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SunFire

Handbook

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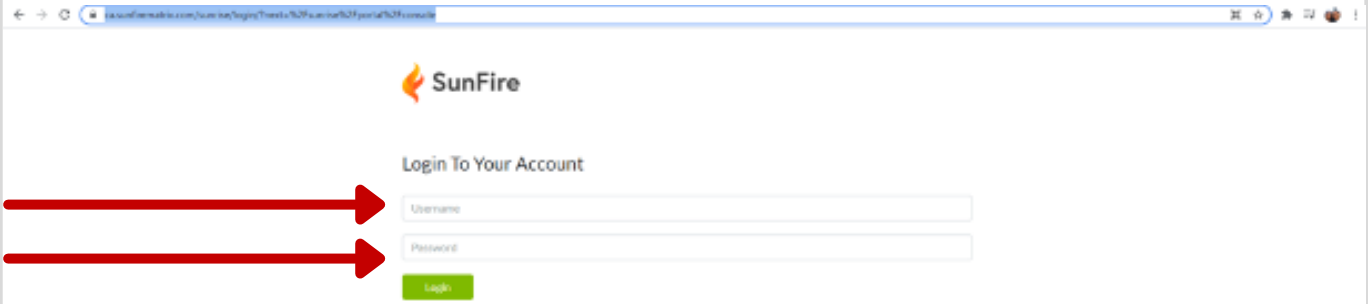
STEP 1

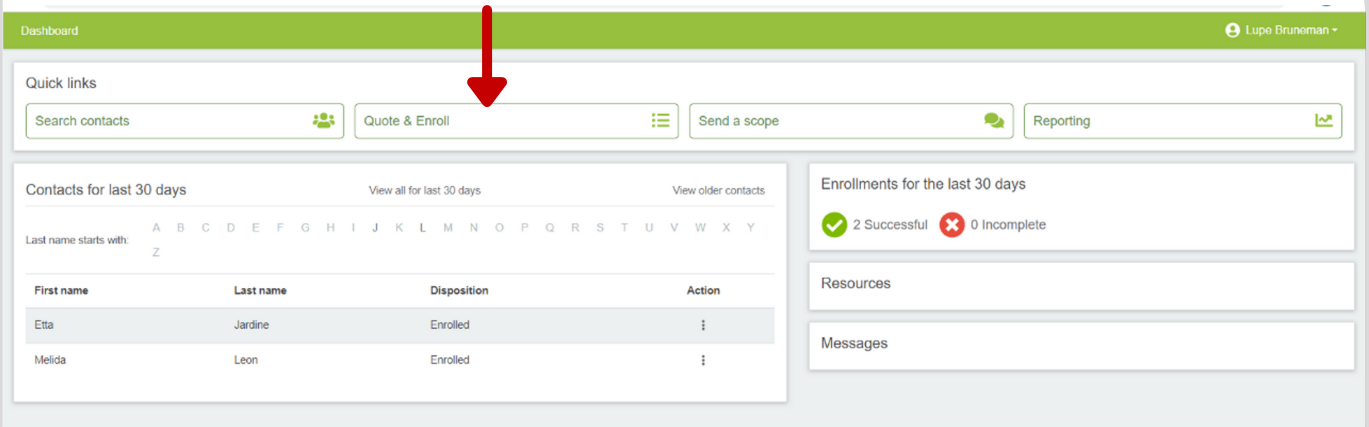
Login to SunFire:

https://ca.sunfirematrix.com/sunrise/login/next=%2Fsunrise%2Fportal%2Fconsole



STEP 2

Click on Quote & Enroll:



