

# Welcome to the MMM Broker Portal

## A User Guide for Agents



**Step 1 :** Log into the welcome page.

<https://agentportal.mmm-fl.com/>

**Welcome MMM Agents & Brokers**  
Manage your MMM Book of Business anytime! A site that is secure, easy to use with all the tools to support our partnership.

**Highlights**

- Use Electronic signatures
- View your client's application status through to completion
- View your book of business
- View your commission statements
- Communicate with us through secure messaging
- Control website access for your office and more !
- View and track a prospect lead through completion

**MMM SALES PORTAL**

**User ID**  
Enter Your User ID

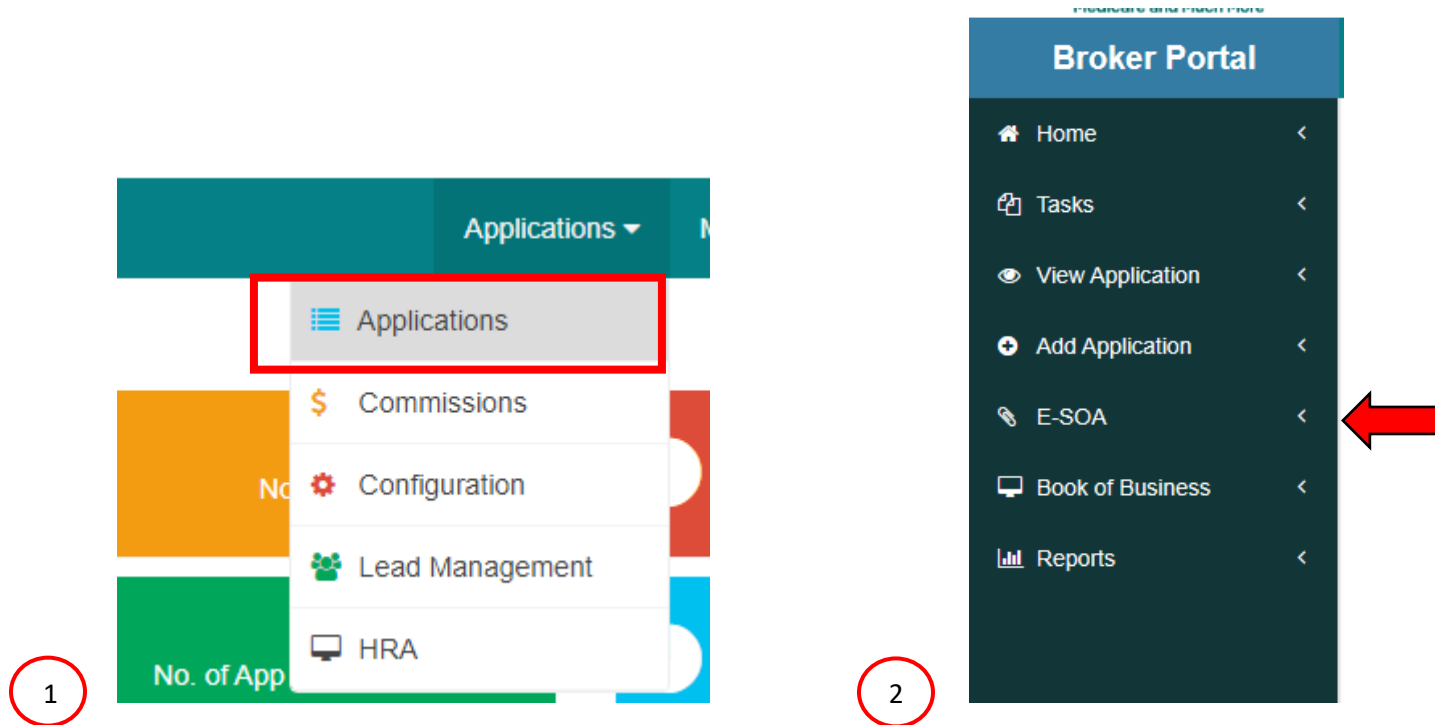
**Password**  
Password  
The Password field is required.

