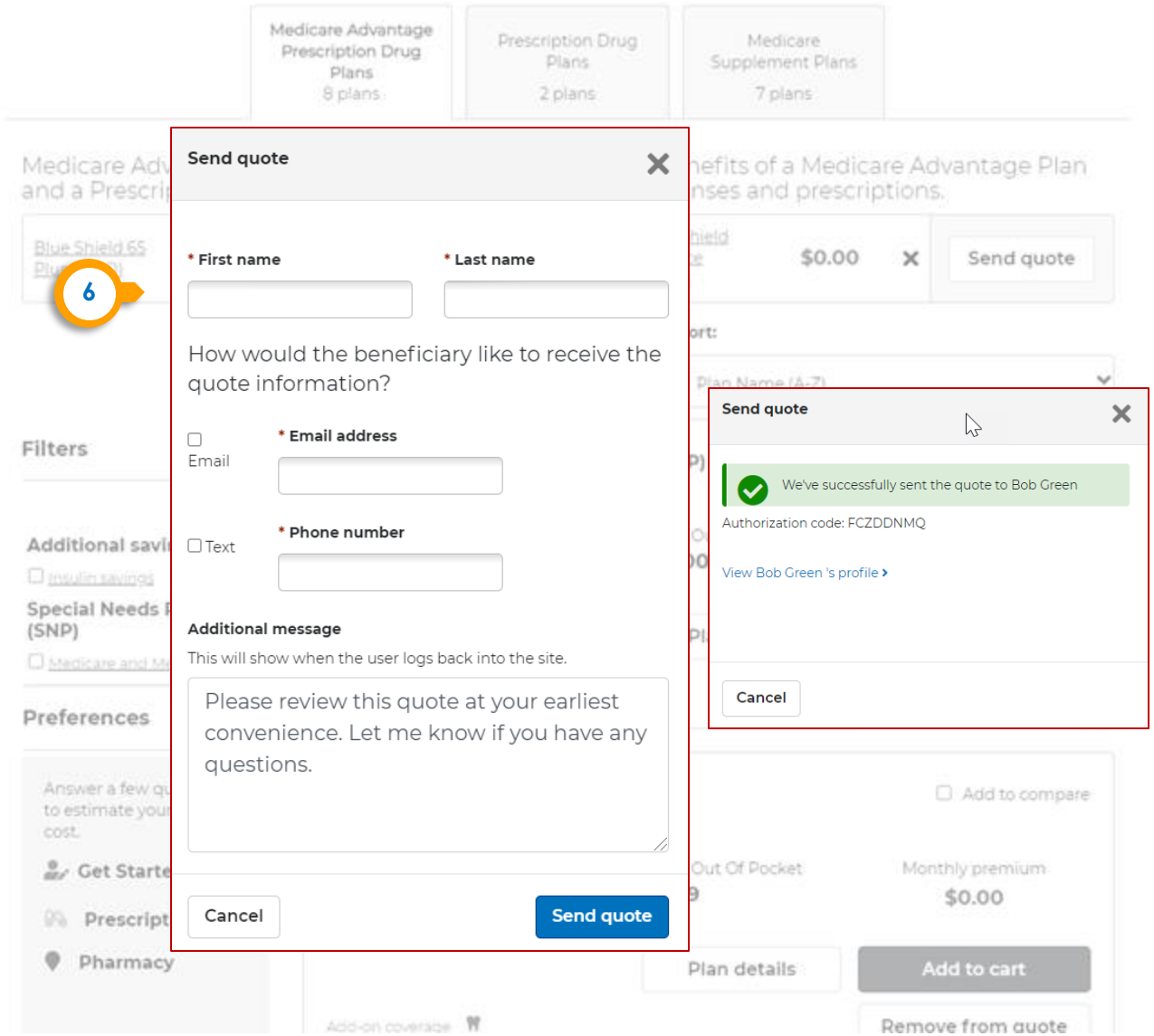
Available plans are shown for the beneficiary's zip code.

4. Send a quote with up to three plans (of the same type) at a time.
   - Click **Add to quote** button for each plan.
5. Click **Send quote** button.

Note: this section is optional.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Quick Quote



Send Quote

6. Complete the Send Quote form.
   - A confirmation screen is displayed.

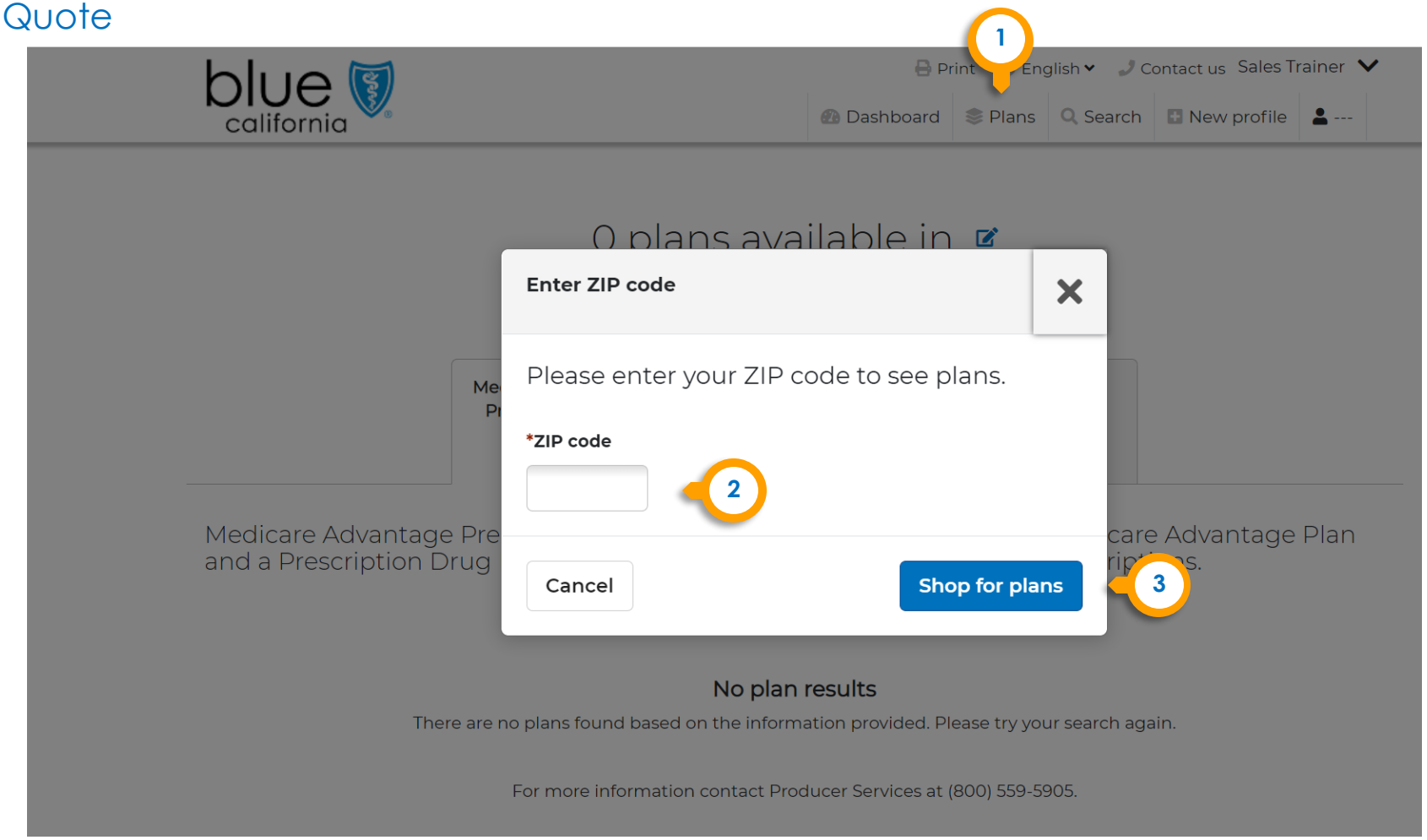
Note: this section is optional.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Medicare Supplement Plans

View Section

Quick Quote



Plans

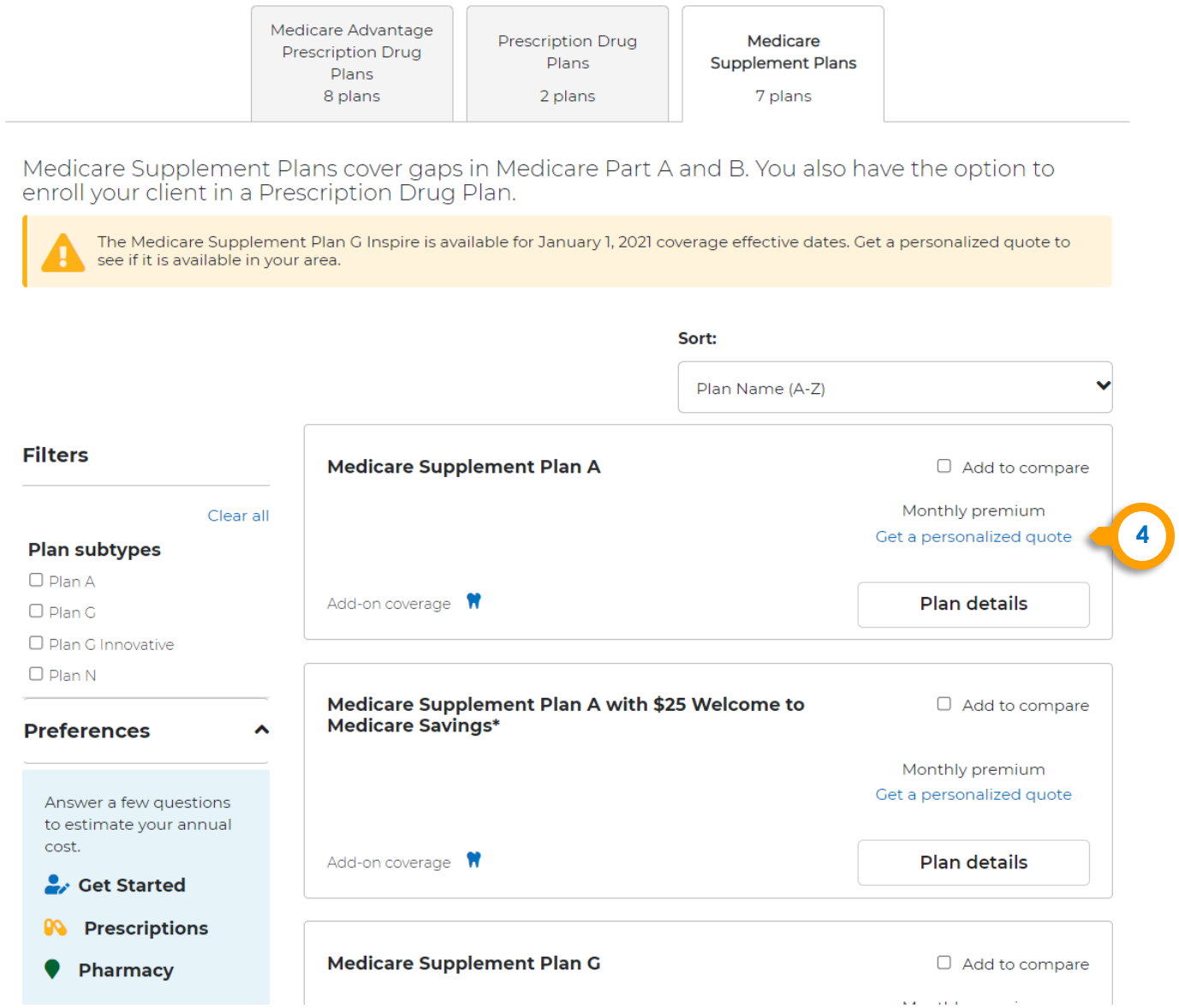
Available plans are shown for the beneficiary's zip code.

1. Select **Plans** from the menu bar.
2. Select the **Edit Zip Code** button.
3. Enter the zip code and click **Shop for Plans** to continue.

Note: this section is optional.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Quick Quote



Plans

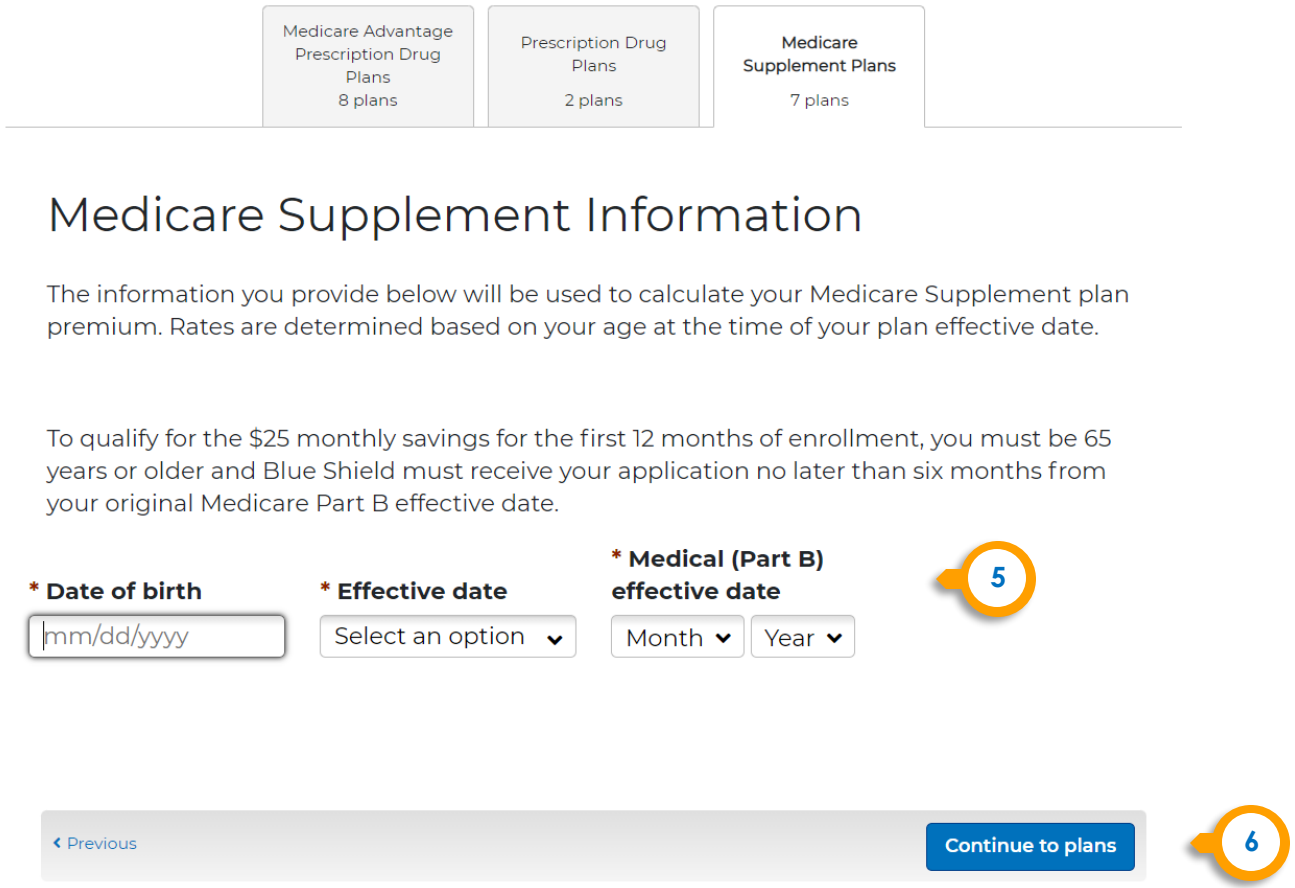
To view available plans for the beneficiary's zip code:

4. Click **Get Personalized Quote** link.

Note: this section is optional.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Quick Quote



Personalized Quote

5. Enter the beneficiary's details:

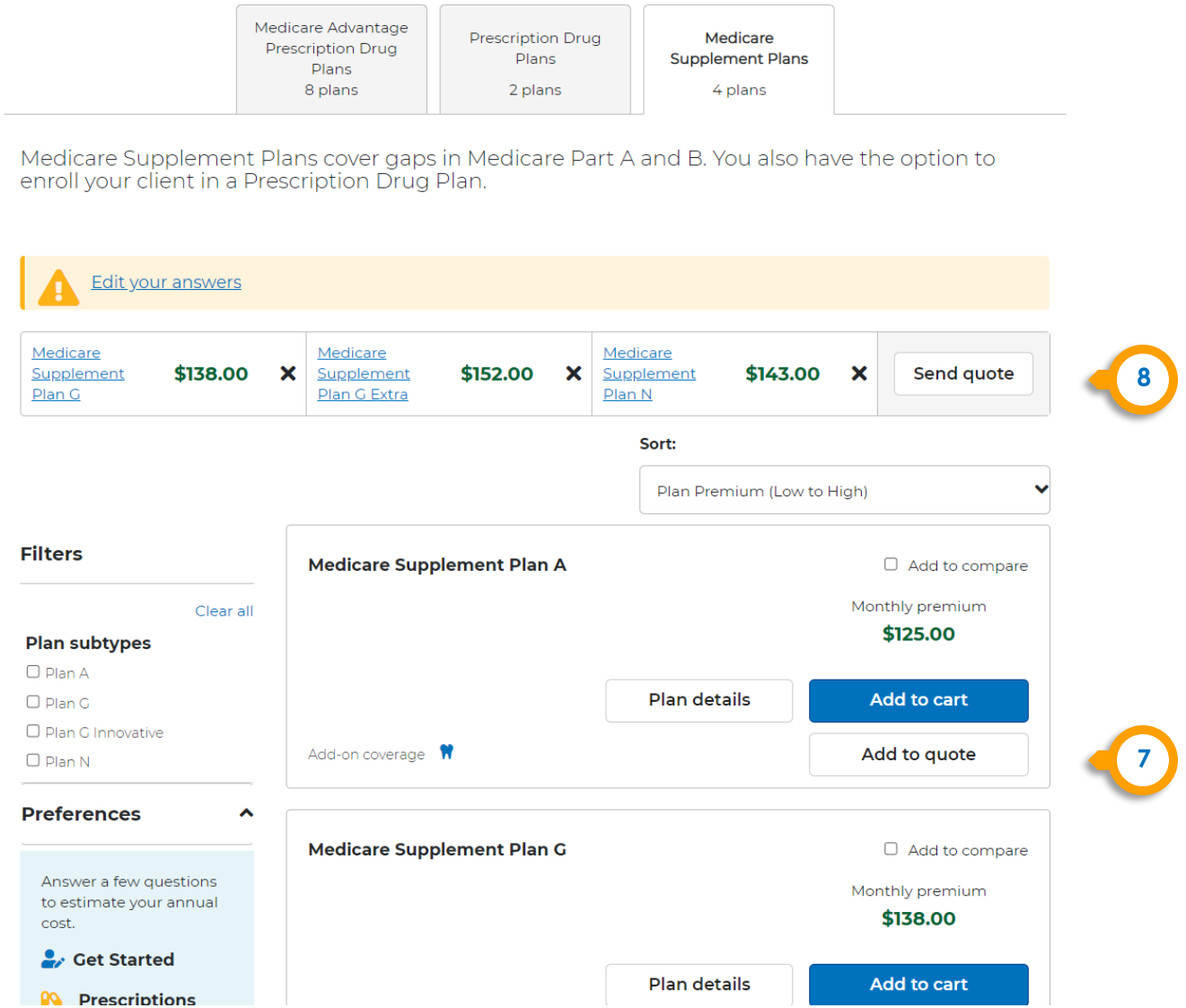
- Date of Birth
- Effective Date
- Medical (Part B) Effective Date