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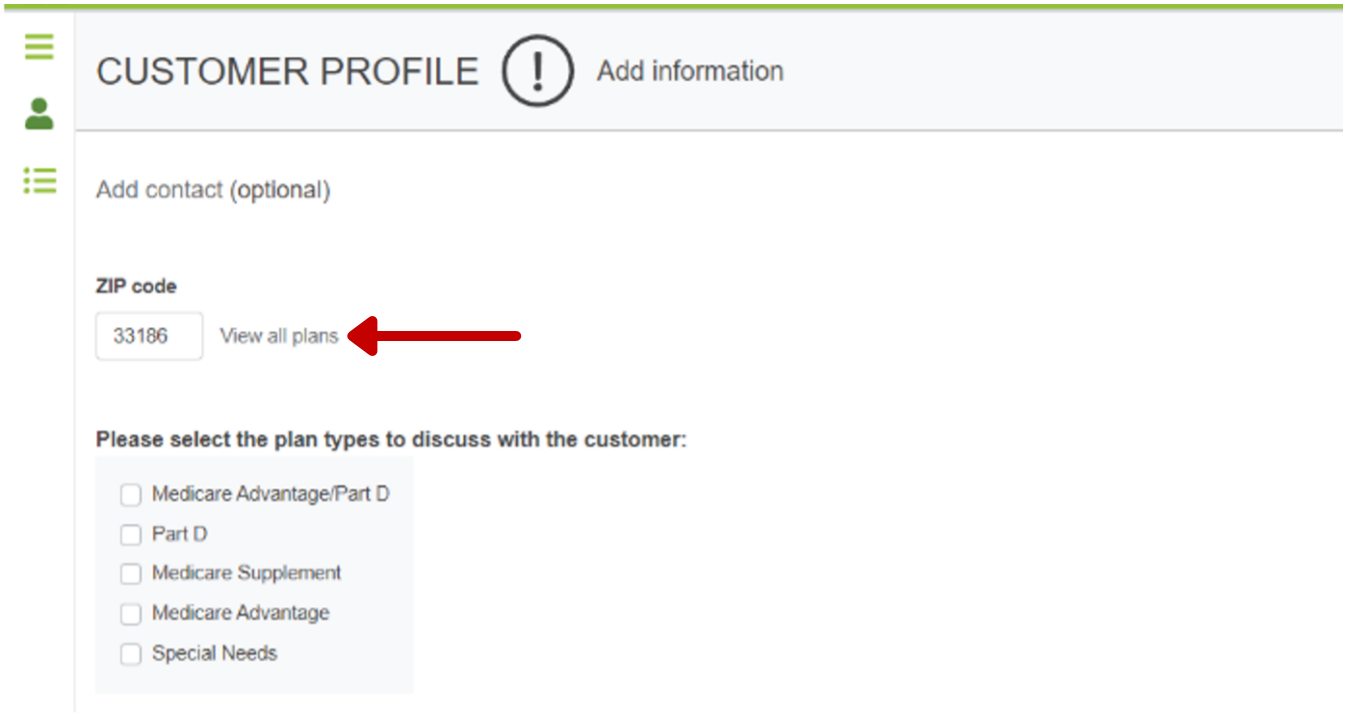
STEP 3

Creating a Customer Profile:



1. Enter **Member Zip Code**
2. Click on **View all plans**

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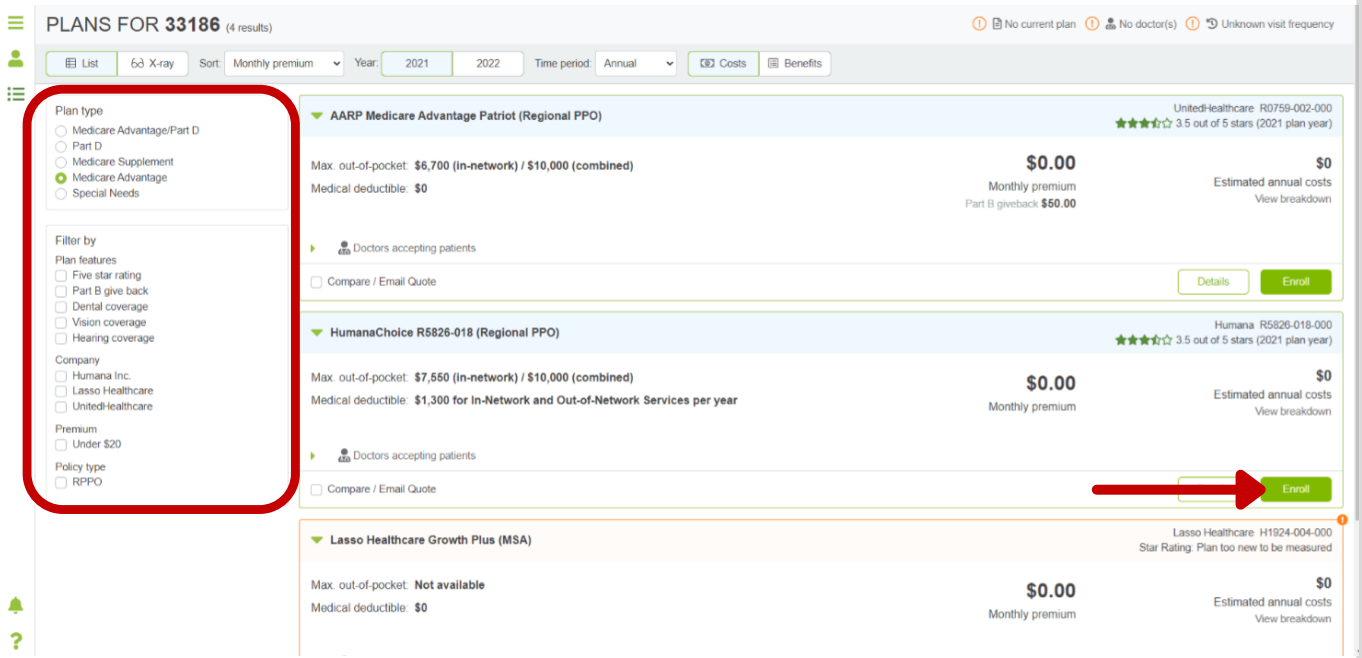
STEP 4