**Login**

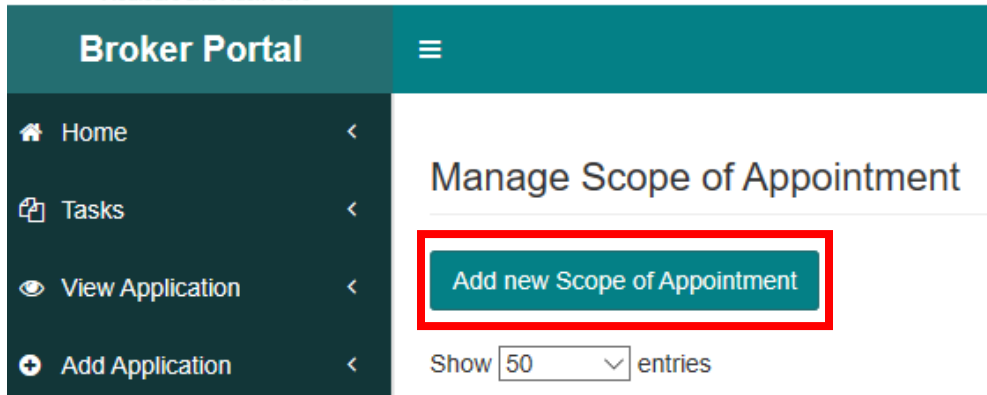
[Forgot Password?](#)

Before you can enter a new enrollment you must complete an official MMM SOA :

**Step 1:** Click on the Applications Module at the top right section, then from the left side menu click on E-SOA :



**Step 2:** Click on Add new Scope of Appointment



**Step 3:** Fill out all the beneficiary information. Fill out **Authorized Representative Details** section **ONLY** when there is a **POA** or **Legal Auhtorized Representative**.

**Step 4 :** Choose a signature method from the 3 options below:

**E-Signature**       **On-Screen**       **Telephone**

1. **E-Signature** – this will require beneficairy email address.
  - ✓ Once submitted, Agent will receive an email first with a request to sign E-SOA
  - ✓ after agent has signed, beneficiary will receive an email with request to sign E-SOA
  - ✓ Once both parties have signed, the E-SOA will automatically be sent into the system.

2. **On-Screen** – you will be provided with a signing area for you ( agent ) and beneficiary.

Beneficiary Signature

[Click Here to Clear Signature](#)

Agent Signature

[Click Here to Clear Signature](#)

3. **Telephone** – you must call *844-212-9859* – Telesales Department and advise them that you want to complete a telephonic SOA. You will be given a Reference number, on your screen enter in the field below:

**Audio Recording or Reference Number:**

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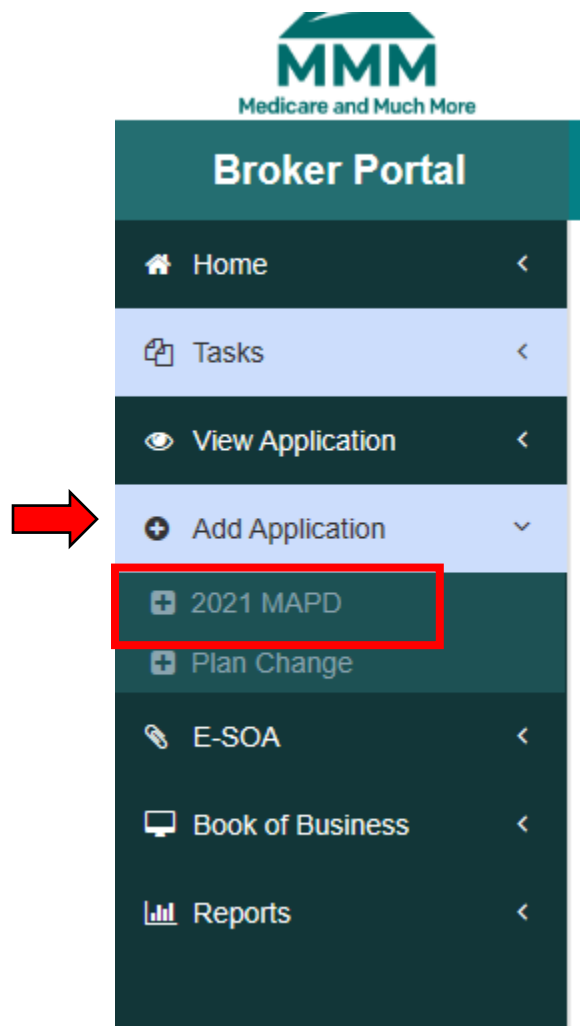
4. **Paper SOA** – *Additional Option*