6. Click **Continue to Plans.**

Note: this section is optional.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Quick Quote



Plans

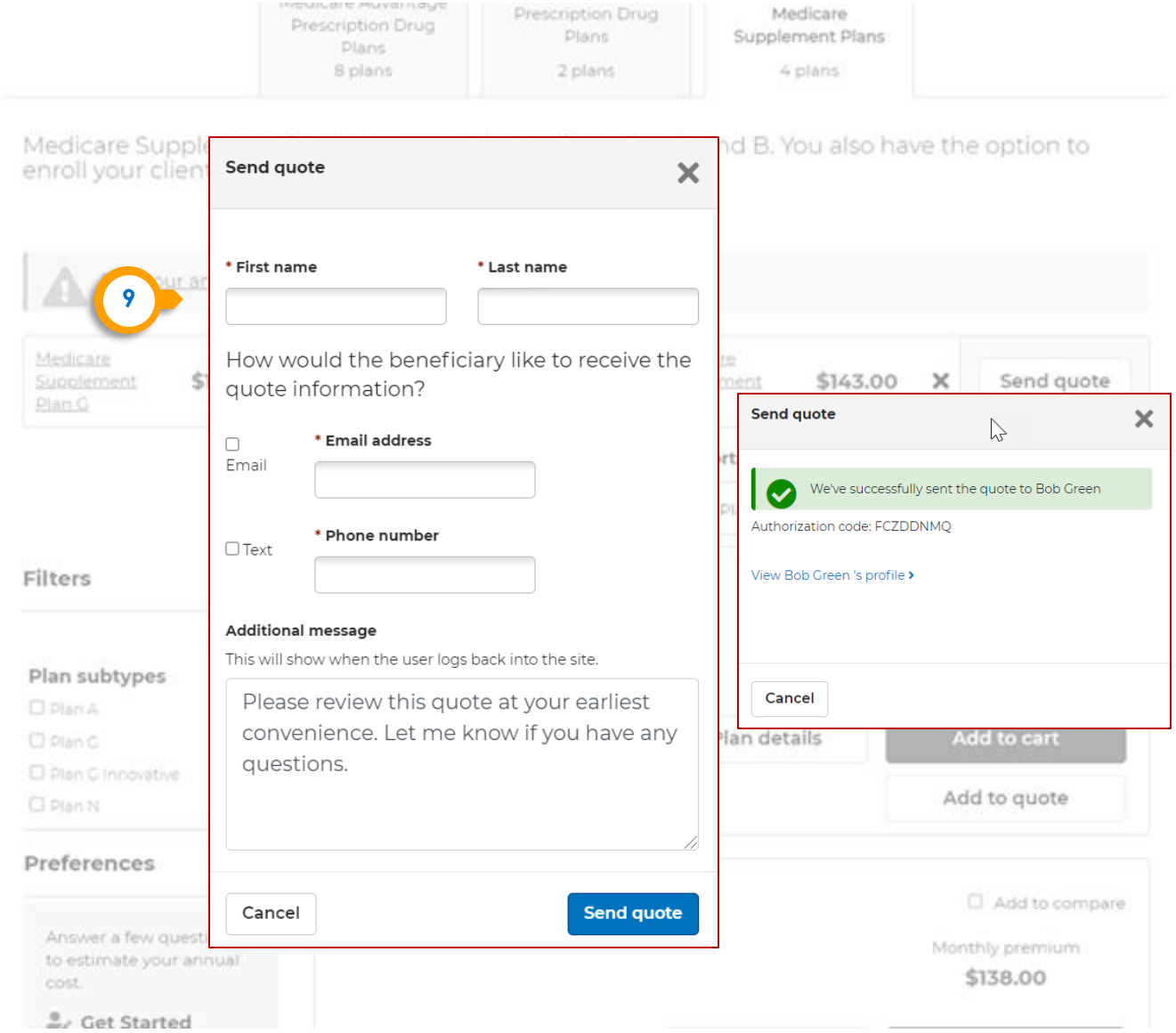
Available plans are shown for the beneficiary's zip code.

7. Send a quote with up to three plans (of the same type) at a time.
   - Click **Add to quote** button for each plan.
8. Click **Send quote** button.

Note: this section is optional.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Quick Quote



Send Quote

9. Complete the Send Quote form.
   - A confirmation screen is displayed.

Note: this section is optional.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

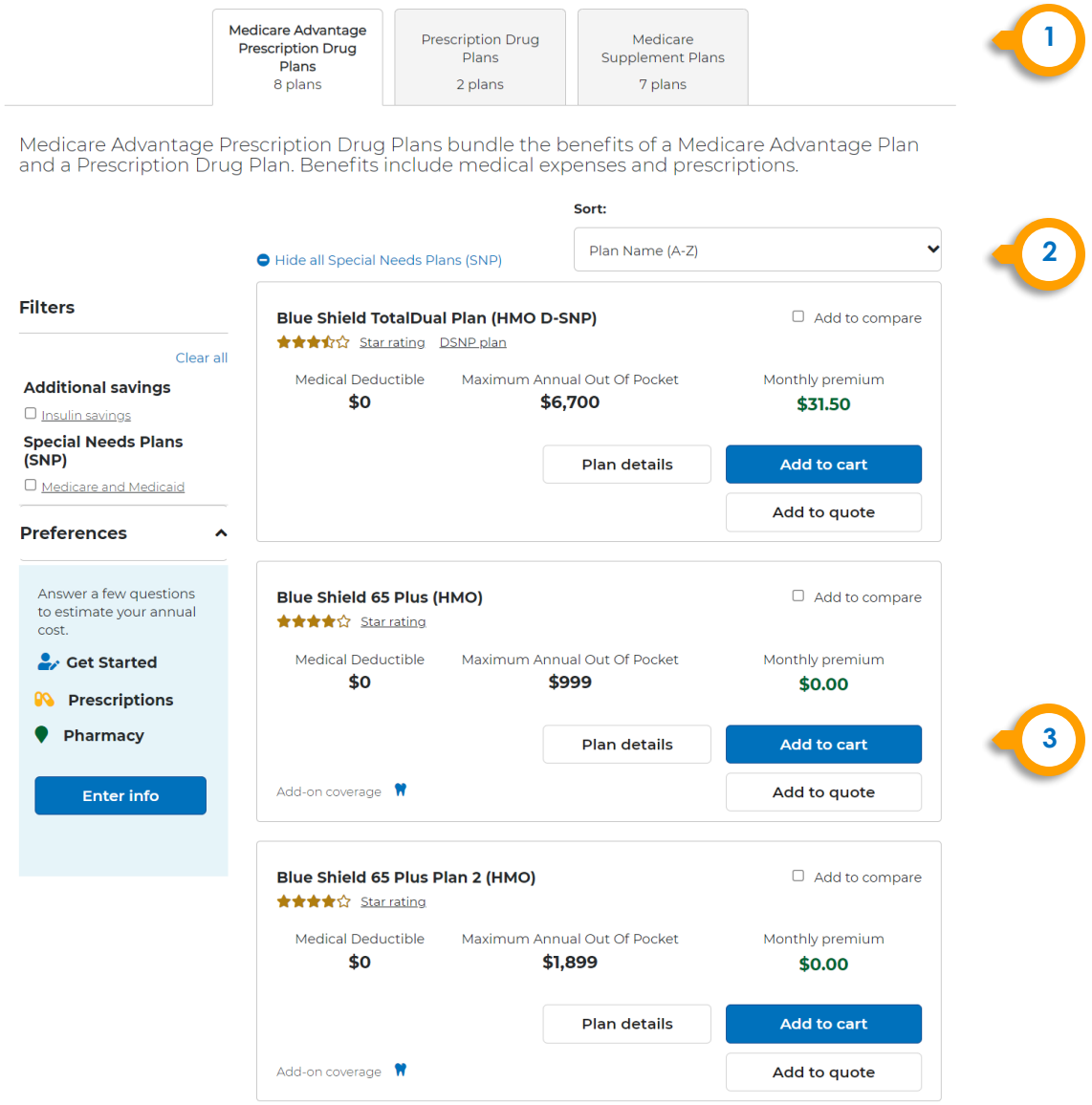


Start New Enrollment

Annual Enrollment Period (AEP)

View Section

Shopping Cart



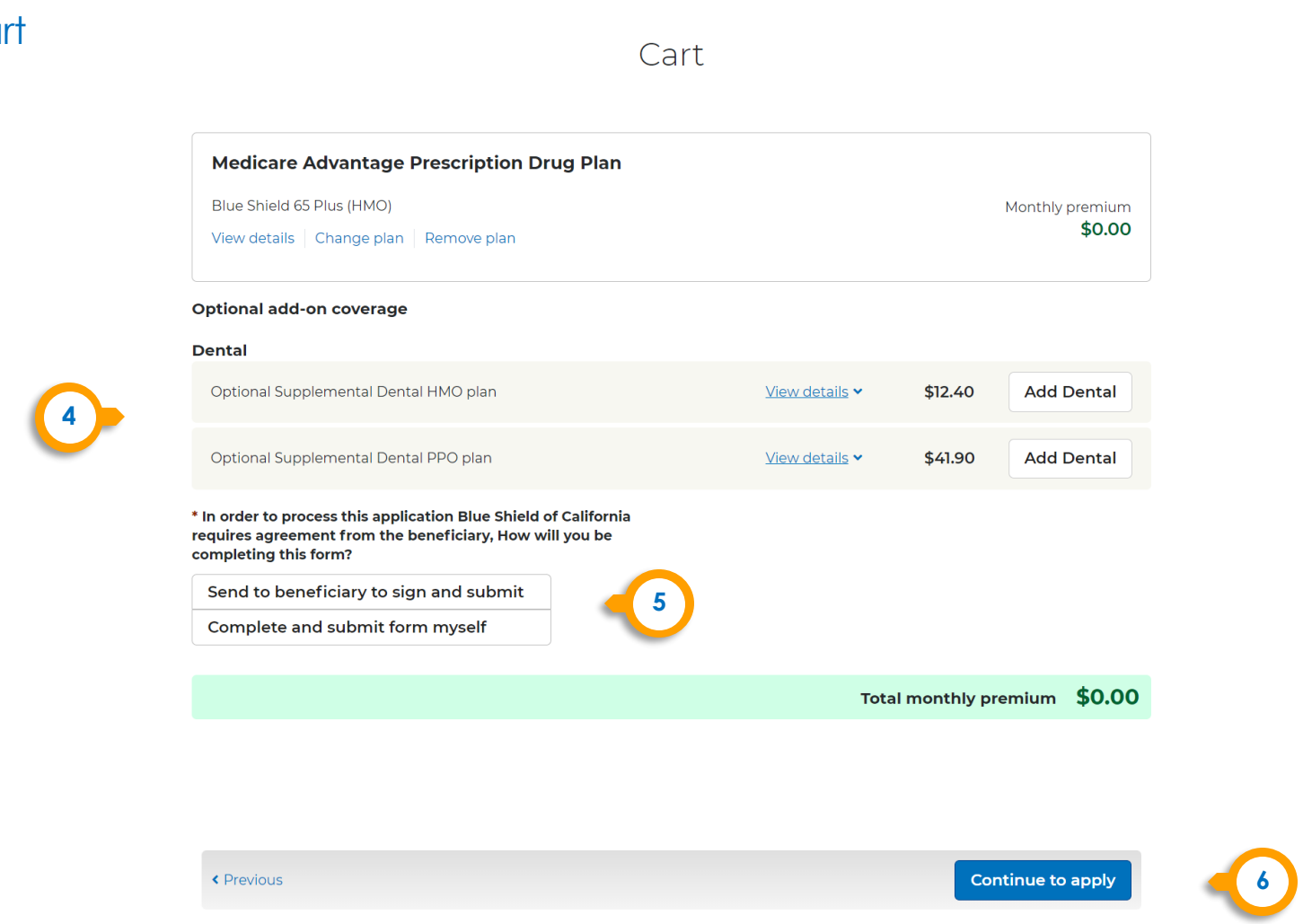
Plans

Available plans are shown for the beneficiary's zip code.

1. Select the tab to view available plans by type
   - Medicare Advantage Prescription Drug Plans
   - Prescription Drug Plans
   - Medicare Supplement Plans
2. Sort the plans by:
   - Plan Premium (low to high)
   - Total Estimated Annual Cost
   - Medicare Star Ratings
   - Plan Name (A –Z)
3. **Add plan to cart**

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Shopping Cart

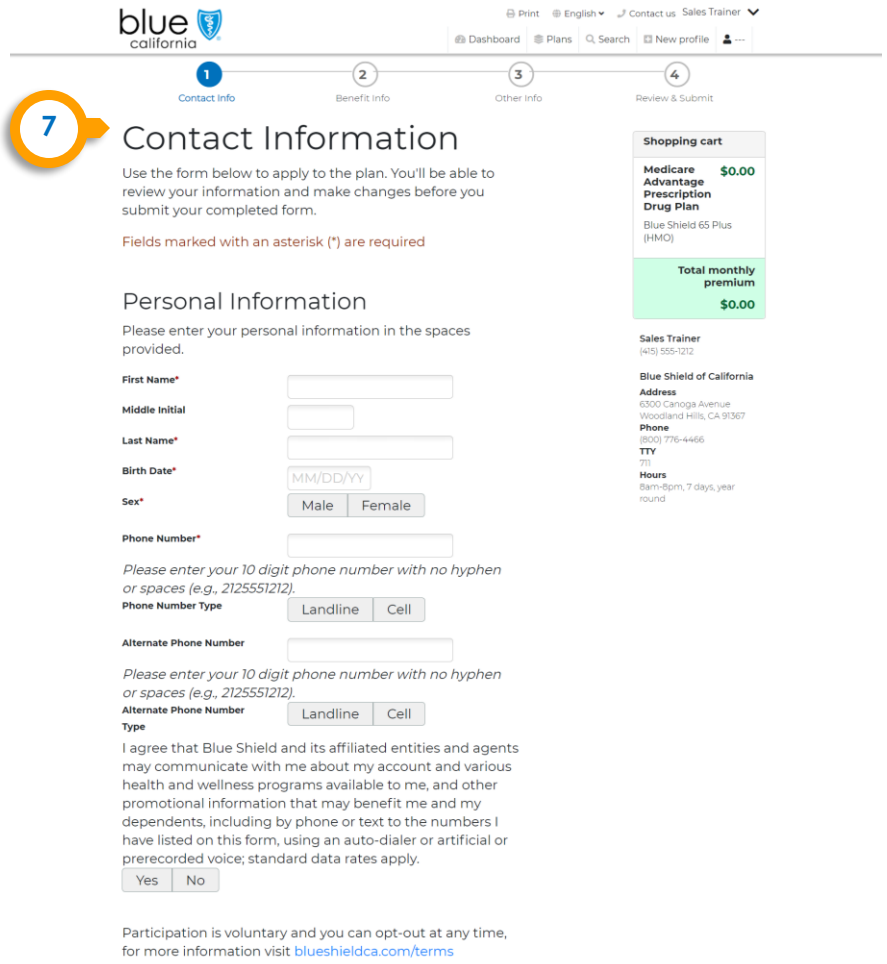


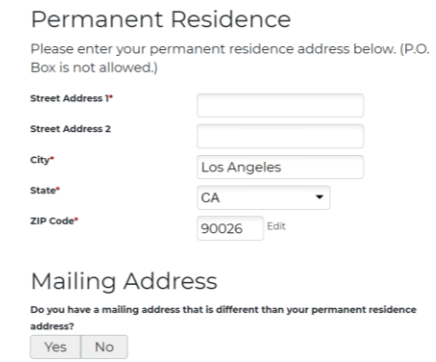
Add to Cart

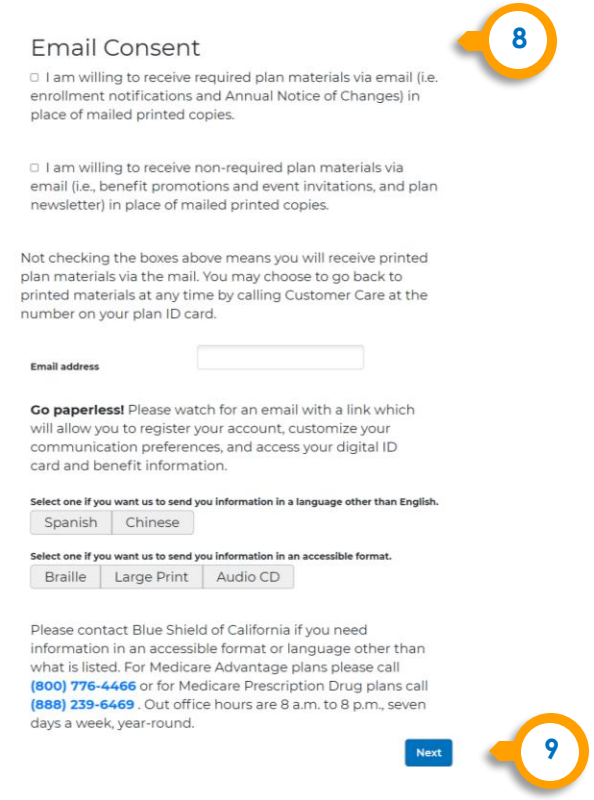
4. Add any optional add-on coverage.
5. Select how you will complete this form:
   - Send to beneficiary to sign and submit
   - Complete and submit form yourself
6. Click the **Continue to apply** button.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Shopping Cart







