

2019 New Business Submission Cheat Sheet MA/MAPD/PDP

Please Note:

1. All agents must be certified and appointed to write business
2. 48 Hour submission clock begins when the agent signs and dates the application

CARRIER	SUBMISSION METHODS	FAX NUMBER	ADDRESS	EMAIL	CUSTOMER SERVICE
<p>AETNA MEDICARE ADVANTAGE & DRUG (PDP)</p> <p>Mailing addresses and fax numbers vary by Plan. Please refer to the first 2 letters of the application number located in the bottom right corner of the application.</p>	<p>Electronically via:</p> <ul style="list-style-type: none"> • AICOE • App-by-email • Ascend Tablet App <p>Paper via:</p> <ul style="list-style-type: none"> • Fax • Mail 	<p>For App Numbers MA & PD fax to: 1-866-441-2341 or 1-888-665-6296</p> <p>For App Numbers HP fax to: 1-888-554-7668</p> <p>For App Numbers NG & JV fax to: 1-866-756-5514</p> <p>For App Number RX fax to: 1-866-415-2232</p>	<p>App Numbers MA & PD: Aetna Medicare Broker Enrollment Team PO Box 14088 Lexington, KY 40512-4088</p> <p>App Numbers HP: Aetna Coventry PO Box 7770 London, KY 40742-7770</p> <p>App Numbers NG & JV: Aetna PO Box 7405 London, KY 40742</p> <p>App Number RX: Aetna PO Box 7763 London, KY 40742-7763</p> <p>(DO NOT OVERNIGHT MAIL ANY ENROLLMENT APPLICATIONS TO A PO BOX)</p>	<p>ONLY App Numbers MA & PD can be emailed to: medicareenrollmenttransactions@aetna.com</p>	<p>Enrollment/Members PDP: 877-238-6211 MA: 800-282-5366</p> <p>BSU: 1-866-714-9301 brokersupport@aetna.com</p>
<p>ANTHEM AMERIGROUP (BLUE CROSS)</p>	<p>Electronically via:</p> <ul style="list-style-type: none"> • mProducer eApp • AICOE <p>Paper via:</p> <ul style="list-style-type: none"> • Fax 	<p>1-402-343-9945 (1 app per coversheet)</p>	<p>ATTN: New Business 8420 W Dodge Rd Suite 510 Omaha, NE 68114</p>	<p>newbusiness@seniormarketsales.com</p>	<p>Broker Services State specific toll-free numbers.</p> <p>medicareagentsupport@anthem.com</p>

CARRIER	SUBMISSION METHODS	FAX NUMBER	ADDRESS	EMAIL	CUSTOMER SERVICE
BLUE SHIELD OF CALIFORNIA MEDICARE ADVANTAGE	Electronically via: <ul style="list-style-type: none"> AICOE App by email Paper via: <ul style="list-style-type: none"> Fax Mail 	402-343-9945 (1 app per coversheet)	ATTN: New Business 8420 W Dodge Rd Suite 510 Omaha, NE 68114	newbusiness@seniormarketsales.com	Member Services: 1-800-776-4466 Producer Services: 1-800-559-5905
BLUE SHIELD OF CALIFORNIA DRUG (PDP)	Electronically via: <ul style="list-style-type: none"> Enrollment link through agent portal AICOE App by email Paper via: <ul style="list-style-type: none"> Fax Mail 	877-251-3660	6300 Canoga Ave Woodland Hills, CA 91367	whmembership@blueshieldca.com	Member Services: 1-800-776-4466 Producer Services: 1-800-559-5905
ALLWELL (CENTENE) MUST BE SUBMITTED WITHIN 24 HOURS	Electronically via: <ul style="list-style-type: none"> Ascend Tablet App Paper via: <ul style="list-style-type: none"> Fax ONLY Carrier specific fax coversheet is required for every application submitted.	844-222-3180 (1 app & SOA per coversheet) SOA Paperwork Required	N/A	N/A	Broker Services Unit: 1-844-222-3188 medicarebrokerservices@centene.com
CIGNA/HEALTH-SPRING	Electronically via: <ul style="list-style-type: none"> Tablet eEnrollment App by email Paper via: <ul style="list-style-type: none"> Fax Mail Carrier specific fax coversheet is required for every application submitted. SOA Paperwork Required or use the SCOPE LINE by calling 1-866-398-6055	*Alabama, Florida and South Mississippi – 877-818-8162 *Atlanta - 855-826-3789 *Arizona - 855-531-9754 *Tennessee, North Georgia, North Mississippi and Eastern Arkansas 877-818-9299 *Illinois and Indiana – 877-818-9225 *North Carolina - 855-826-3790 *South Carolina - 855-826-3791 *Pennsylvania - 855-246-5870 *Texas, Oklahoma and Western Arkansas – 877-818-8163 *Maryland, DC, Delaware - 855-246-5867 *Kansas City – 844-372-4803 (1 app per coversheet)	See state specific addresses	N/A	DSU: 866-442-7516 dsu@healthspring.com