Fill out an official MMM paper SOA , then scan it into your device because it will be requested once you begin to enter a new enrollment application.

# Entering an Enrollment Application:

## Step 1:

Click on Add Application - then select 2021 MAPD.



## Step 2:

Document checklist – provide beneficiary with the documents listed below and select the method of delivery :

Checklist				
1.	Pre-Enrollment Checklist	<input type="radio"/> Requested by Email	<input type="radio"/> Received from Sales Representative / Broker	<input checked="" type="radio"/> N/A
2.	Provisional Proof of Enrollment	<input type="radio"/> Requested by Email	<input type="radio"/> Received from Sales Representative / Broker	<input checked="" type="radio"/> N/A
3.	Star Rating Letter	<input type="radio"/> Requested by Email	<input type="radio"/> Received from Sales Representative / Broker	<input checked="" type="radio"/> N/A
4.	Summary of Benefits (SB)	<input type="radio"/> Requested by Email	<input type="radio"/> Received from Sales Representative / Broker	<input checked="" type="radio"/> N/A
5.	LIS Summary Premium	<input type="radio"/> Requested by Email	<input type="radio"/> Received from Sales Representative / Broker	<input checked="" type="radio"/> N/A
6.	Annual Notice of Changes (if applicable)	<input type="radio"/> Requested by Email	<input type="radio"/> Received from Sales Representative / Broker	<input checked="" type="radio"/> N/A
7.	Evidence of Coverage (EOC) (includes the Privacy Notice)	<input type="radio"/> Requested by Email	<input type="radio"/> Received from Sales Representative / Broker	<input checked="" type="radio"/> N/A
8.	Notification of electronic EOC & Providers and Pharmacy Directory	<input type="radio"/> Requested by Email	<input type="radio"/> Received from Sales Representative / Broker	<input checked="" type="radio"/> N/A

Once you are finished reviewing all documents click on Next.

### Step 3 : Scope of Appointment

Choose one of the three options to provide the SOA:

1. **Upload Signed SOA** : to upload a paper SOA from your device, click on **Choose file**, once file is selected click Upload.

#### Add New Application



#### Scope of Appointment

Upload Signed SOA  E-SOA (Esign completed by Agent and Member)

Scope of Appointment Document

Choose file...



Upload



Telephonic SOA (Ref Nbr)

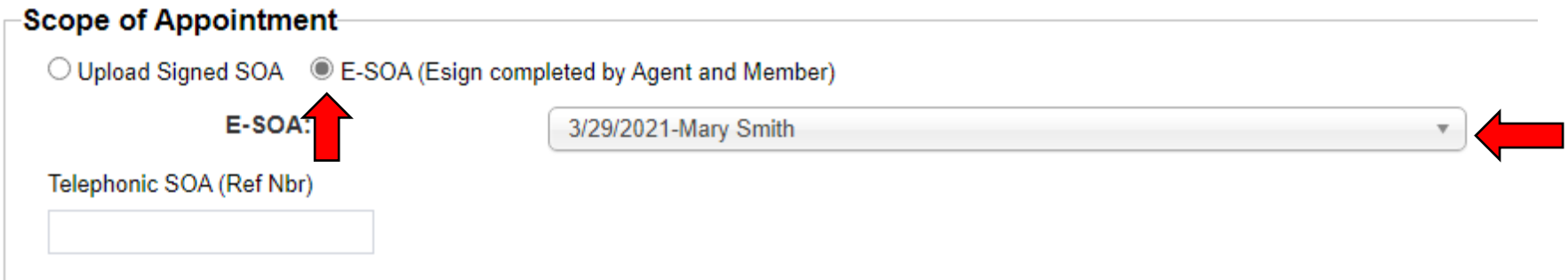
2. Select **E-SOA** if you previously completed an E-SOA (Email or On-screen signature) and choose the name of the beneficiary from the dropdown.