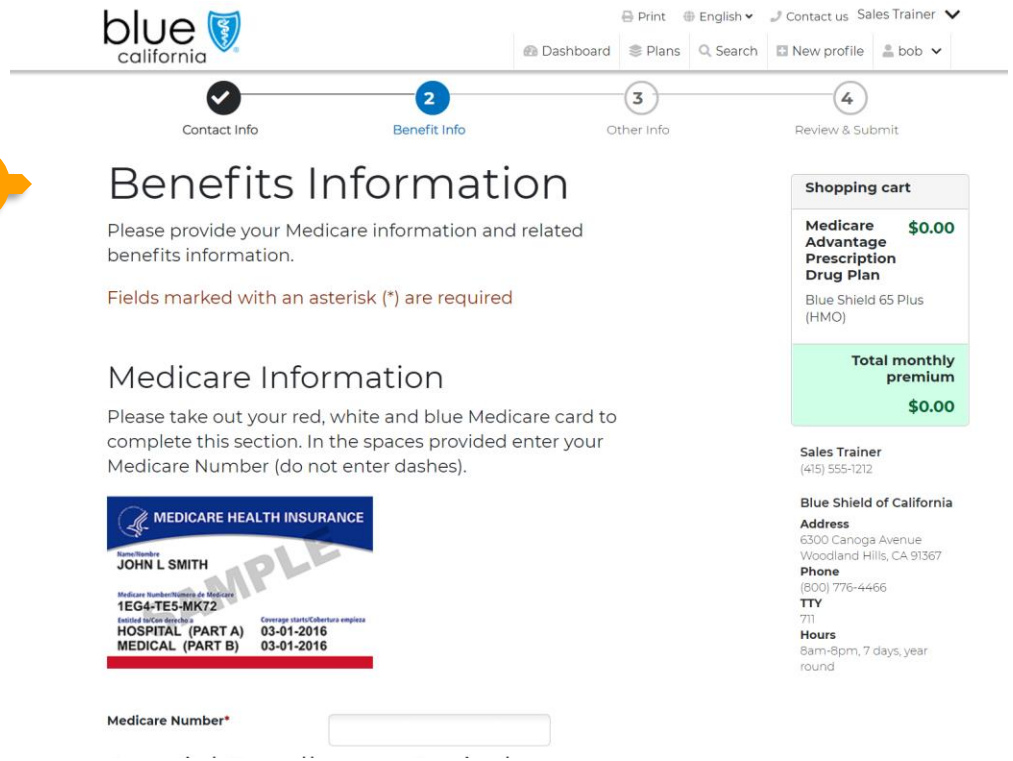
Contact Information

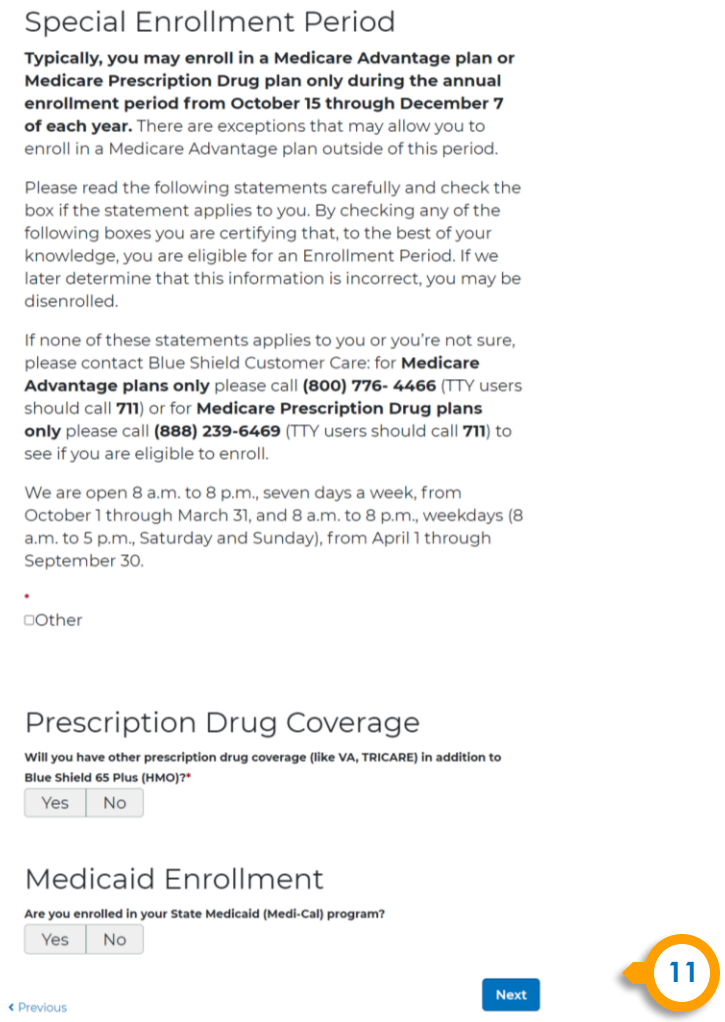
7. Complete the Contact Information sections:
   - Personal Information
   - Permanent Residence
8. Continue down the page to complete the Contact Information sections:
   - Mailing Address
   - Email Consent

   Option Fields:
   - Language options
   - Accessible format materials
9. Click **Next** to continue

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Shopping Cart



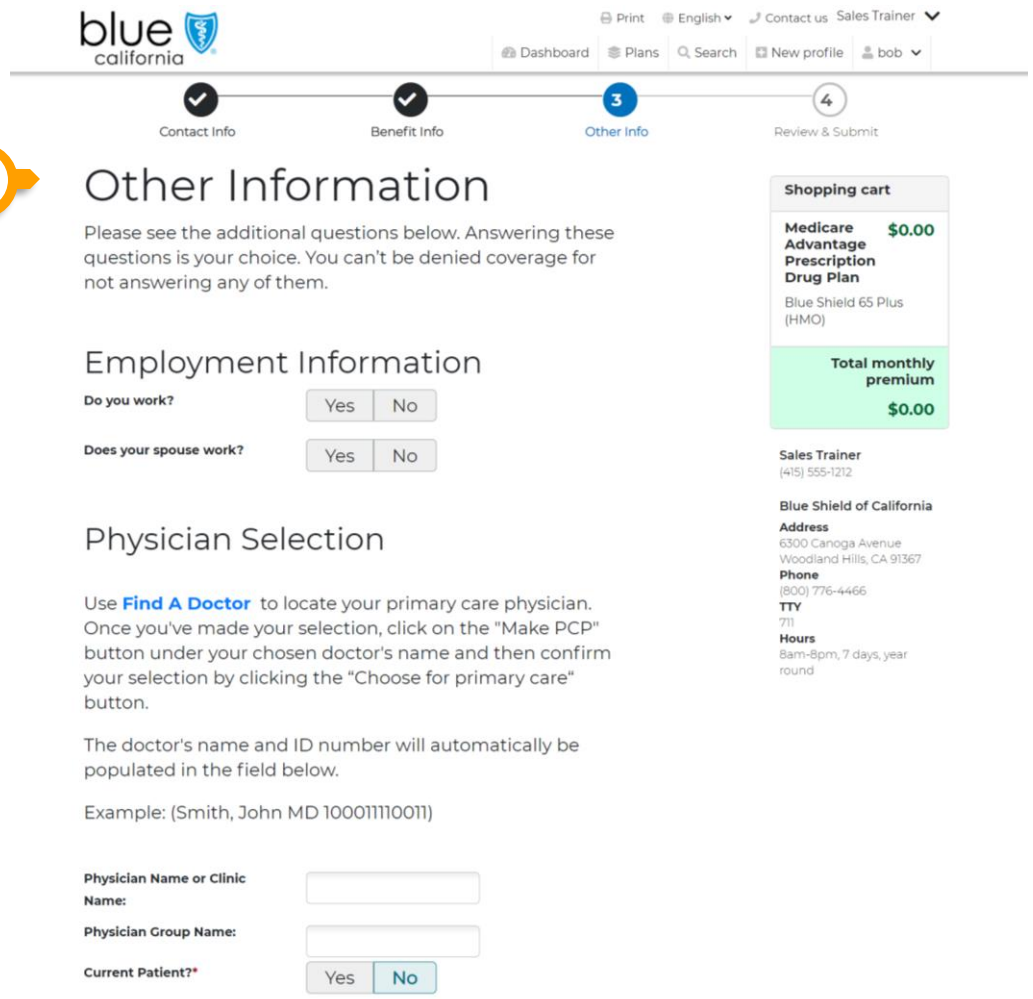


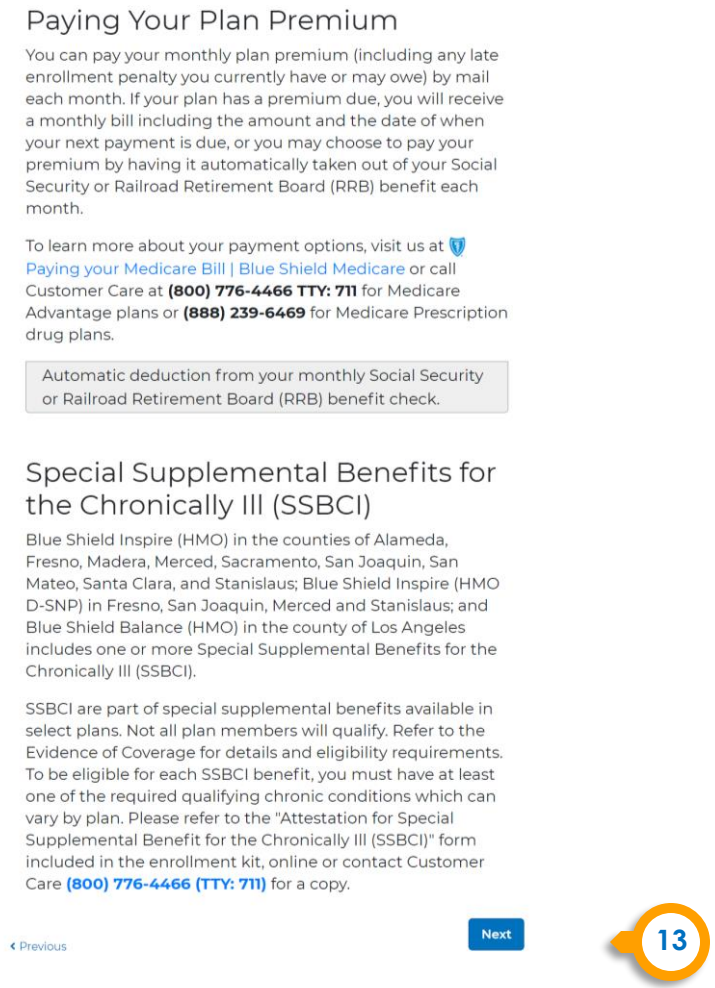
Benefits Information

10. Complete the Benefits Information sections:
    - Medicare Number
    - Prescription Drug Coverage
    - Medicaid Enrollment
11. Click **Next** to continue

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Shopping Cart



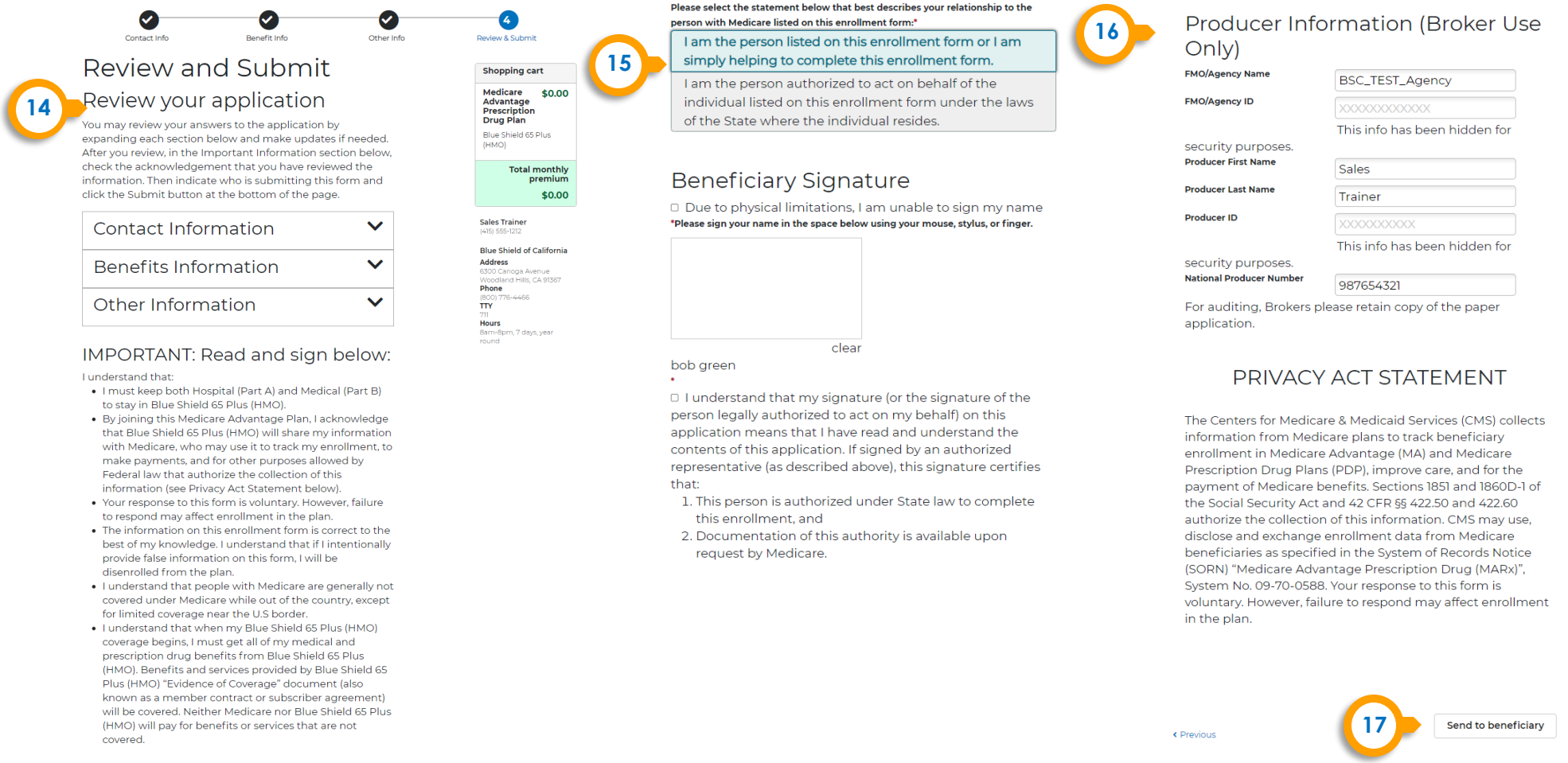


Other Information

12. Complete the Other Information sections:
    - Enrollment Information
    - Physician Selection
    - Paying Your Plan Premium
    - Special Supplemental benefits for the Chronically Ill (SSBCI) – Blue Shield Inspire (HMO) and Blue Shield Inspire (HMO D-SNP)
13. Click **Next** to continue