Choosing a plan for the member:



1. The left side panel allows you to filter by Plan Features, Company, Premium.
2. Click on **ENROLL** to enroll the member in the chosen plan.

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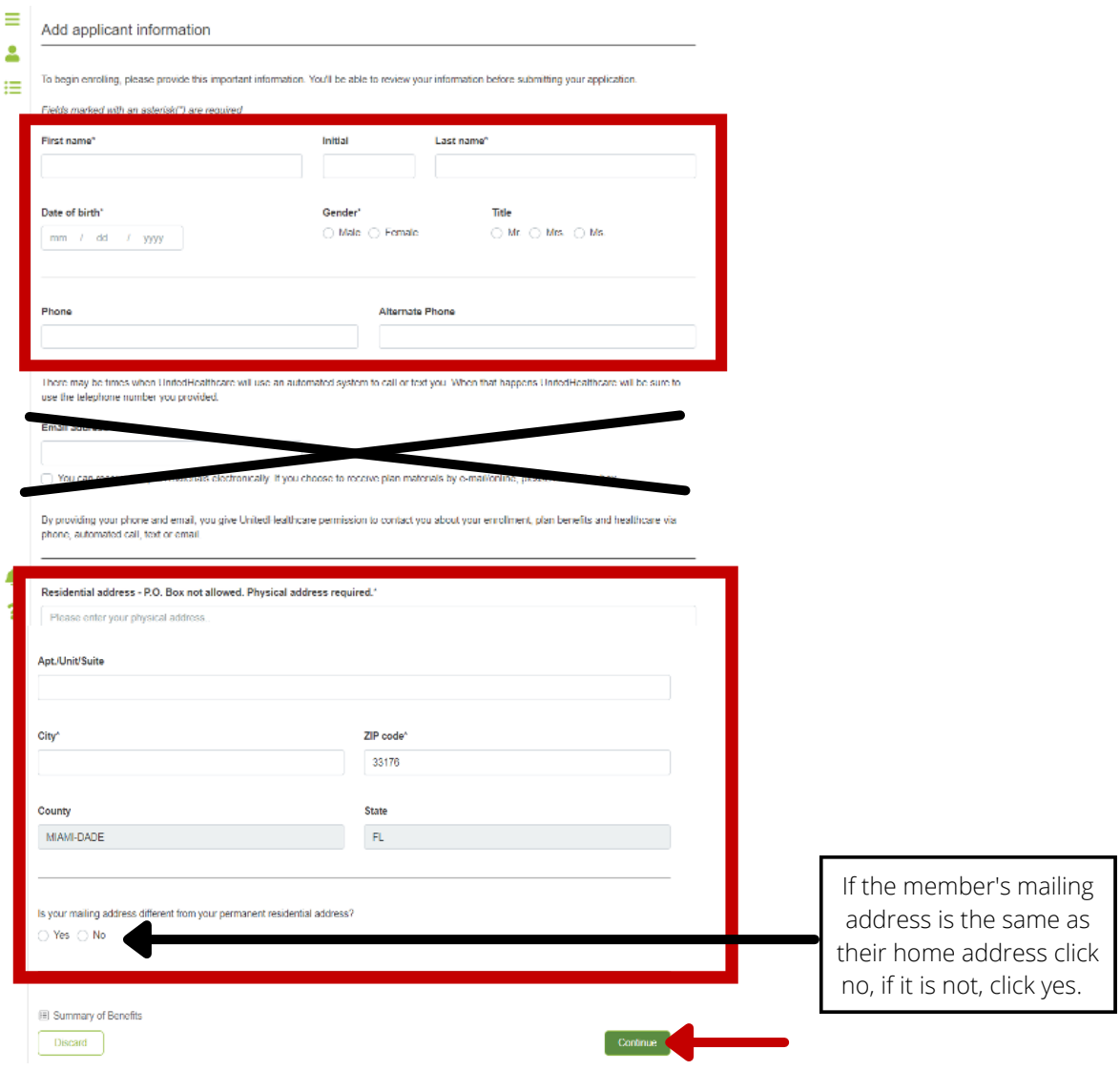
STEP 5