**Scope of Appointment**

Upload Signed SOA  E-SOA (Esign completed by Agent and Member)

**E-SOA:**

Telephonic SOA (Ref Nbr)



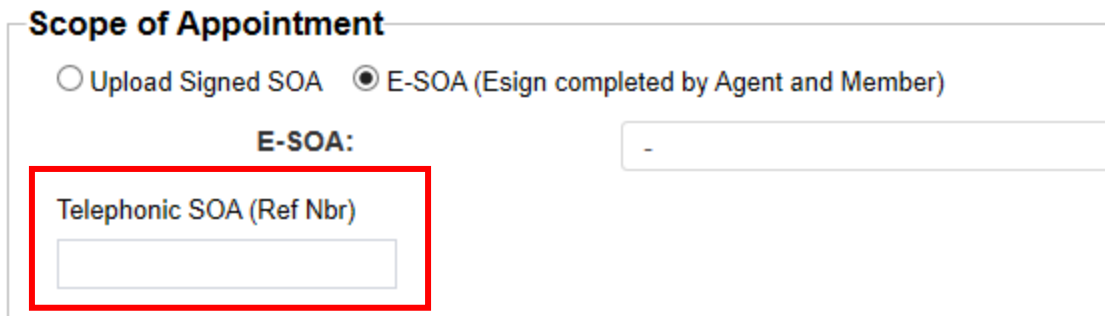
3. If **Telephonic SOA** was completed, enter reference/confirmation number provided to you by Telesales department.

**Scope of Appointment**

Upload Signed SOA  E-SOA (Esign completed by Agent and Member)

**E-SOA:**

Telephonic SOA (Ref Nbr)





#### Step 4 : Application Info.

Fill out all the highlighted fields below.

### Document Upload

- Upload Provisional proof of Enrollment or paper SOA/Applications.
- You may upload any supporting documentation.

**Application Info**

**Enrollment Source**

Source of Enrollment:  Application Channel:

**Beneficiary Application**

Application Signature Date:  Application Receipt Date:  Date Applicant Desires to Enroll with MMM-FL:

**Sales Information**

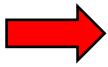
Broker / Agent:  Brokerage / Agency:  Agent Type:

**Document Upload**

Acceptable file formats: .jpg, .pdf, .doc, .jpeg . File Size is limited to 18 MB

Document Type:  Document Location:

Documents uploaded for this application



## Step 5: Beneficiary Demographics

Enter all the beneficiary information: Information from Medicare Card, Beneficiary Details, Contact Information, Emergency Contact.

*\*Always click on Skip Eligibility Check since the check eligibility feature is not operational. This feature is coming soon.*

### Add New Application

Applications > Add New Application



#### Beneficiary Demographics

##### Information from Medicare Card

MBI	Part A (Hospital) Effective Date	Part B (Medical) Effective Date
<input type="text"/>	<input type="text" value=""/>	<input type="text" value=""/>

##### Beneficiary Details

Title	Last Name	First Name	Middle Name
<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Date	Gender		
<input type="text" value=""/>	<input type="text" value="Select"/>		

Eligibility   Skip Eligibility Check

##### Contact Information


Home Telephone Number	Cellular Telephone Number
<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Permission to Text to Cell Phone?	

##### Emergency Contact

Name	Phone Number	Relationship to Member
<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/>

**Step 6:** Beneficiary Address

Enter beneficiary's physical and mailing address.

Click on  to validate both addresses.