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Shopping Cart

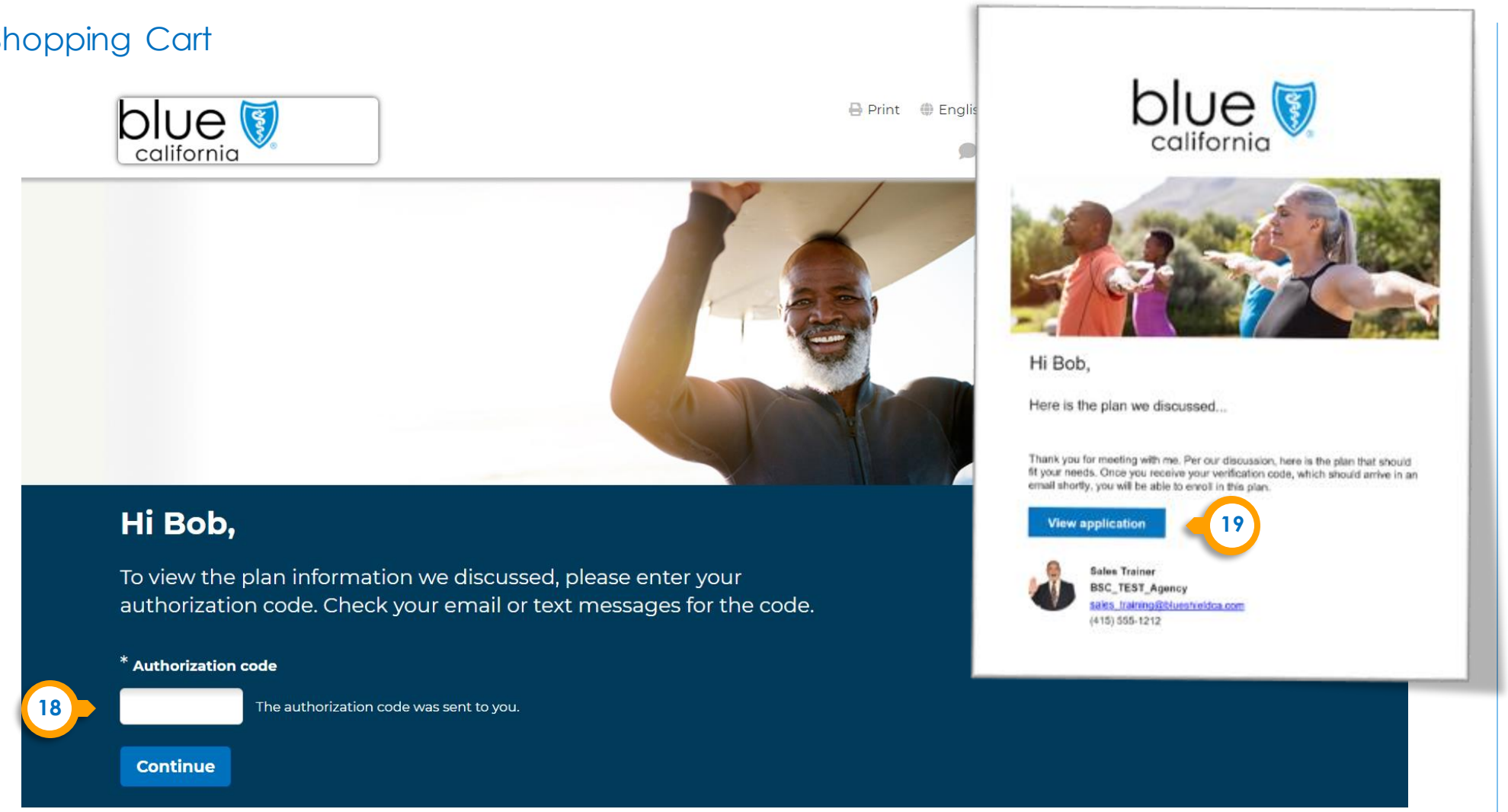


Agent Information

14. Complete the Review and Submit sections:
    - Expand each section to view and verify the information.
    - Correct or complete any fields that require revision.
15. Scroll down the page to complete the Review and Submit sections:
    - Beneficiary Signature
    - Agent Information
    - Privacy Act Statement
16. Complete the Producer Information fields:
    - Producer NPN
    - Producer ID
    - FMO/Agency Name
    - FNO/Agency ID
17. Click **Send to beneficiary** to continue.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Shopping Cart



Review & Submit

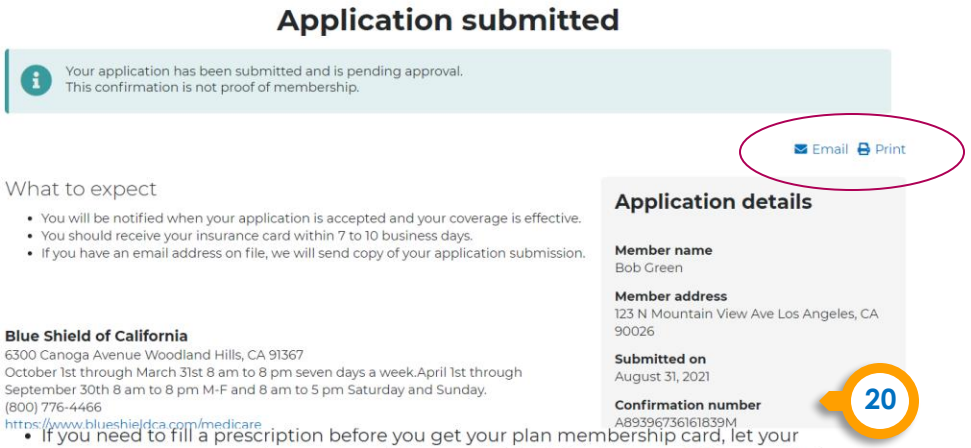
18. The beneficiary will receive an email or text with a link.

    When they click the link, they are taken to application to sign and submit.

19. The beneficiary will also receive a second email with the authorization code to access the application.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Shopping Cart



Application submitted

Your application has been submitted and is pending approval.
This confirmation is not proof of membership.

Email Print

What to expect

- You will be notified when your application is accepted and your coverage is effective.
- You should receive your insurance card within 7 to 10 business days.
- If you have an email address on file, we will send copy of your application submission.

Application details

Member name
Bob Green

Member address
123 N Mountain View Ave Los Angeles, CA 90026

Submitted on
August 31, 2021

Confirmation number
A893967361618 39M

20

Blue Shield of California
6300 Canoga Avenue Woodland Hills, CA 91367
October 1st through March 31st 8 am to 8 pm seven days a week.April 1st through September 30th 8 am to 8 pm M-F and 8 am to 5 pm Saturday and Sunday.
(800) 776-4466
https://www.blueshieldca.com/medicare

- If you need to fill a prescription before you get your plan membership card, let your pharmacist know your plan name and show any of the following materials as proof of membership:
  - Take your acknowledgement, welcome, or confirmation letter that you receive from the plan with you to the pharmacy.
    Please note: The confirmation number listed on this website cannot be used at your local pharmacy as proof of plan membership.
  - If you haven't gotten a letter yet, you might have a copy of an enrollment application signed by a plan representative.
  - If you have both Medicare and Medicaid, you should bring proof of enrollment in both programs such as your Medicare and Medicaid cards, a copy of a Medicare Summary Notice, a recent Medicaid bill, or a copy of your current Medicaid award letter. If you qualify for extra help (the low-income subsidy) you can also bring proof that you qualify such as a copy of your yellow or green automatic enrollment letter from Medicare (if you automatically qualify) or your approval letter from Social Security (if you applied and qualify).
  - As a last resort, if you pay out of pocket for your prescription, save your receipts and work with your plan to be reimbursed.
- If you have questions, call the plan's toll-free number.

What's Next:
This confirmation number can be used to help track the online enrollment, but it is not proof of membership. Please wait at least 10 days before calling the plan to ask about the status of your enrollment. Please keep this information in case you have any questions about your enrollment and need to contact your selected plan.

If any of the required information on your enrollment form was missing or does not match your Medicare record, the plan may contact you to get the missing or correct information. This could delay the plan's ability to process your enrollment.

Here are some important things to expect when your coverage is first effective if the plan determines that your enrollment meets all of the Medicare requirements and is complete. This information is especially important if you enrolled late in the month and you have not received a letter, or your membership card, by the day your coverage starts.

- After the plan has processed your application, you should get a letter from the plan you joined. This may take several days. If you do not receive correspondence from the plan in about 10 calendar days, you should contact the plan to check on the status of the enrollment.
- Enrollment can be effective as early as the first of the next month depending on your circumstances. The plan you have selected will inform you of your effective date of enrollment.
- If you need to fill a prescription before you get your plan membership card, let your pharmacist know your plan name and show any of the following materials as proof of membership:
  - Take your acknowledgement, welcome, or confirmation letter that you receive from the plan with you to the pharmacy.
    Please note: The confirmation number listed on this website cannot be used at your local pharmacy as proof of plan membership.
  - If you haven't gotten a letter yet, you might have a copy of an enrollment application signed by a plan representative.
  - If you have both Medicare and Medicaid, you should bring proof of enrollment in both programs such as your Medicare and Medicaid cards, a copy of a Medicare Summary Notice, a recent Medicaid bill, or a copy of your current Medicaid award letter. If you qualify for extra help (the low-income subsidy) you can also bring proof that you qualify such as a copy of your yellow or green automatic enrollment letter from Medicare (if you automatically qualify) or your approval letter from Social Security (if you applied and qualify).
  - As a last resort, if you pay out of pocket for your prescription, save your receipts and work with your plan to be reimbursed.
- If you have questions, call the plan's toll-free number.

Confirmation

20. Copy the confirmation number for your records.

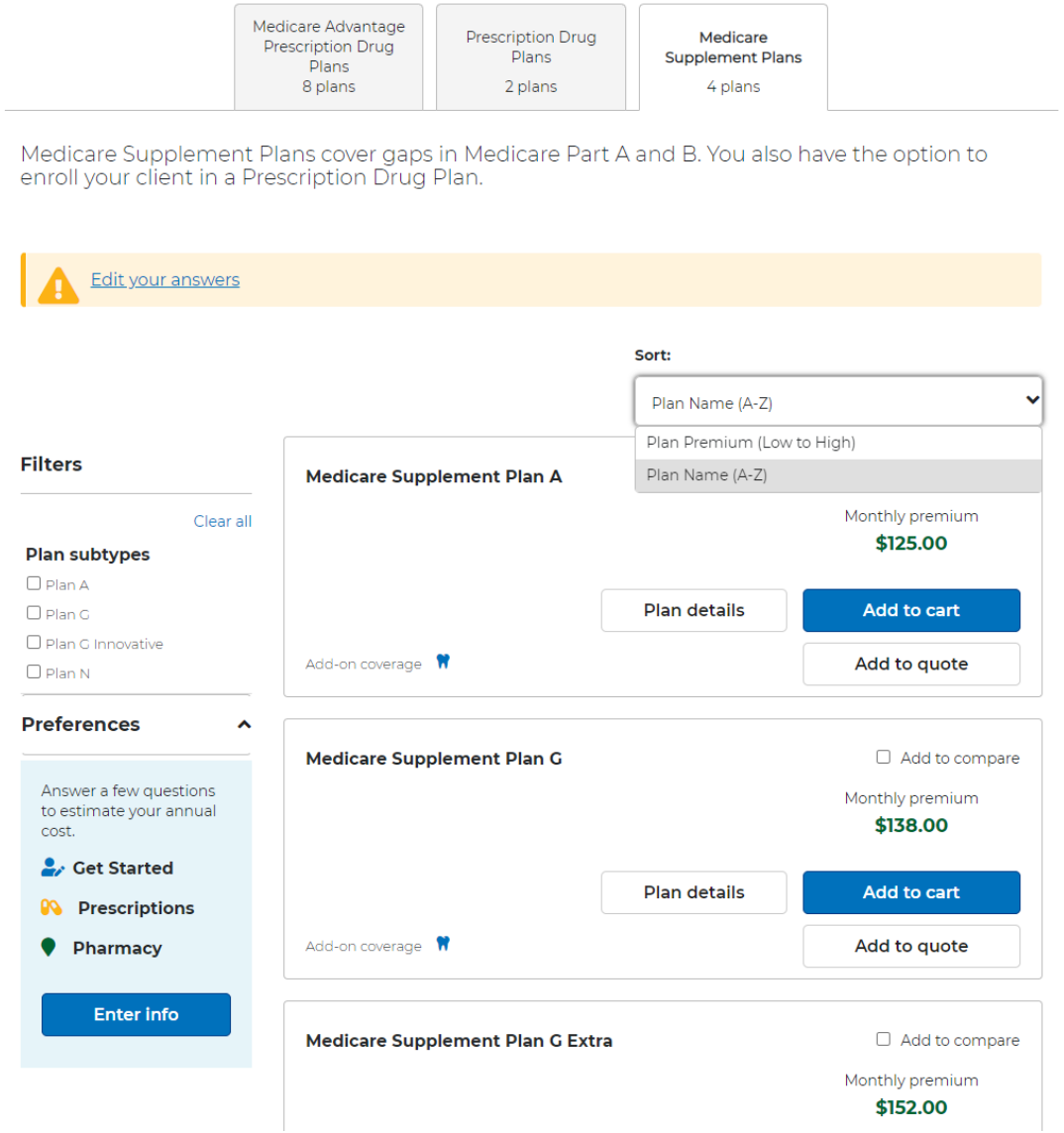
    You can also view and download a copy of the application.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Medicare Supplement Plans

View Section

Shopping Cart



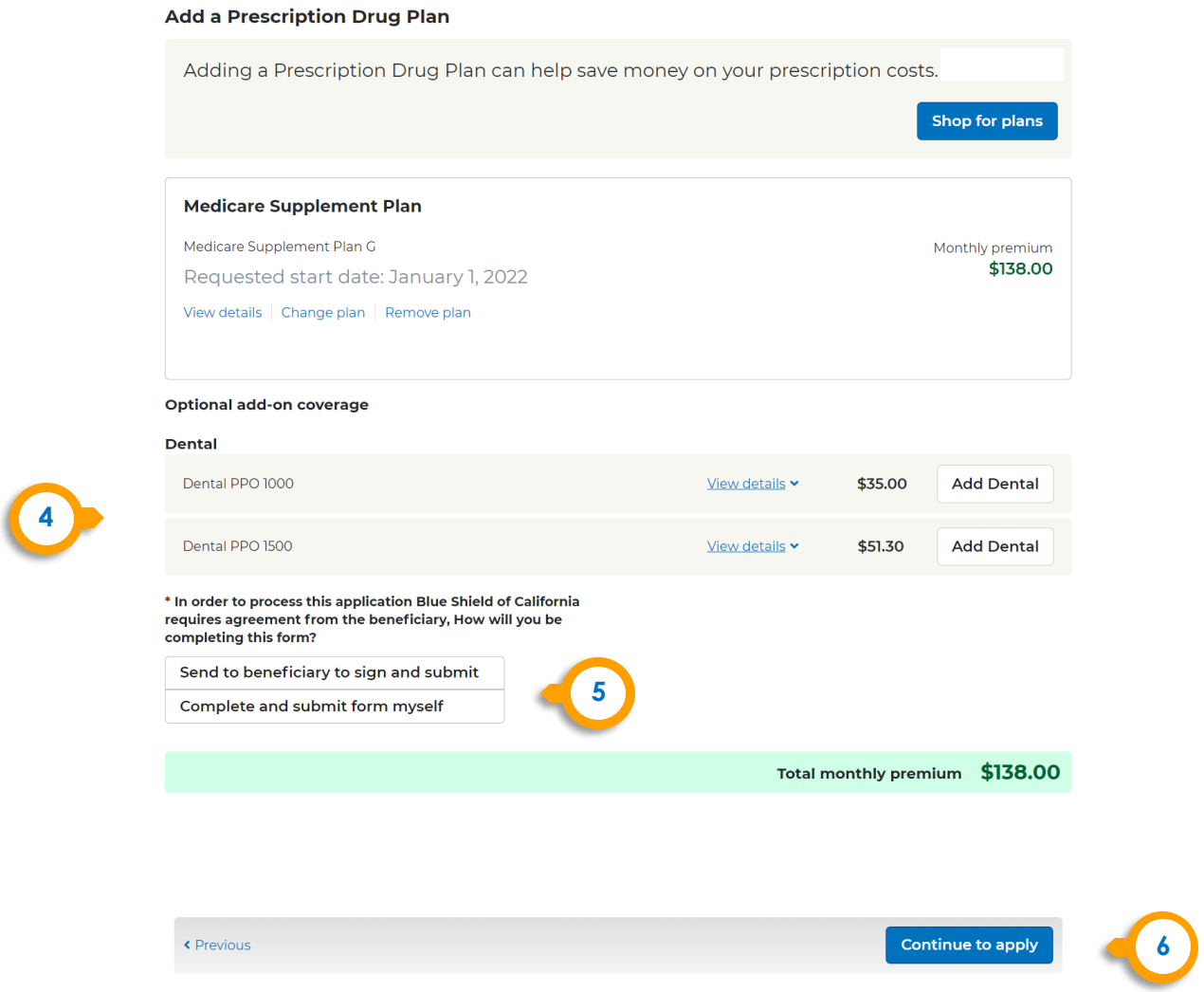
Plans

Available plans are shown for the beneficiary's zip code.