CARRIER	SUBMISSION METHODS	FAX NUMBER	ADDRESS	EMAIL	CUSTOMER SERVICE
HUMANA HUMANA CARE PLUS	<p>Electronically via:</p> <ul style="list-style-type: none"> iPad FASTApp AICOE <p>Paper</p> <ul style="list-style-type: none"> Fax Mail <p>Telephonic Scope (SOA) – 866-945-4471</p> <p>AOR changes should be faxed to: 502-508-0062</p>	<p>877-889-9936 (1 app per coversheet)</p> <p>Scope only: 1-866-994-9659</p> <p>Agent Error Attestation fax: 502-508-9895</p>	<p>Humana Medicare Enrollment Attn: New Business 2432 Fortune Dr. Lexington, KY 40509</p> <p>CarePlus Enrollment Department 4925 Independence Pkwy Suite 300 Tampa, FL 33634</p>	N/A	<p>Customer Service 800-457-4708</p> <p>Agent Support 800-309-3163 Agentsupport@humana.com</p>
MUTUAL OF OMAHA (MOMAC MA) All paper applications <u>MUST</u> be entered online or called into Producer Support and a copy <u>MUST</u> be mailed into the carrier.	<p>Electronically via:</p> <ul style="list-style-type: none"> e-Application AICOE <p>Paper</p> <ul style="list-style-type: none"> Enter App data online then mail copy to PO Box Phone 877-259-8657 and provide App data then mail copy to PO Box 	N/A	<p>Mutual of Omaha Medicare Advantage Company PO Box 12487 St. Louis, MO 63132-9922</p> <p>(DO NOT OVERNIGHT MAIL ANY ENROLLMENT APPLICATIONS TO A PO BOX)</p>	N/A	<p>Producer Support 877-259-8657</p>
MUTUAL OF OMAHA (OHIC PDP)	<p>Electronically via:</p> <ul style="list-style-type: none"> AICOE e-Application via: http://www.mutualofomaha.com/broker <p>Paper</p> <ul style="list-style-type: none"> Fax Mail 	<p>855-867-6711 (Preferred method)</p> <p>SOA 402-599-5822 or scope@omahapdp.com</p>	<p>Mutual of Omaha Rx PO Box 3625 Scranton, PA 18505-9811</p> <p>(DO NOT OVERNIGHT MAIL ANY ENROLLMENT APPLICATIONS TO A PO BOX)</p>	N/A	<p>Sales Support 800-693-6083</p>

CARRIER	SUBMISSION METHODS	FAX NUMBER	ADDRESS	EMAIL	CUSTOMER SERVICE
SILVERSCRIPT	<p>Apps must be submitted online at www.silverscriptagentportal.com</p> <p>Electronically via:</p> <ul style="list-style-type: none"> • App-by-email • eApp • iPad App • AICOE <p>Paper via:</p> <ul style="list-style-type: none"> • The paper app taken by agent must be entered online and then forwarded to SS with the SOA form. 	<p>Upload a scanned copy of the app and SOA via the enrollment portal secure mailroom</p> <p>or</p> <p>866-552-6205</p>	<p>SilverScript Insurance Co Attn: Agent Processing PO Box 52134 Phoenix, AZ 85072</p>	<p>enrollmentverification@CVScaremark.com</p> <p>or</p> <p>Upload a scanned copy of the app and SOA via the enrollment portal secure mailroom</p>	<p>Agent Support 888-277-4174</p>
<p>United HealthCare (UHC)</p> <p>MEDICARE ADVANTAGE</p>	<p>Electronically via:</p> <ul style="list-style-type: none"> • AICOE • App-by-email • LEAN <p>Paper via:</p> <ul style="list-style-type: none"> • Fax • Mail 	<p>(1 app per coversheet) 1-501-262-7070 Or 1-866-994-9659 (SOA w/o application)</p> <p>Senior Care Options 1-855-250-2168</p>	<p>Overnight: United Healthcare 3315 Central Ave Hot Springs, AR 71913</p> <p>Senior Care Options: United Healthcare 950 Winter Street Ste 4840 Waltham, MA 02451</p>	<p>mrenrollment@uhc.com</p>	<p>Producer Help Desk - 888-381-8581 or phd@uhc.com</p>
<p>United HealthCare (UHC)</p> <p>DRUG (PDP)</p>	<p>Electronically via:</p> <ul style="list-style-type: none"> • AICOE • App-by-email • LEAN <p>Paper via:</p> <ul style="list-style-type: none"> • Fax • Mail 	<p>(1 app per coversheet) 1-501-262-7070 Or 1-866-994-9659 (SOA w/o application)</p>	<p>Overnight: United Healthcare 3315 Central Ave Hot Springs, AR 71913</p>	<p>mrenrollment@uhc.com</p>	<p>Producer Help Desk - 888-381-8581 or phd@uhc.com</p>