**Beneficiary Address**

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**Permanent Address**

Street Line 1  Street Line 2  City

State  Zip  - Zip 4

  Skip Address Verification?


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
**Mailing Address**

Is Mailing Address Same as Permanent Address?

Street Line 1  Street Line 2  City

State  Zip  - Zip 4

  Skip Address Verification?



## Step 7: Benefit Choices

Fill out each of the required fields below :

- **Electronic Communication:** Check the box if beneficiary opts to receive Enrollment Kit & Annual Notice of Change/Evidence of Coverage electronically and enter email address.
- **Benefit Package:** select the PBP from the dropdown.
- *You Do Not need to select anything in the Dental Care section.*
- **Primary Care Physician ( PCP ) Choices:** click on to find the desired provider using the search criteria below
- **Premium Payment Method:** select one of the options from the dropdown arrow. Then, lick on 'Next'.

### Benefit Choices

**Electronic Communication**

Please check the "Yes" box below if you would like to receive your Enrollment Kit & Annual Notice of Change/Evidence of Coverage electronically and provide your email address below:

 Yes, I would like to receive my new member Enrollment Kit - EOC, Comprehensive Drug Formulary, Provider/Pharmacy Directory, and Dental Directory.

**Benefit Package**

Select Plan Benefit Package Beneficiary wants to enroll in

Select

**Dental Care Provider Choices**

Select Dental Care Provider

Select

**Primary Care Physician (PCP) Choices**

IPA/Medical Group	Primary Care Physician	PCP ID#	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Search &amp; Select PCP"/>

**Premium Payment Method**

Choose the method by which Beneficiary will pay Premium

Select

## Step 8: Beneficiary Status Questionnaire

Fill out the questionnaire below based on the beneficiary's responses. Once completed click 'Next'

### Beneficiary Status Questionnaire

1. Do you work?  Yes  No
2. Do your spouse work?  Yes  No
3. Some Individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs. Will your current prescription drug coverage be ending?  Yes  No
4. What is your primary language?  English  Spanish  Creole
5. Are you a resident in a long-term care facility, such as a nursing home?  Yes  No
6. Please check one of the boxes below if you would prefer us to send you future information in a language other than English or in an accessible format:  
 Accessible format (like Braille, audio or large print)
7. Are you enrolled in your State Medicaid program?  Yes  No

Exit

Previous

Next

## Step 9: Attestation Questionnaire – ELECTION PERIOD SELECTION

Choose the election period that applies to beneficiary from the list

### Attestation Questionnaire

- I am enrolling during the Annual Open Enrollment Period from October 15 to December 7. (AEP)
- I am new to Medicare. (IEP/ICEP)
- I am turning 65 and not new to Medicare. (IEP2)
- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me.
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change. (SEP)
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date)
- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan.
- I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster. (SEP)
- I recently had a change in my Extra Help paying for my Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help)

Select the election Type that applies from the dropdown, then click 'Next':

**Election Type**

Election Type A - (AEP) Annual Enrollment	SEP Reason Group Code Select	SEP Reason Code Select
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Exit Previous Next

## Step 10:

**Authorized Representative/POA**: fill out if beneficiary has a POA , Healthcare surrogate/proxy or other related document.

### **Application Method**:

choose from the dropdown one of the following options then refer to the section below :

*-Option 1* Agent Assisted – Online

*-Option 2* Secure email application

*-Option 3* Paper Application

### **Signature (Option 1):**

If you selected **Agent Assisted – Online**, using the finger on a laptop mousepad, finger in phone, or mouse in desktop computer have beneficiary sign as shown below.

Then ensure beneficiary reads statement below the signature and check the box.

Once finished, click on

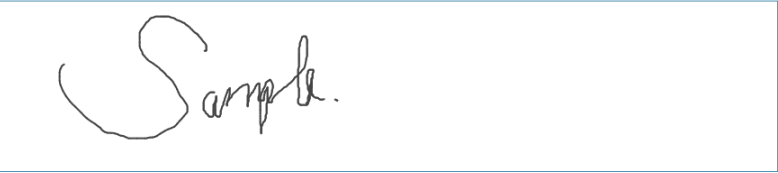
Submit Application

**Signature**

I, the [applicant, requestor, etc.] for this [type of form], warrant the truthfulness of the information provided in this application.