Demographics Section:



If the member's mailing address is the same as their home address click no, if it is not, click yes.

1. Enter the member demographics.
2. *Important* The member phone number is a MANDATORY field.
3. DO NOT check mark for electronic material.
4. Click Continue.

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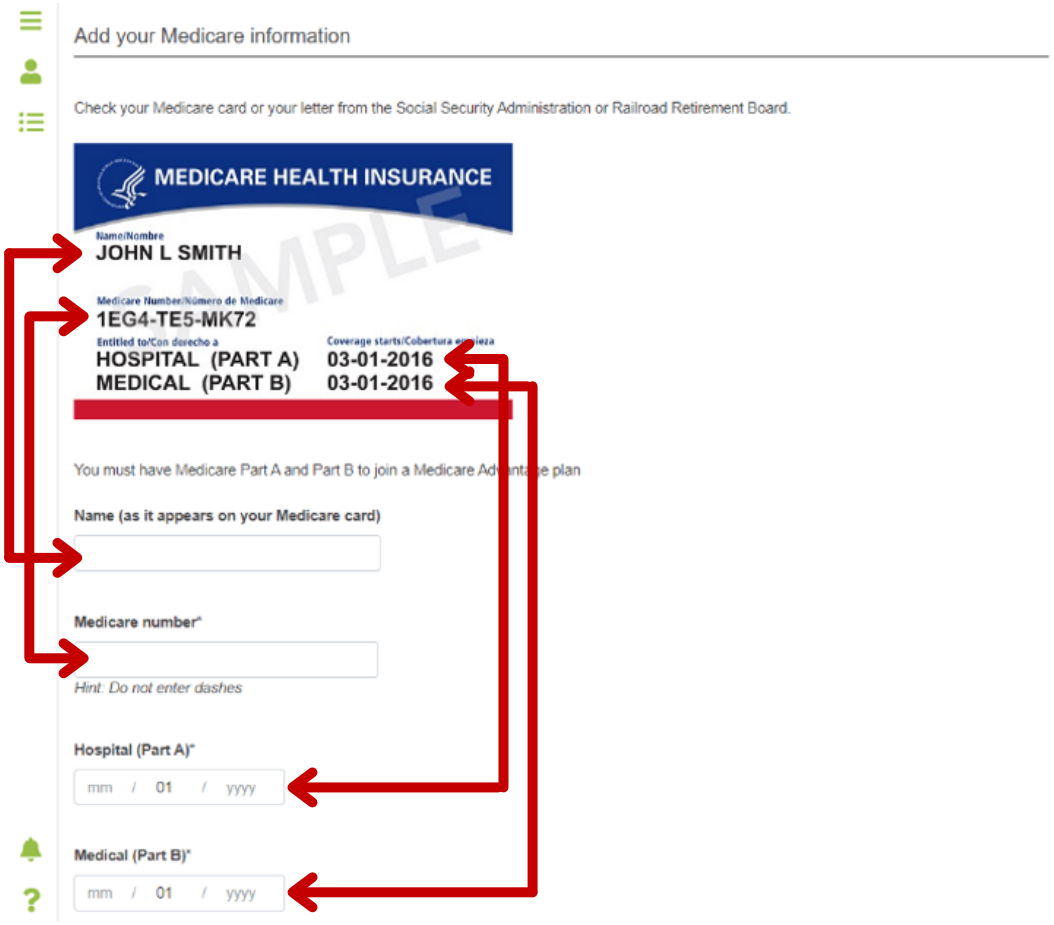
STEP 6

Medicare Information:



1. Enter name of the member **(*IMPORTANT* enter the name exactly as it appears in the Medicare ID card)**
2. Add Medicare ID **(*IMPORTANT* Medicare ID numbers are no longer the member social security with a letter, please see image above for example)**
3. Enter the Part A and Part B coverage date (see example card)

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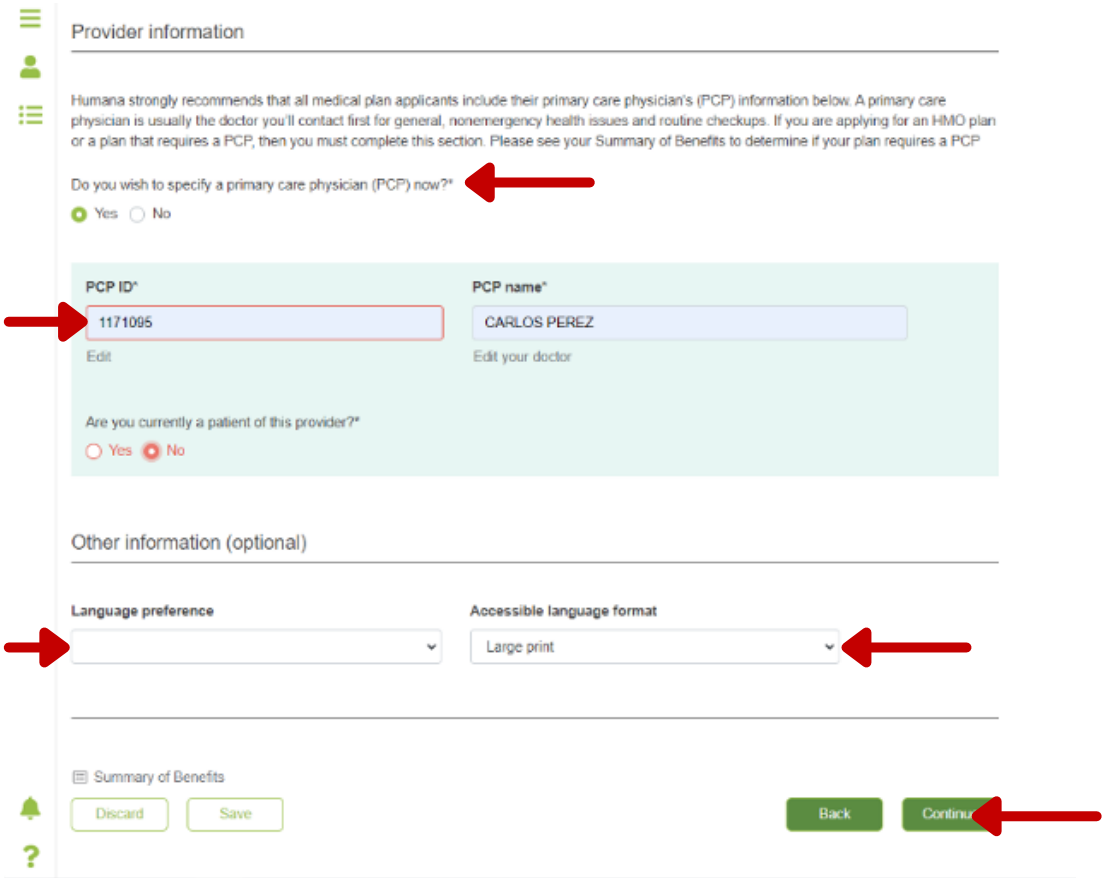

4. Click “YES” to select PCP now **(*Reminder – If you do not select PCP at the time enrollment, the carrier will select the PCP for the member)**
5. Enter name of PCP and PCP ID. Yes or No if the member is already a patient of the PCP
6. Enter prefer language of the member
7. Under accessible language format – Select Large Print
8. Click continue