1. Select the tab to view available plans by type
   - Medicare Advantage Prescription Drug Plans
   - Prescription Drug Plans
   - Medicare Supplement Plans
2. Sort the plans by:
   - Plan Premium (low to high)
   - Plan Name (A –Z)
3. **Add plan to cart**

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Shopping Cart

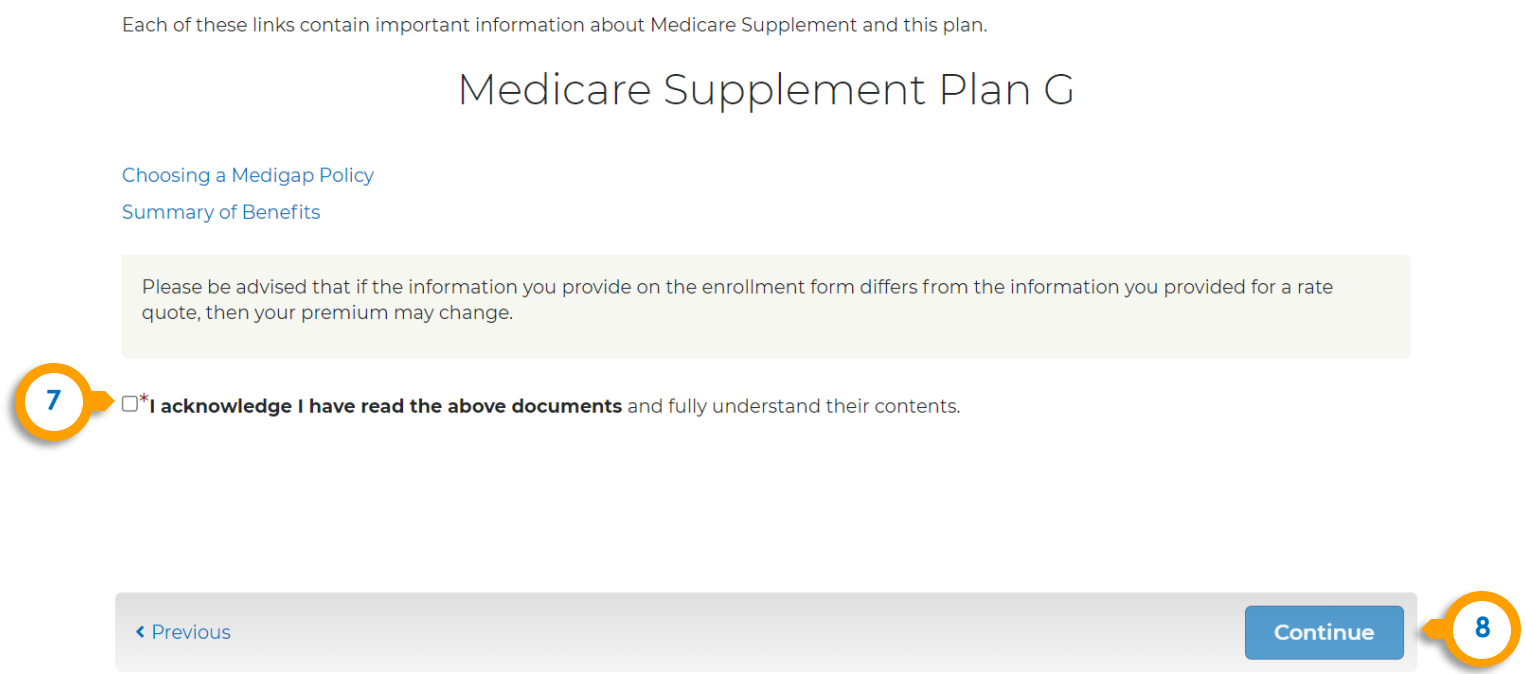


Add to Cart

4. Add any optional add-on coverage.
5. Select how you will complete this form:
   - Send to beneficiary to sign and submit
   - Complete and submit form yourself
6. Click the **Continue to apply** button.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Shopping Cart

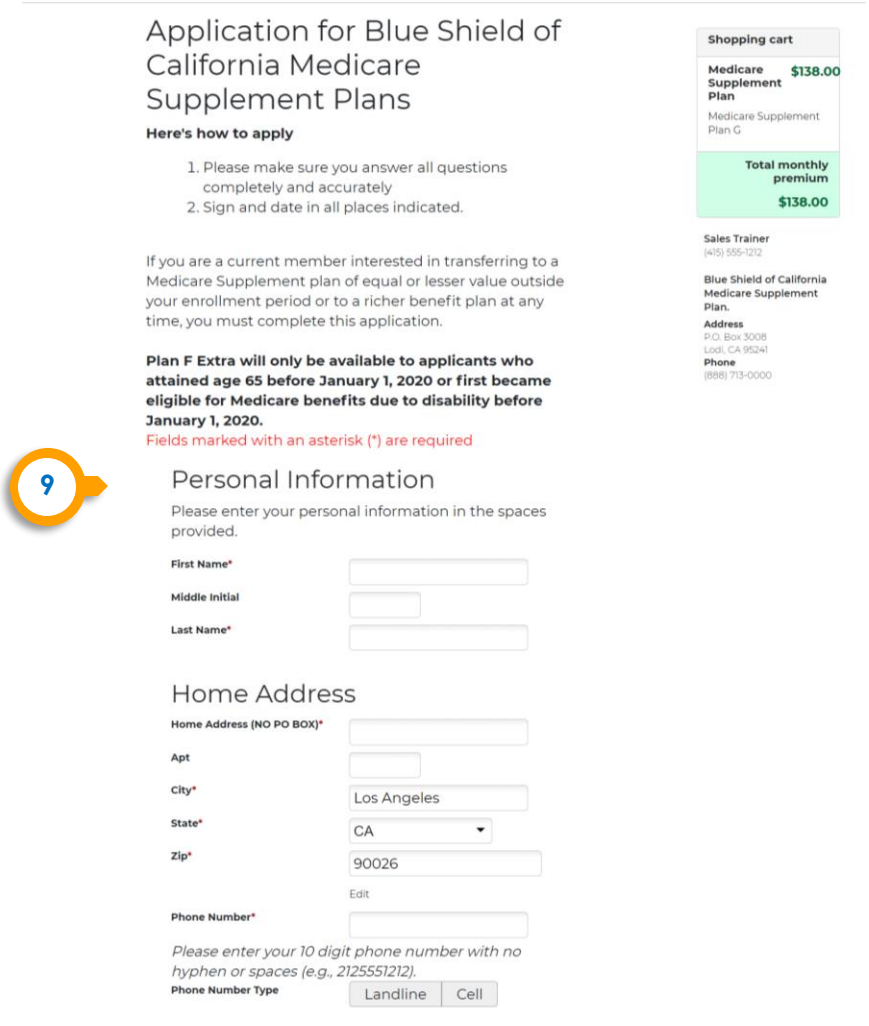


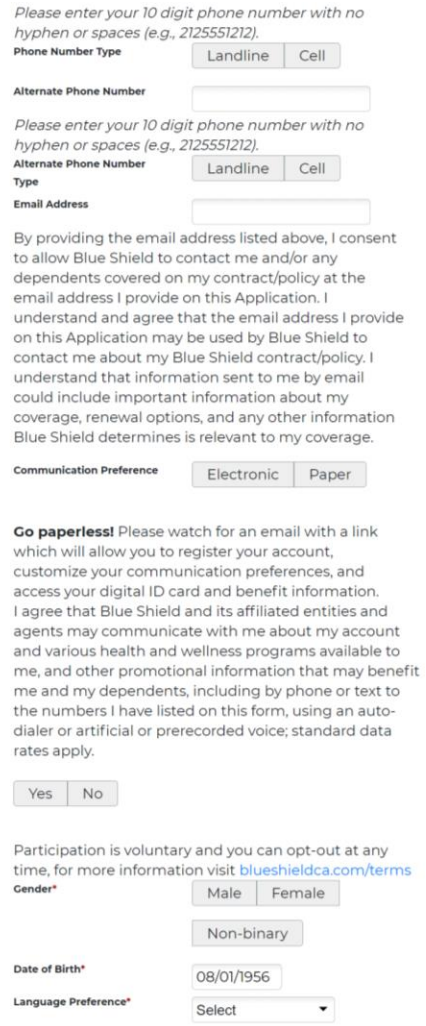
Important Information

7. **Check the box** acknowledging the information.
8. Click the **Continue** button.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Shopping Cart





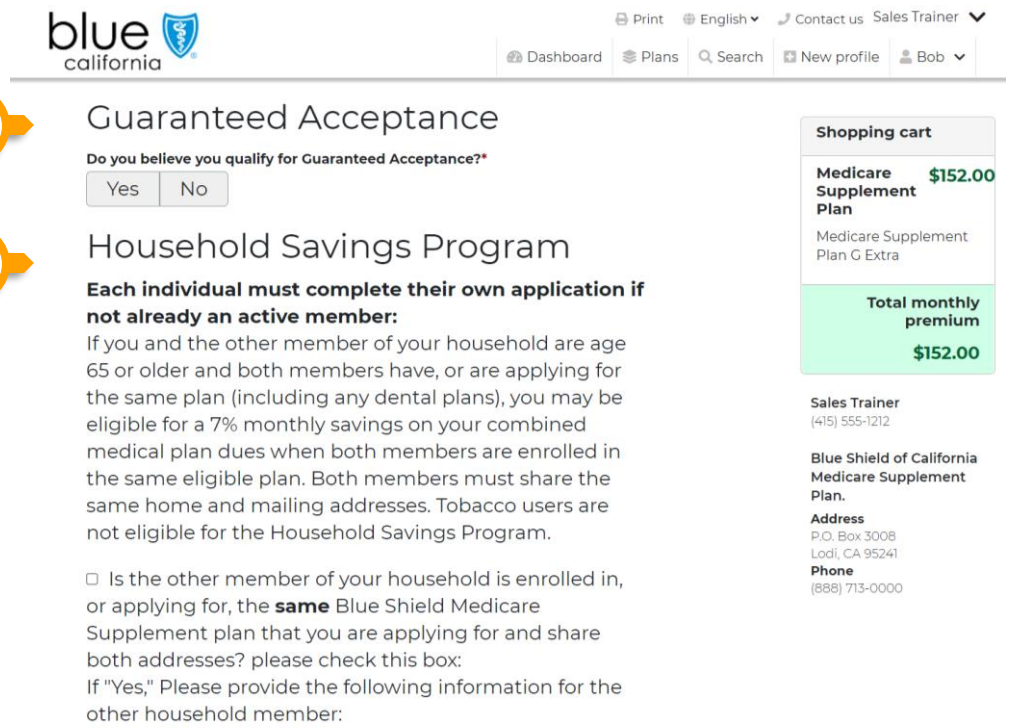


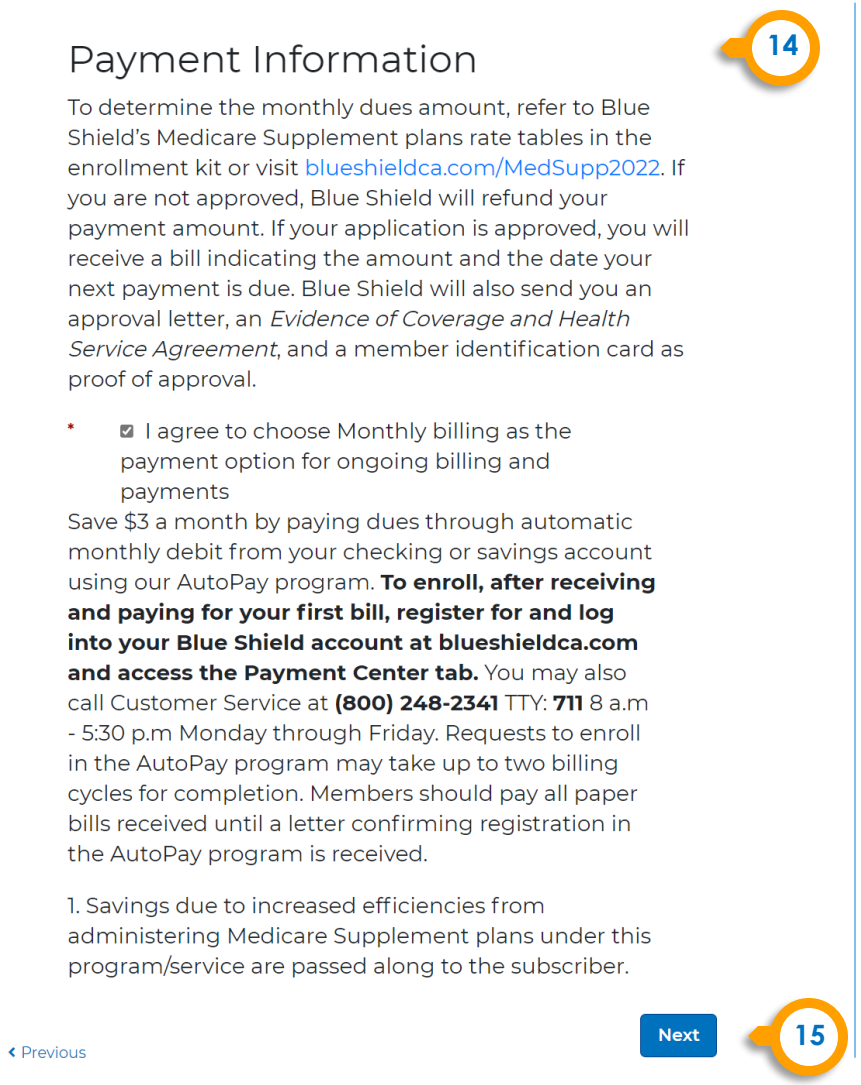
Personal Information

9. Complete the Personal Information sections:
   - Home Address
   - Mailing Address
   - Billing Address
   - Communication Preferences
10. Continue down the page to complete the Contact Information sections:
   - Medicare Information
   - Medicare Prescription Drug Plan Information
11. Click **Next** to continue.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Shopping Cart



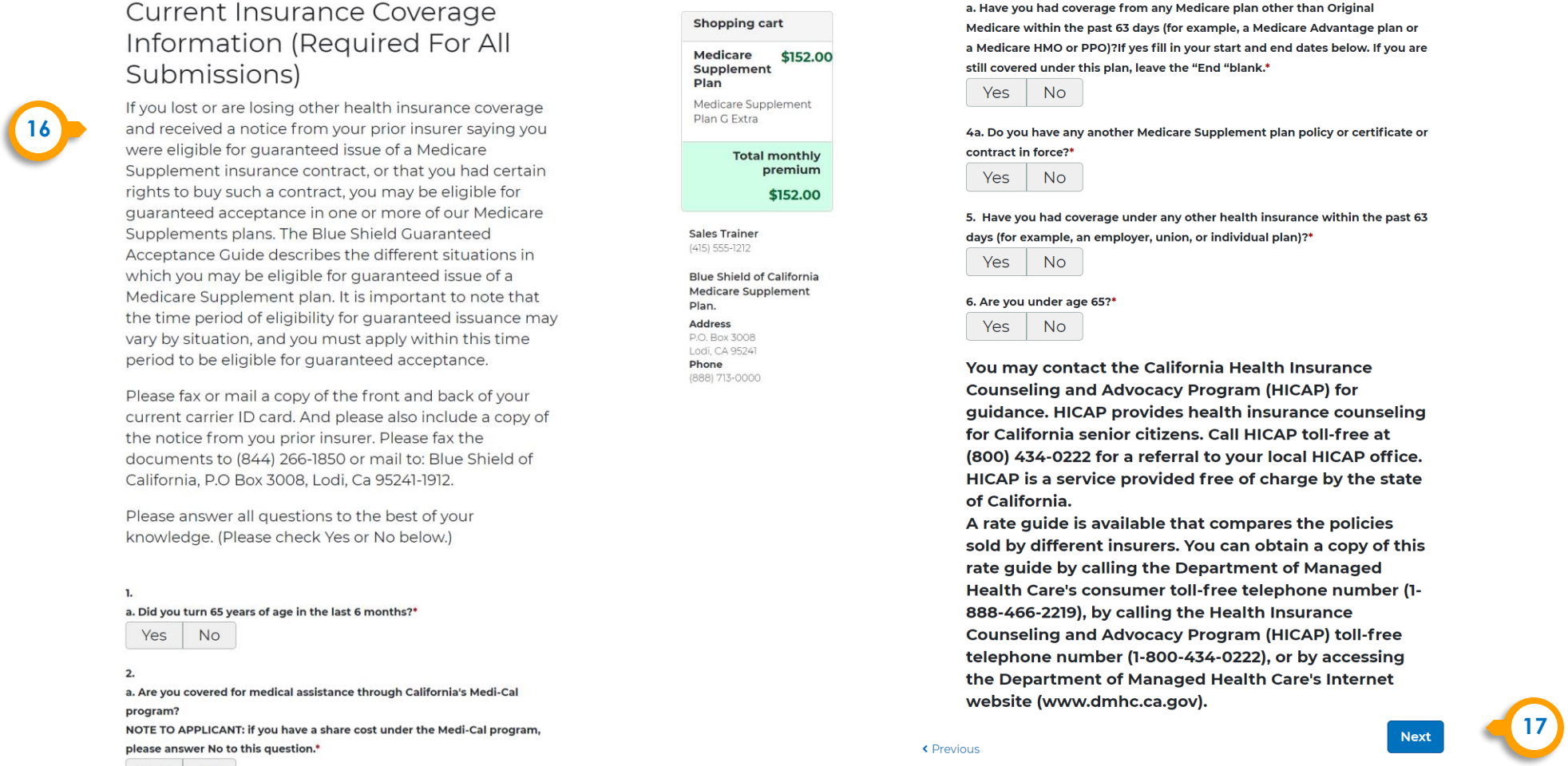


Payment Information

12. Complete the Guaranteed Acceptance section.
13. Complete the Household Savings Program section.
14. Complete the Payment Information section.
15. Click **Next** to continue.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Shopping Cart

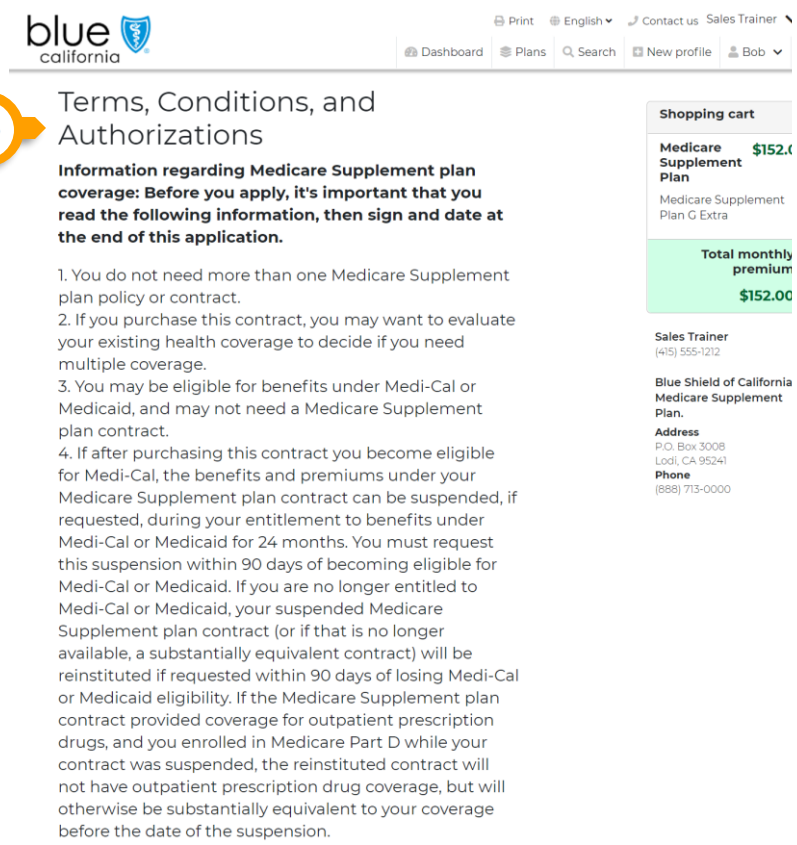


Current Insurance Coverage Information

16. Complete the Current Insurance Coverage Information section.
17. Click **Next** to continue.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Shopping Cart