**If you are signing on a laptop, Please click on left mouse click and then sign.  
Please use left mouse click and then sign.**

Electronic Signature




[Click Here to Clear Signature](#)

I must keep both Hospital (Part A) and Medical (Part B) to stay in MMM Medicare and Much More. • By joining this Medicare Advantage Plan, I acknowledge that MMM Medicare and Much More will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). •Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan. •The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan. • I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border. • I understand that when my MMM Medicare and Much More coverage begins, I must get all of my medical and prescription drug benefits from MMM Medicare and Much More. Benefits and services provided by MMM Medicare and Much More and contained in my MMM Medicare and Much More "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor MMM Medicare and Much More will pay for benefits or services that are not covered. • I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that: 1)This person is authorized under State law to complete this enrollment, and 2)Documentation of this authority is available upon request by Medicare.

[Exit](#) [Previous](#) [Submit Application](#)

Click Ok in message box below:

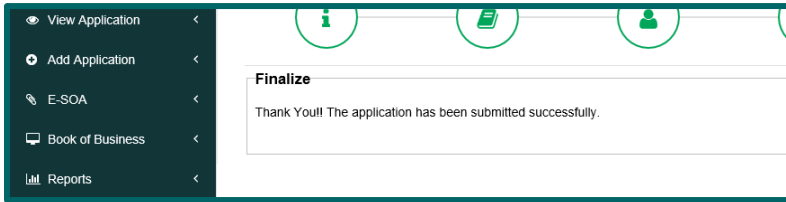
Message from webpage

 Please review the Application you have just entered. Once you press 'Submit' you will not able to revise or change any portion of the application.If you click 'Submit', the system will transmit your Application for further processing. You may check the status of your Application at any time on the History grid or by calling MMM-FL.

[OK](#) [Cancel](#)



Make sure you are able to see message below confirming application has been submitted to MMM – Medicare and Much More for processing.



**Done!**

## Signature (Option 2):

If you selected **Secure email application**, beneficiary opted to receive an email for E-signature which will also provide them with an electronic copy of the application.

In **Signature Options** check the option '**Send via E-Signature**' and enter beneficiary's name and email address. See highlighted below:

Then Click on

Submit & Send for DocuSign Signature

The screenshot shows a web application interface for an application form. The form is divided into several sections:

- Authorized Representative/POA:** Includes fields for Name, Address, Phone Number, and Relationship to Enrollee.
- Application Method:** A dropdown menu with 'Secure email application' selected. A red arrow points to this dropdown.
- Application Reference Number:** A field for Audio Call Reference Number.
- Signature Options:** Includes radio buttons for 'Signature on Paper Form / Verbal Signature' and 'Send via E-Signature'. The 'Send via E-Signature' option is selected. Below this are fields for 'Full Name of Signer' (containing 'JOHN SMITH') and 'E-Mail Address of Signer' (containing 'JOHN.SMITHTEST@TE-'). A red arrow points to the 'Send via E-Signature' radio button.


At the bottom right of the form, there are two buttons: 'Exit' and 'Submit & Send for DocuSign Signature'. A red arrow points to the 'Submit & Send for DocuSign Signature' button. The footer of the page reads 'Copyright © 2020 Broker Portal . All rights reserved.' and the system tray shows the time as 3:27 PM on 10/9/2020.