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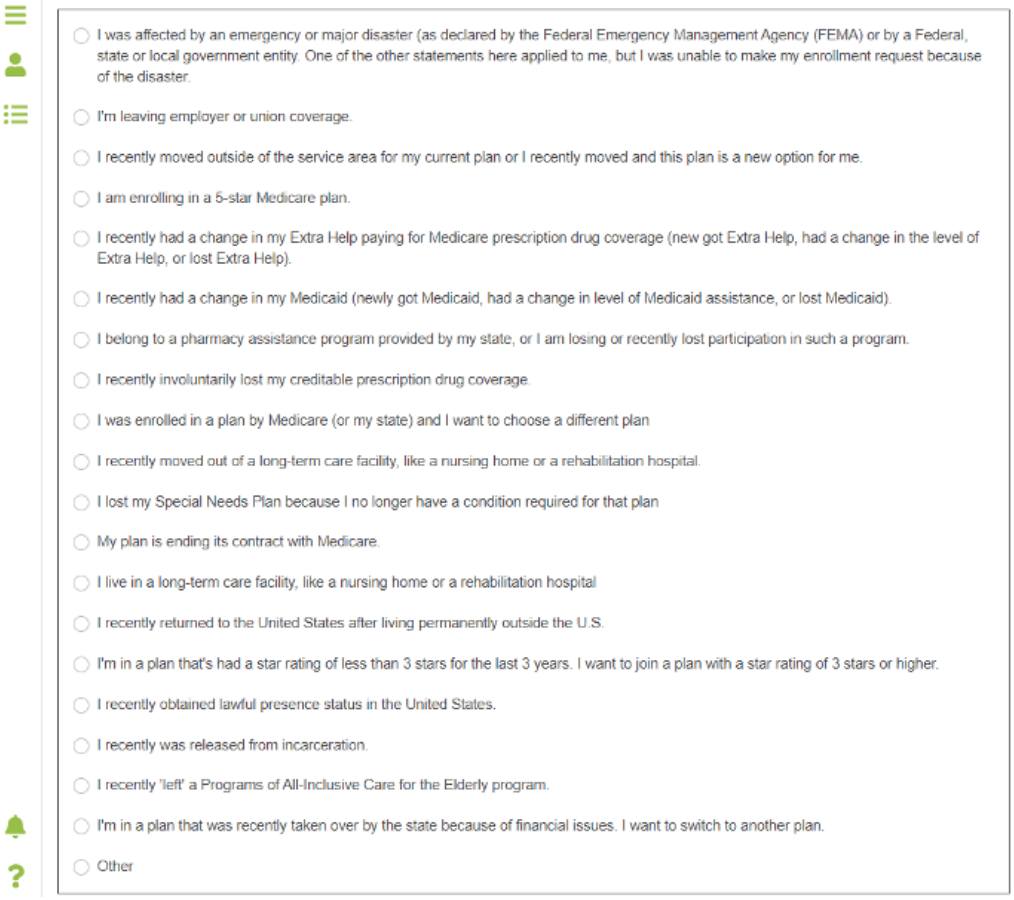
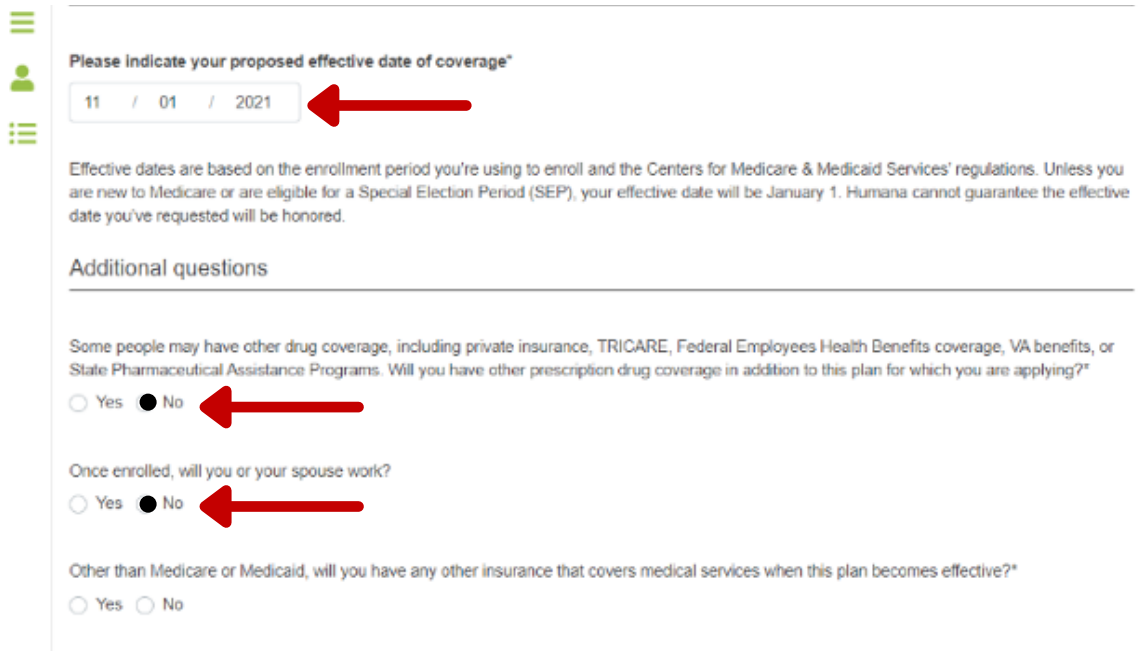
STEP 7