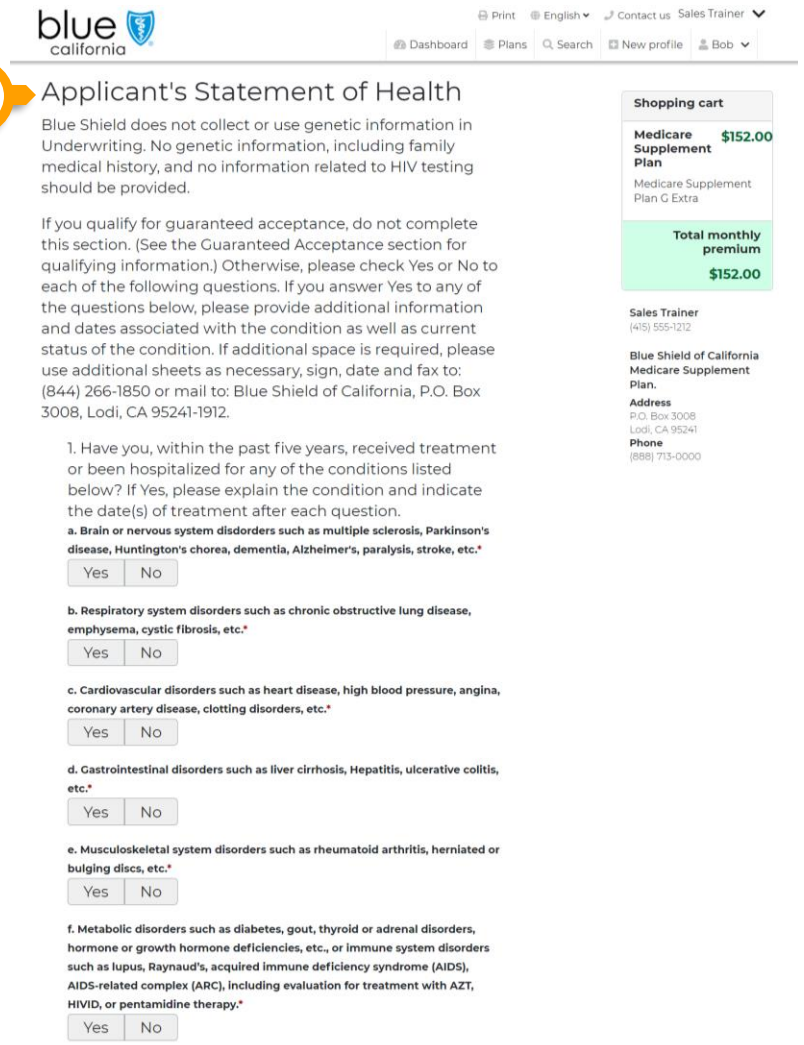


Terms Information

18. Complete the Terms, Conditions, and Authorizations section.
19. Click **Next** to continue.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Shopping Cart

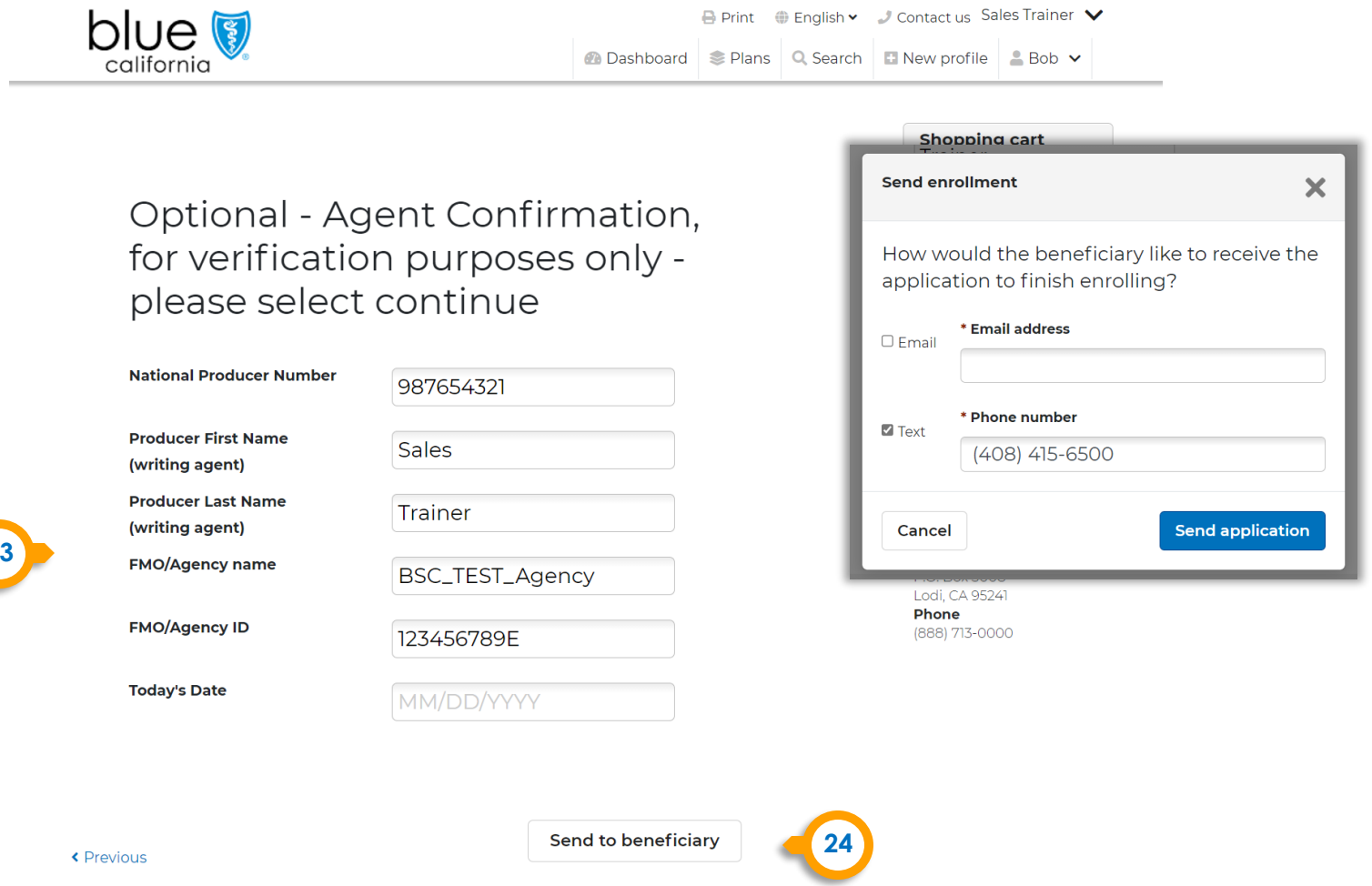


Statement of Health Information

20. Complete the Statement of Health section.
21. Complete the Authorization for Release of Medical Information.
22. Click **Next** to continue.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Shopping Cart

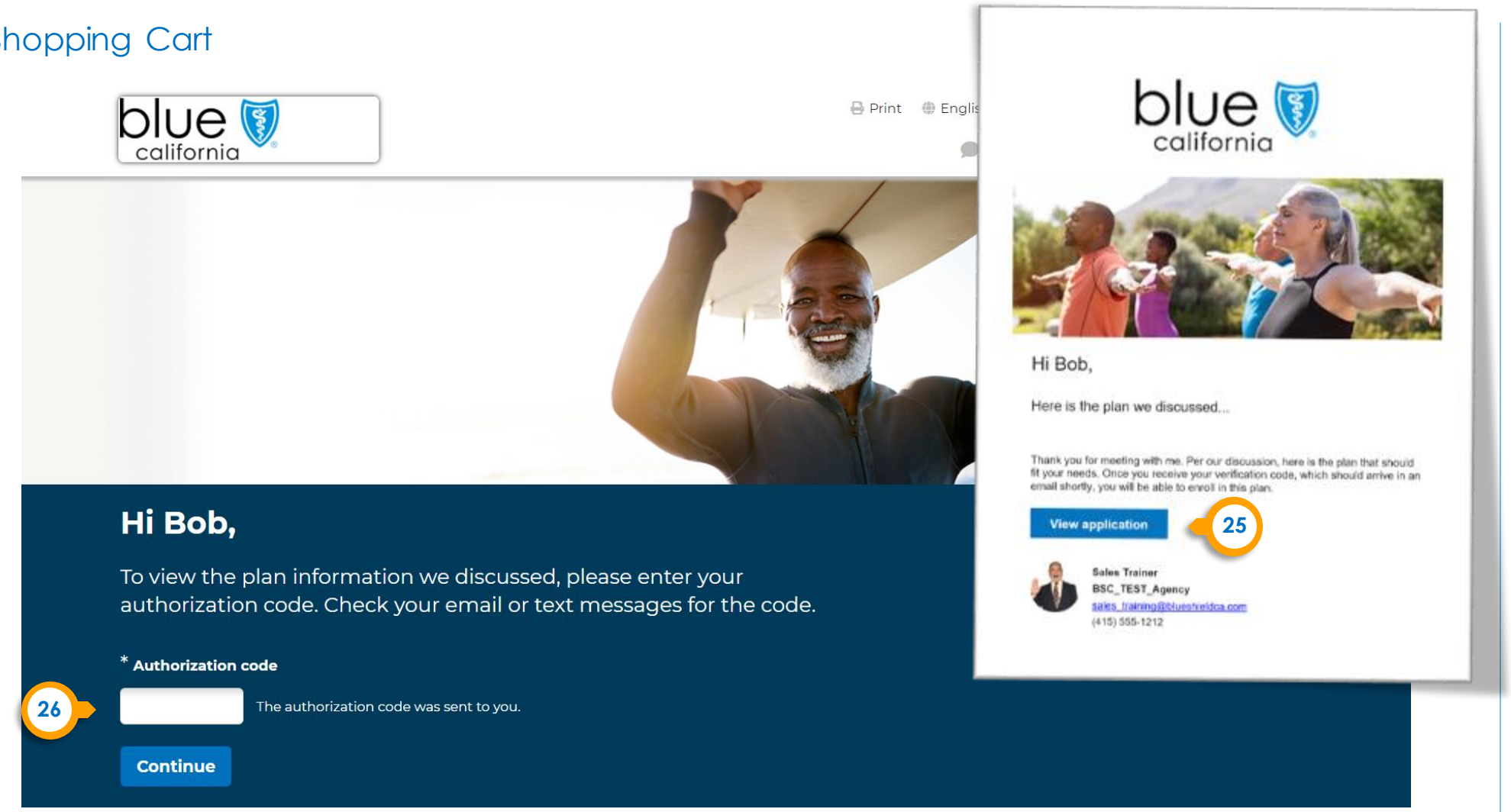


Agent Information

23. Complete the Agent information section.
24. Click **Send to Beneficiary** button.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Shopping Cart



Review & Submit

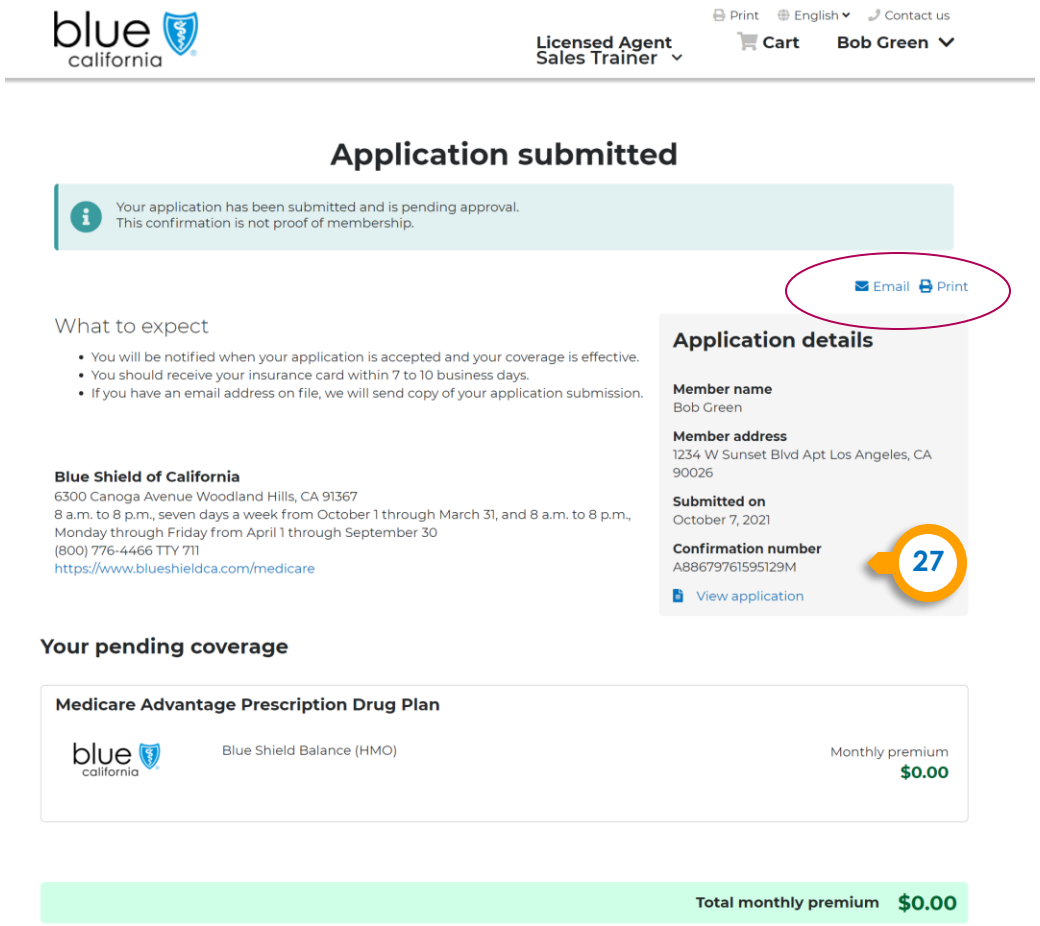
25. The beneficiary will receive an email or text with a link.

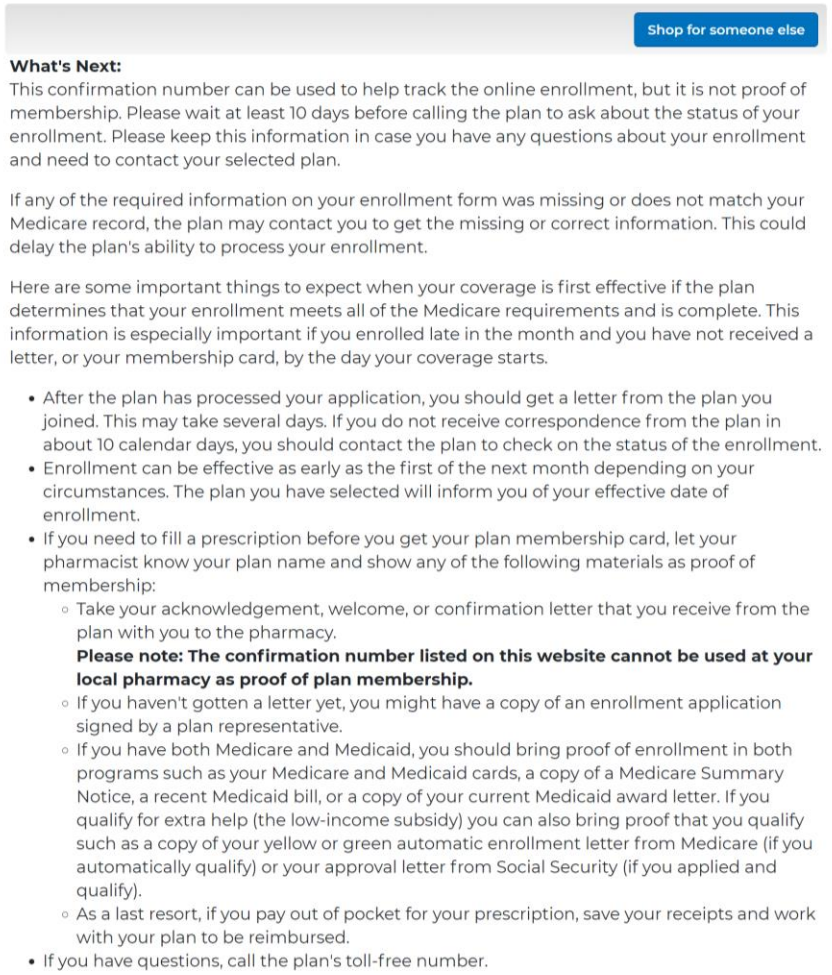
    When they click the link, they are taken to application to sign and submit.