Beneficiary will receive an e-mail from **MMM Sales Team**, have beneficiary do the following steps on their device:

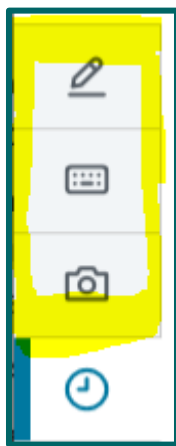
1. Click on 

2. Click on 

3. Click to sign:

1) This person is authorized under State law to complete this enrollment, and		
2) Documentation of this authority is available upon request by Medicare.		
Signature:	 1234	Today's Date: 5/1/2020

4. Then select one of the highlighted options below to sign the application.

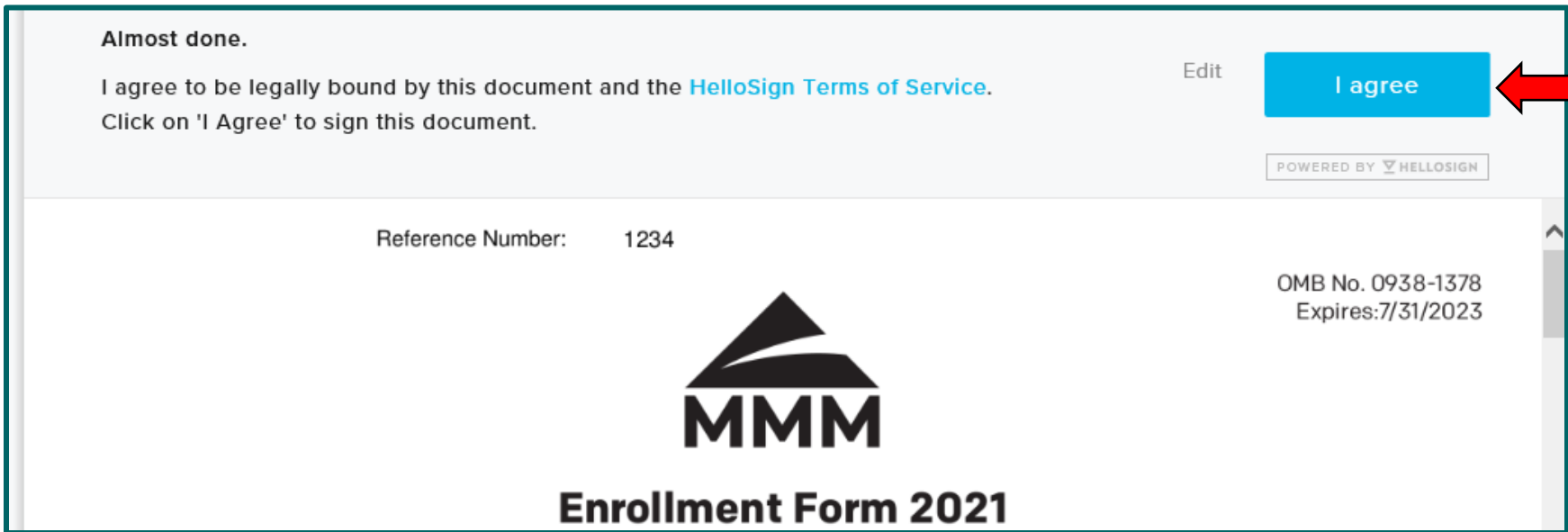


5. Click on Continue at the top right hand

1



2 then 'I agree' as shown below



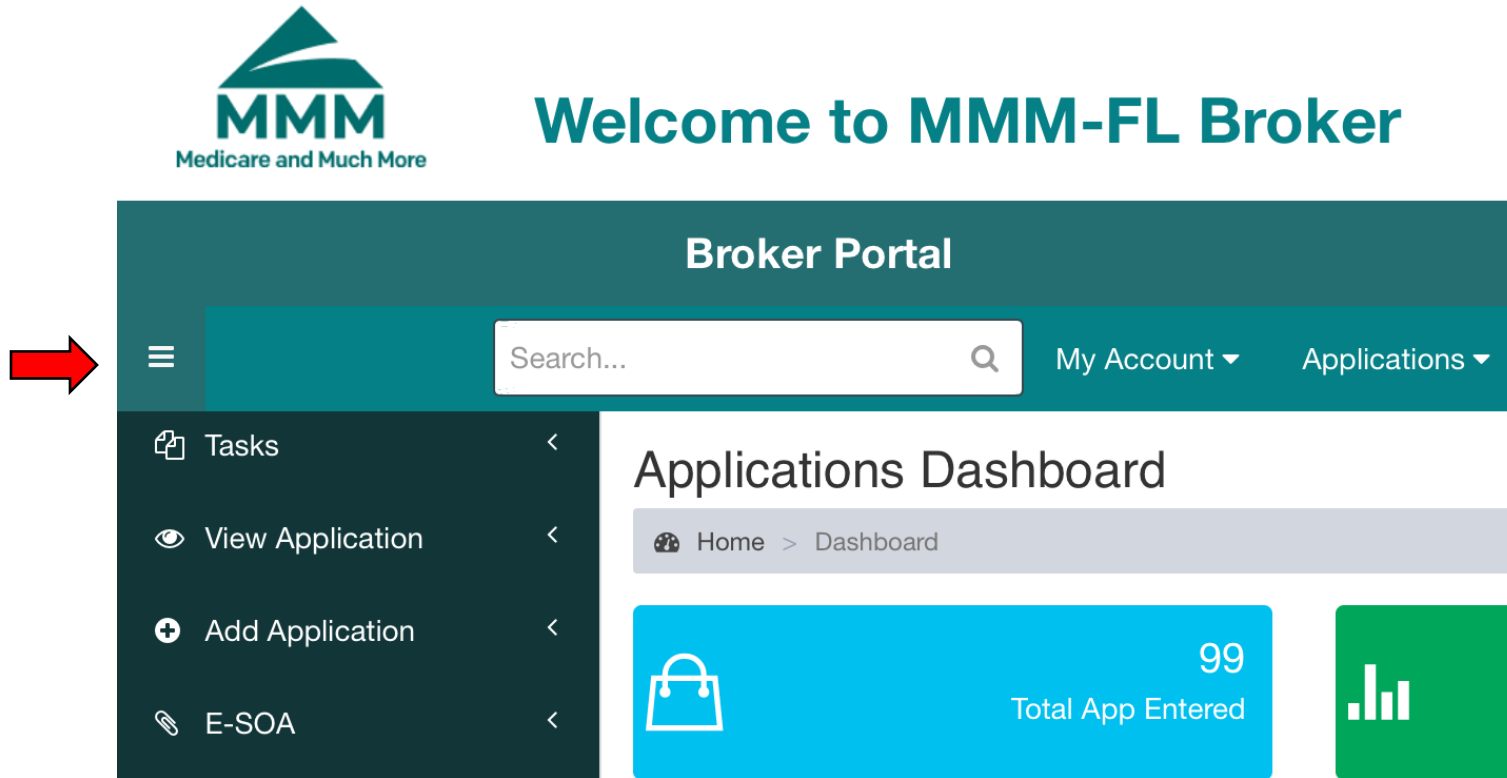
**Application Reference Number Box:** *this is only required when a telephonic enrollment is being conducted.*

<b>Authorized Representative/POA</b>			
Enter Authorized Representative/POA information, if applicable:			
Name	Address	Phone Number	Relationship to Enrollee
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Application Method</b>			
Application Method of Enrollment			
<input type="text" value="Select"/>			
<b>Application Reference Number</b>			
Audio Call Reference Number			
<input type="text"/>			
<b>Signature Options</b>			
<input checked="" type="radio"/> Signature on Paper Form / Verbal Signature <input type="radio"/> Send via E-Signature			
<input type="button" value="Exit"/>			

## Notes

If you are on a mobile device please use the three-line symbol shown below in order to show/collapse the left navigation menu. Place your mobile device horizontally to have a better view of the portal.

*Image on iPhone:*



## Further Help..?

If you need further assistance please find the contact information below:

[agentsupport@mmm-fl.com](mailto:agentsupport@mmm-fl.com) or Call 844-949-0876 .

**Need help? Contact us at [agentsupport@mmm-fl.com](mailto:agentsupport@mmm-fl.com) or 844-949-0876**

*Created and updated by Jeffry Argueta. Last updated on 7/15/2021.*