26. The beneficiary will also receive a second email with the authorization code to access the application.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Shopping Cart





Confirmation

27. Copy the confirmation number for your records.

    You can also view and download a copy of the application.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

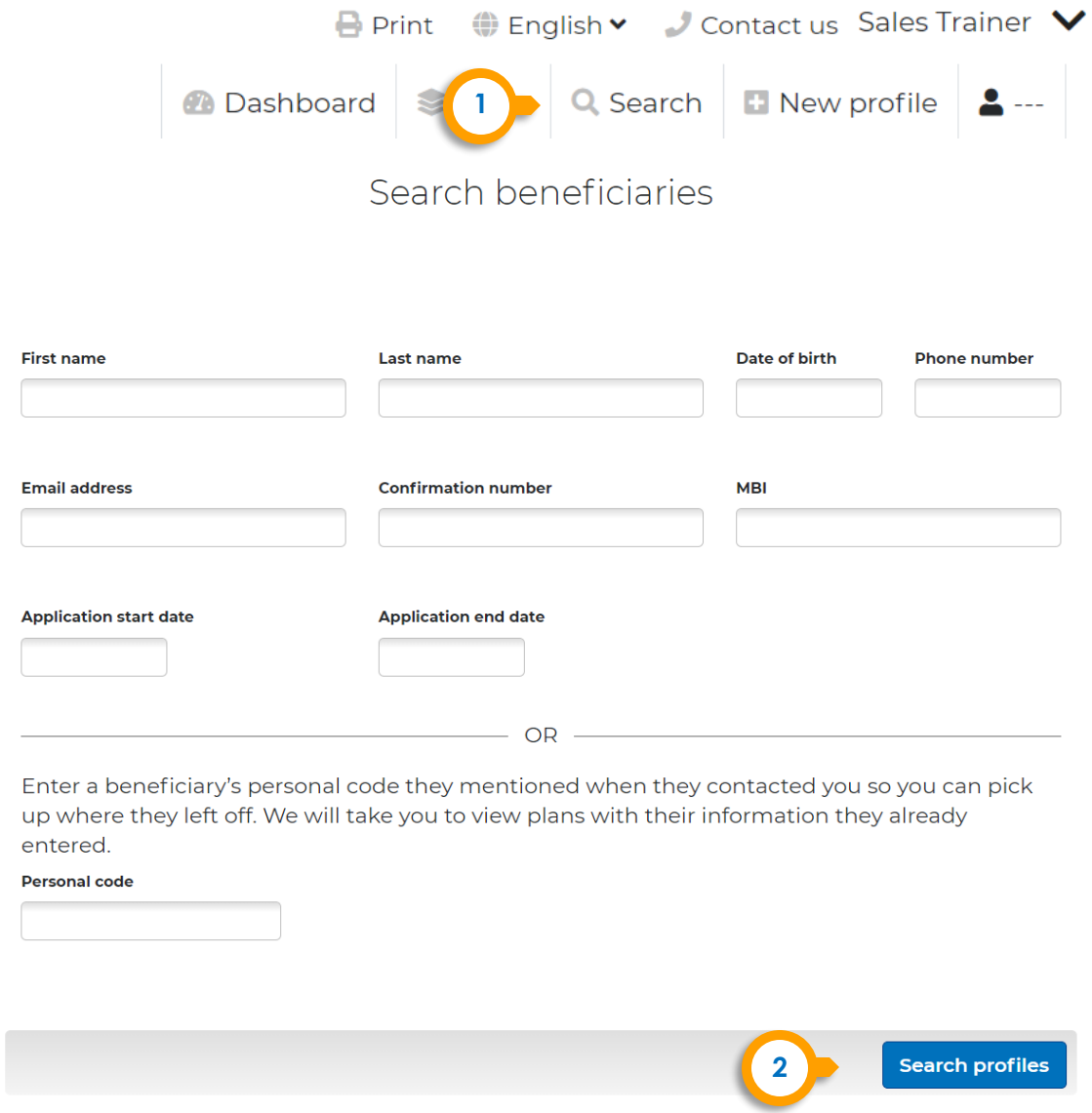
Search Profiles & Enrollments

Searching for a beneficiary

View Section



Search

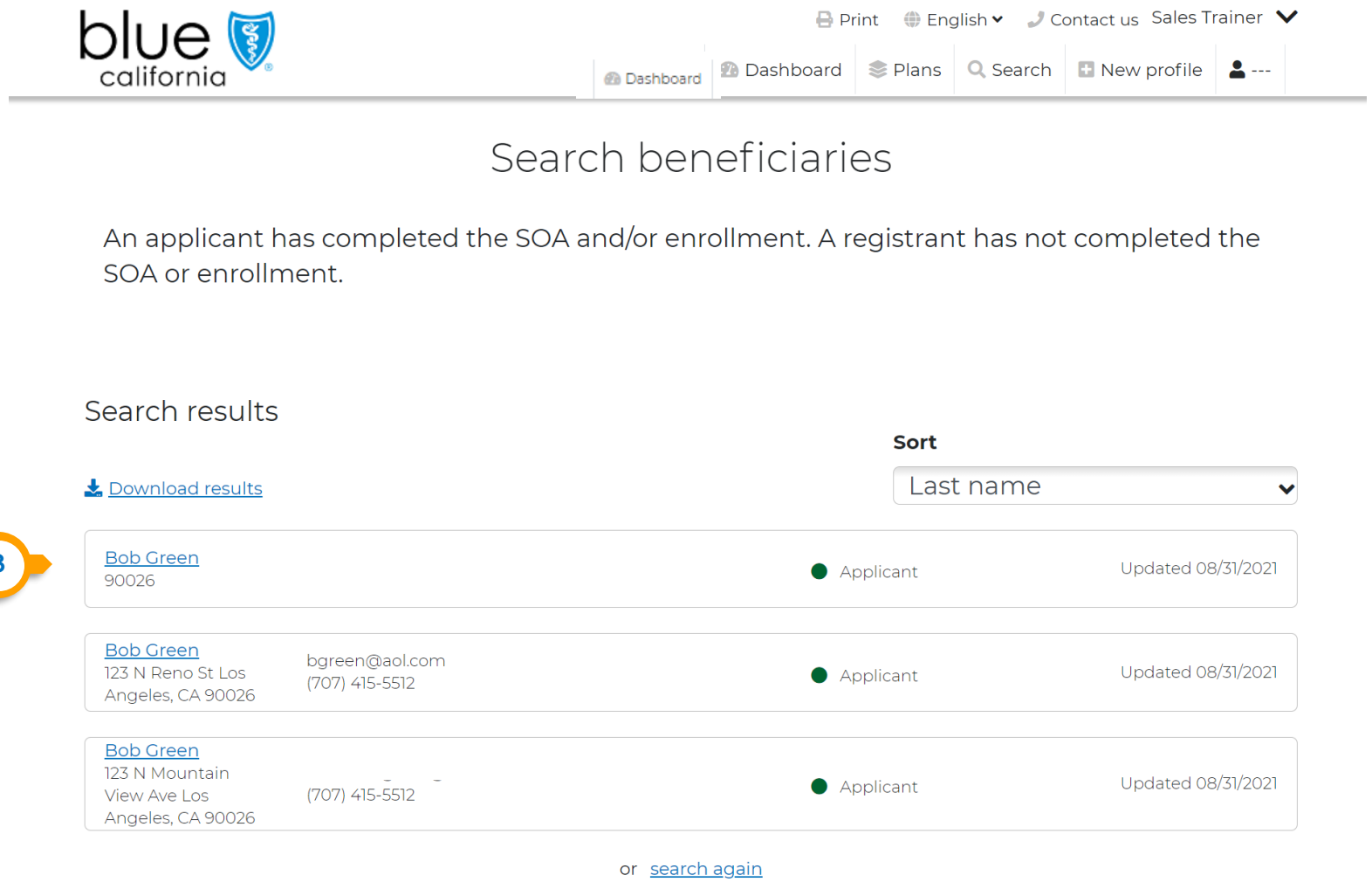


Search

1. Search for beneficiary using the search feature.
2. Enter the beneficiary's information and click **Search Profiles** to view the results.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Search Results



Profile Search Results

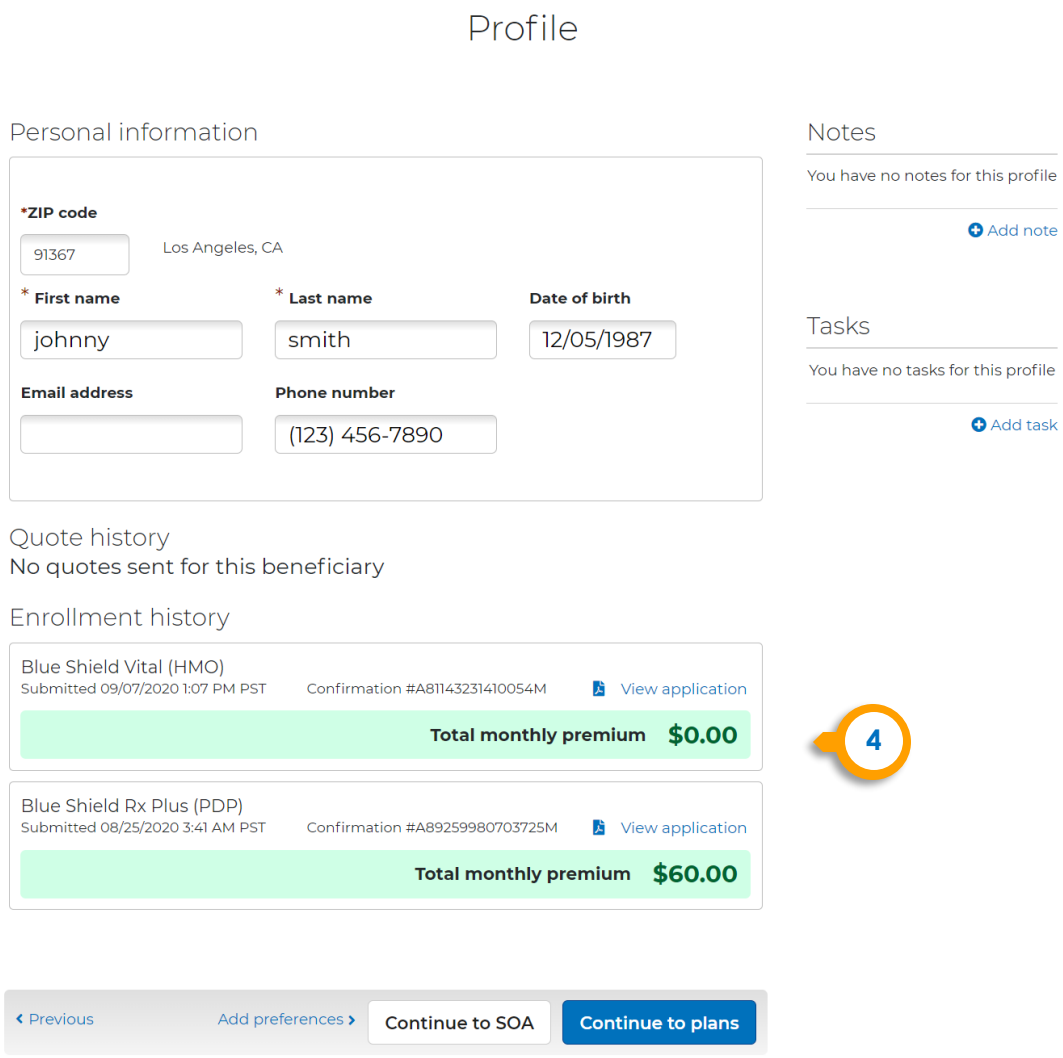
The results show all available beneficiaries that match the search results.

Each result shows the beneficiaries' sales stage and the date the record was updated.

3. Click the beneficiary's name to their information.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

View Profile



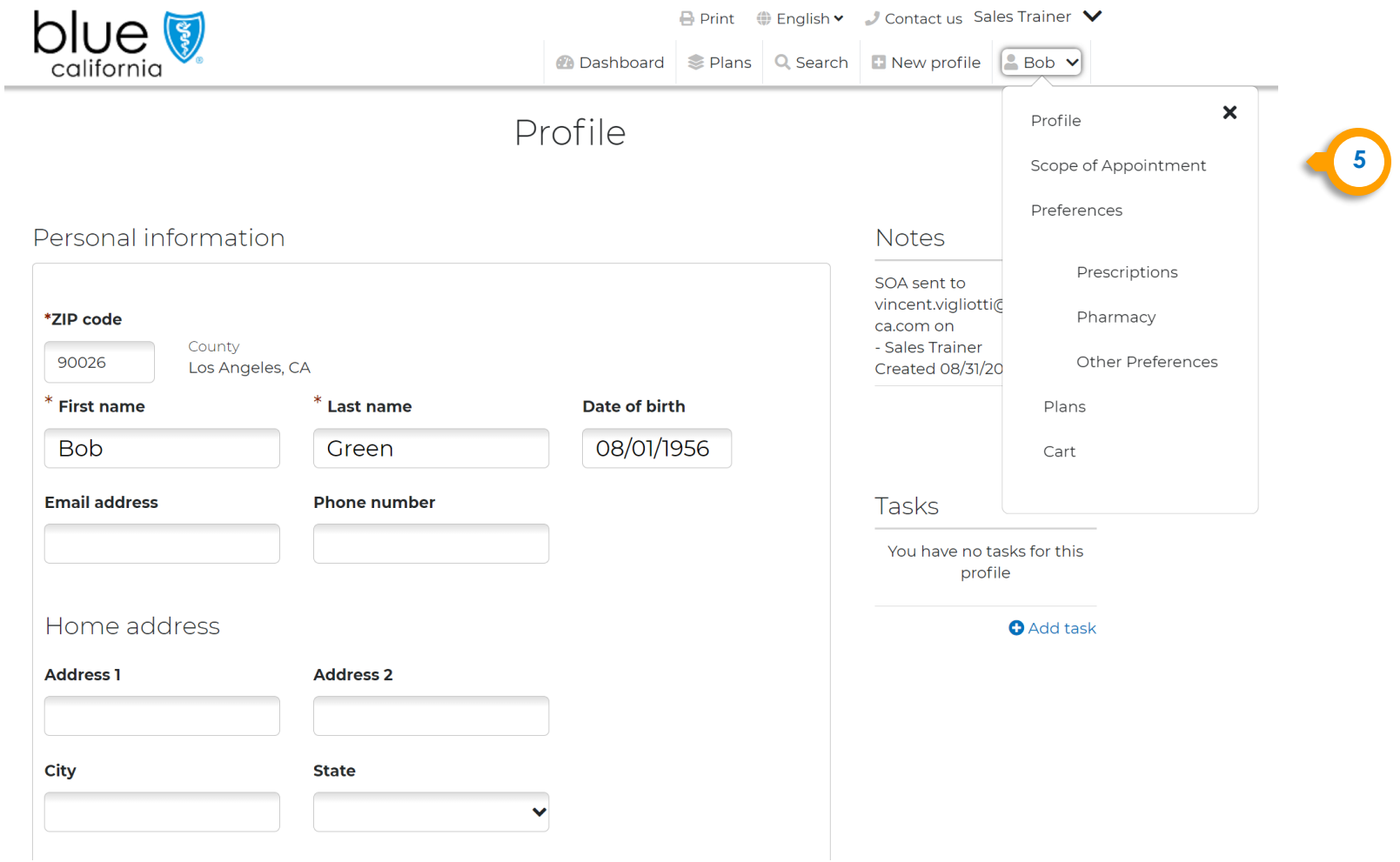
Profile

The beneficiaries quotes and enrollment history is shown at the bottom of the page.

4. Click on the quote or application to view.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

View Profile



Profile

5. When you are working with a beneficiary profile, you can easily see the beneficiary's name and use the dropdown navigation bar to access different steps in the workflow.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

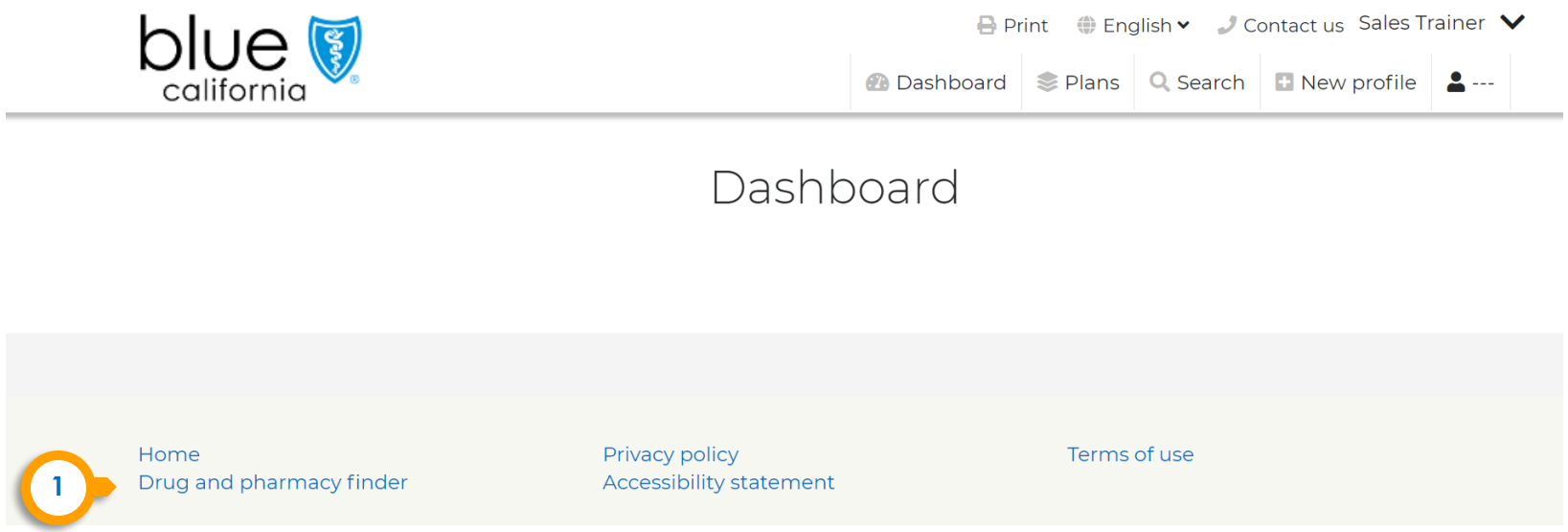


Drug and Pharmacy

Finder

View Section

Drug and Pharmacy Finder



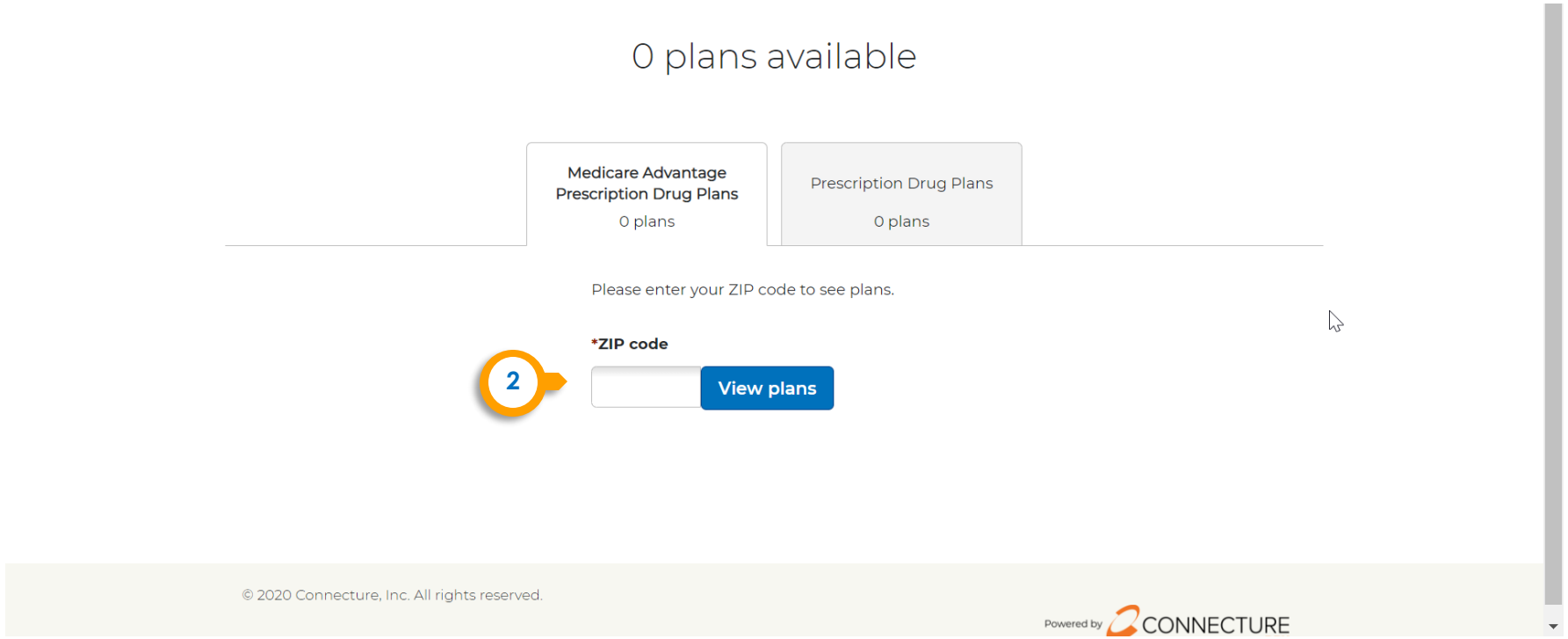
Search

At the bottom of each page's footer, there is a link to the drug and pharmacy finder.

1. Click the link to view the drug and pharmacy finder.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Drug and Pharmacy Finder

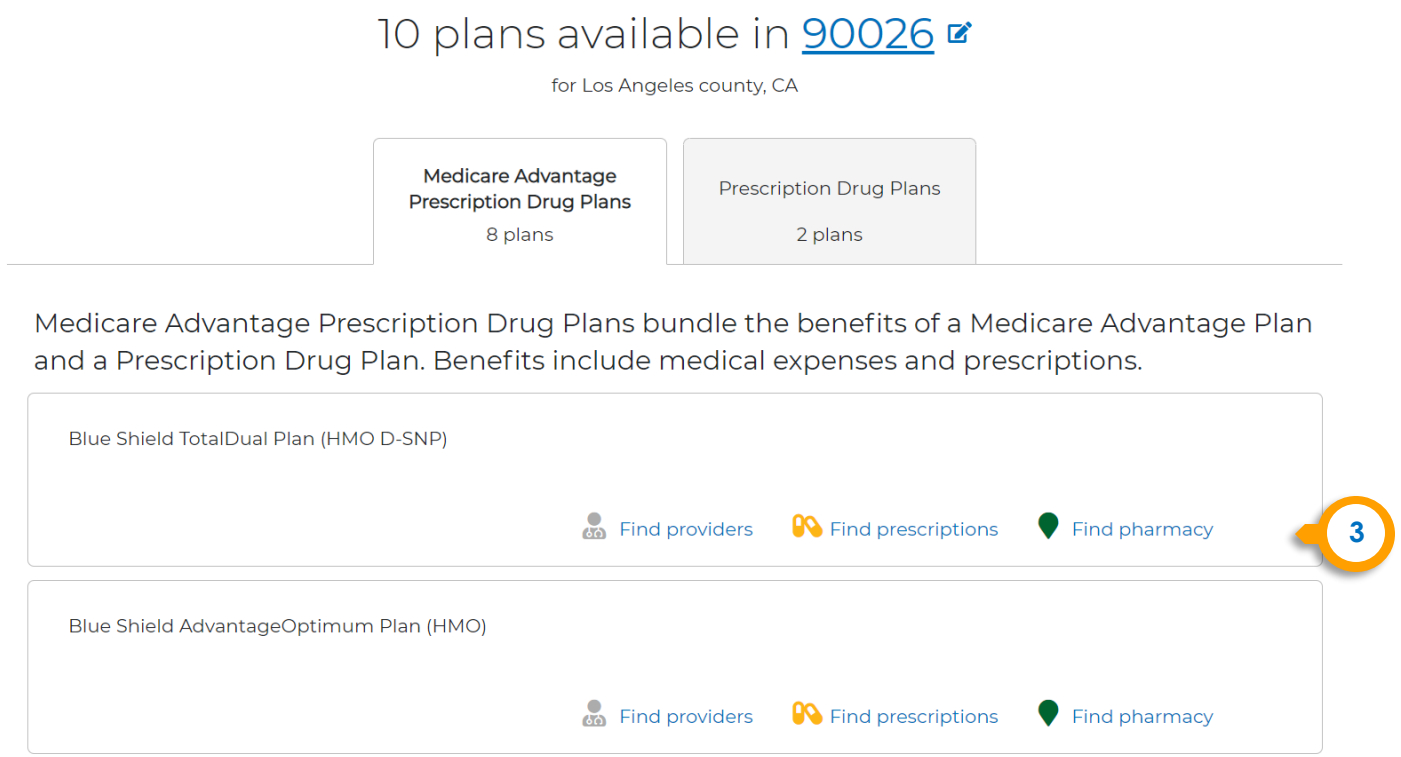


Search

2. Enter a zip code.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Drug and Pharmacy Finder



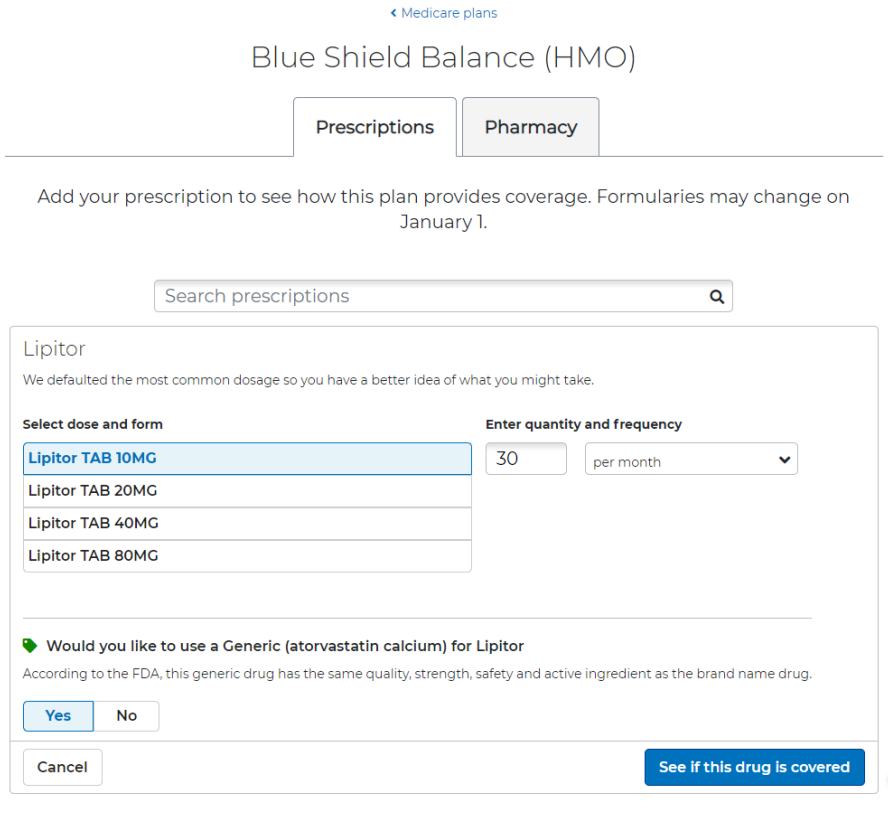
Search Results

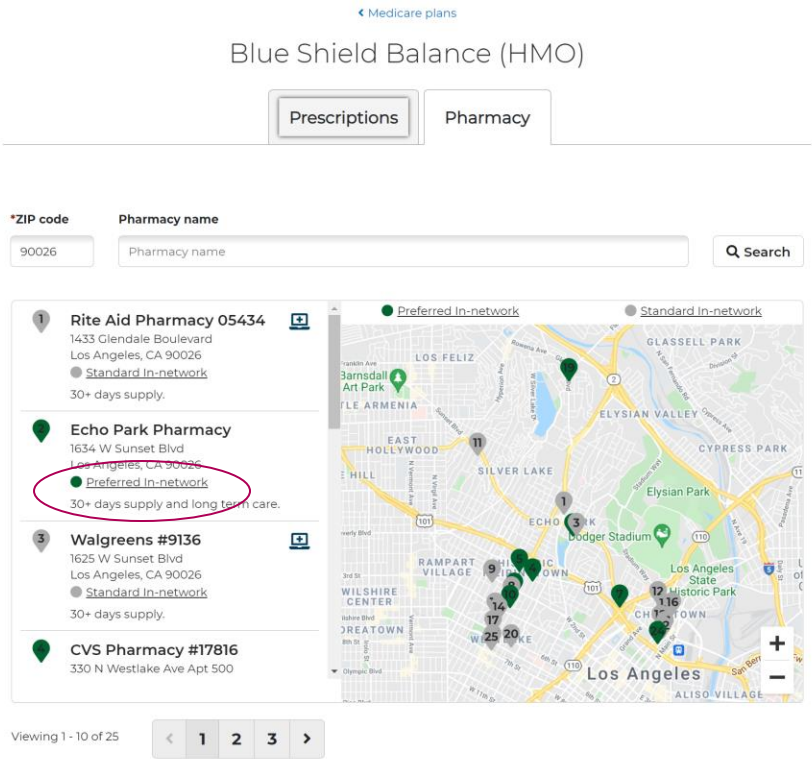
3. Click on:
   - Find Prescriptions
   - Find Pharmacy

To see if the drug or pharmacy is covered by the plan.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Drug and Pharmacy Finder





Enter Information

4. **For Prescriptions:**
   - Enter the information.
   - Click the button to see if drug is covered by the plan.

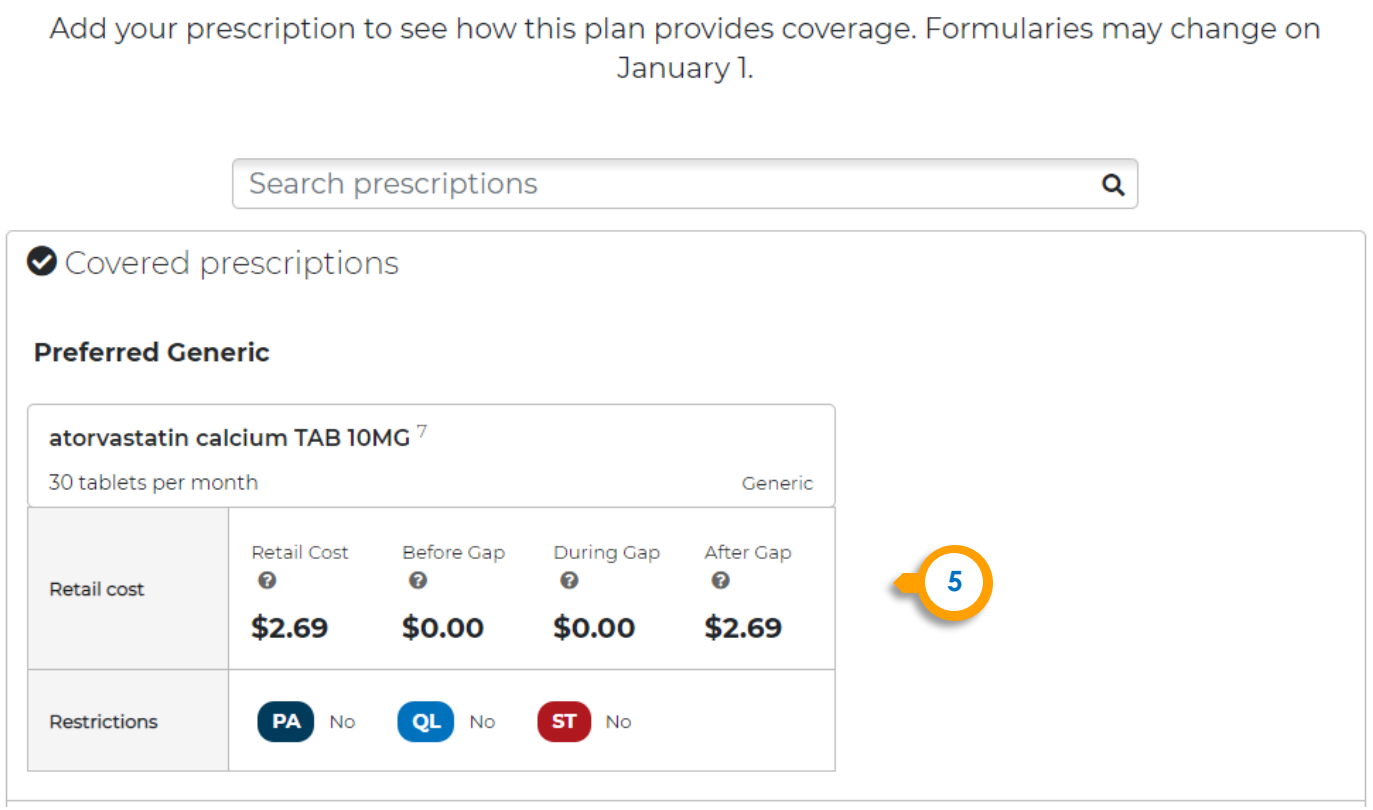
   For Pharmacy:
   - Enter the Pharmacy name.
   - Check to see if it is a Preferred in-network pharmacy.

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Drug and Pharmacy Finder

Results

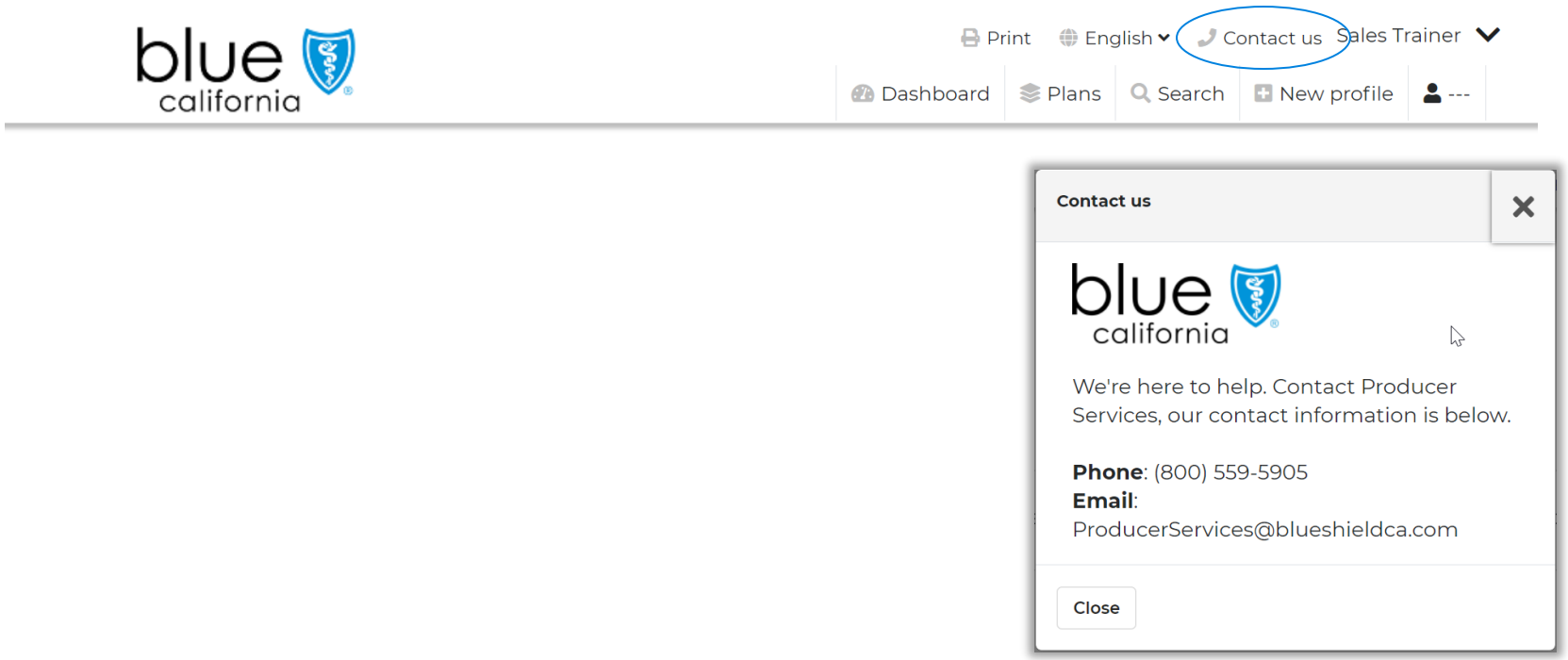
5. Review the results



For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Resources

- Broker Connection Site: https://www.blueshieldca.com/producer
- Consumer Application Status Site: https://www.blueshieldca.com/brokerwebapp/medicareProspectAppStatus



Contact Us

Blue Shield Producer Services Phone Number:

1-800-559-5905

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.