Confirmation of Enrollment Period:



- I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.
- I'm leaving employer or union coverage.
- 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 am enrolling in a 5-star Medicare plan.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (new got Extra Help, had a change in the level of Extra Help, or lost Extra Help).
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid).
- I belong to a pharmacy assistance program provided by my state, or I am losing or recently lost participation in such a program.
- I recently involuntarily lost my creditable prescription drug coverage.
- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan
- I recently moved out of a long-term care facility, like a nursing home or a rehabilitation hospital.
- I lost my Special Needs Plan because I no longer have a condition required for that plan
- My plan is ending its contract with Medicare.
- I live in a long-term care facility, like a nursing home or a rehabilitation hospital
- I recently returned to the United States after living permanently outside the U.S.
- I'm in a plan that's had a star rating of less than 3 stars for the last 3 years. I want to join a plan with a star rating of 3 stars or higher.
- I recently obtained lawful presence status in the United States.
- I recently was released from incarceration.
- I recently 'left' a Programs of All-Inclusive Care for the Elderly program.
- I'm in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan.
- Other

1. If you enroll in a Medicare plan outside AEP, check the statement that applies to you.



2. Please indicate your proposed effective date of coverage
3. **Additional Questions**
    - Question 1 – Answer NO
    - Question 2 – Answer NO
    - Question 3 – Answer NO

If the member is enrolling in a Dual plan for Medicare/Medicaid then there will be an additional question below question 3. Answer Yes to those questions and enter the 10 digit Medicaid number.

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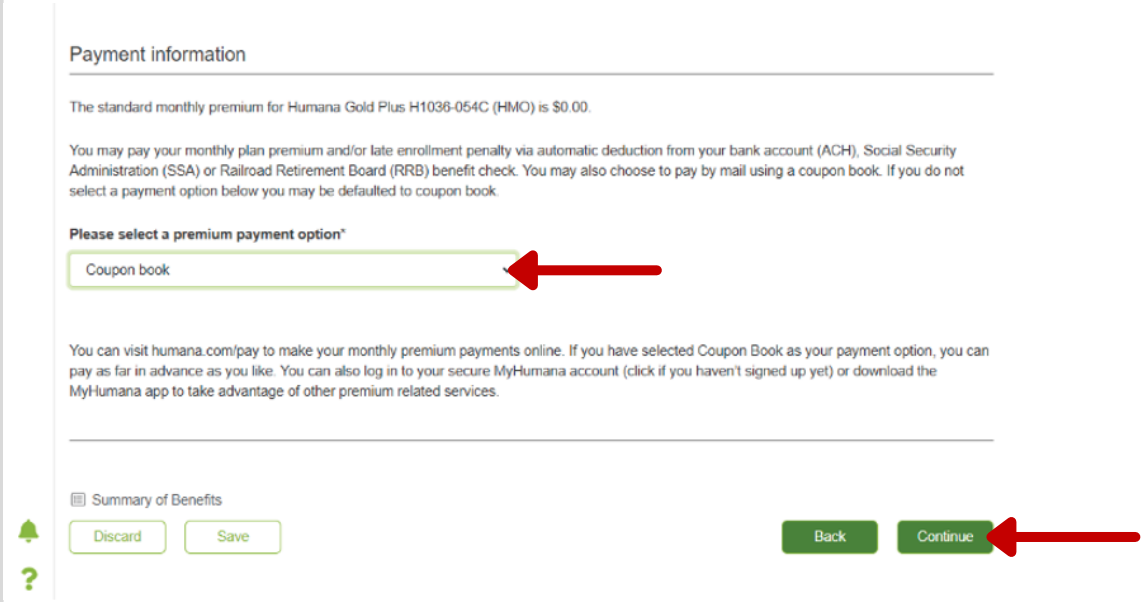

4. **Select payment option**
    - Select Coupon book or Monthly bill if coupon book is not available.
5. Click Continue.

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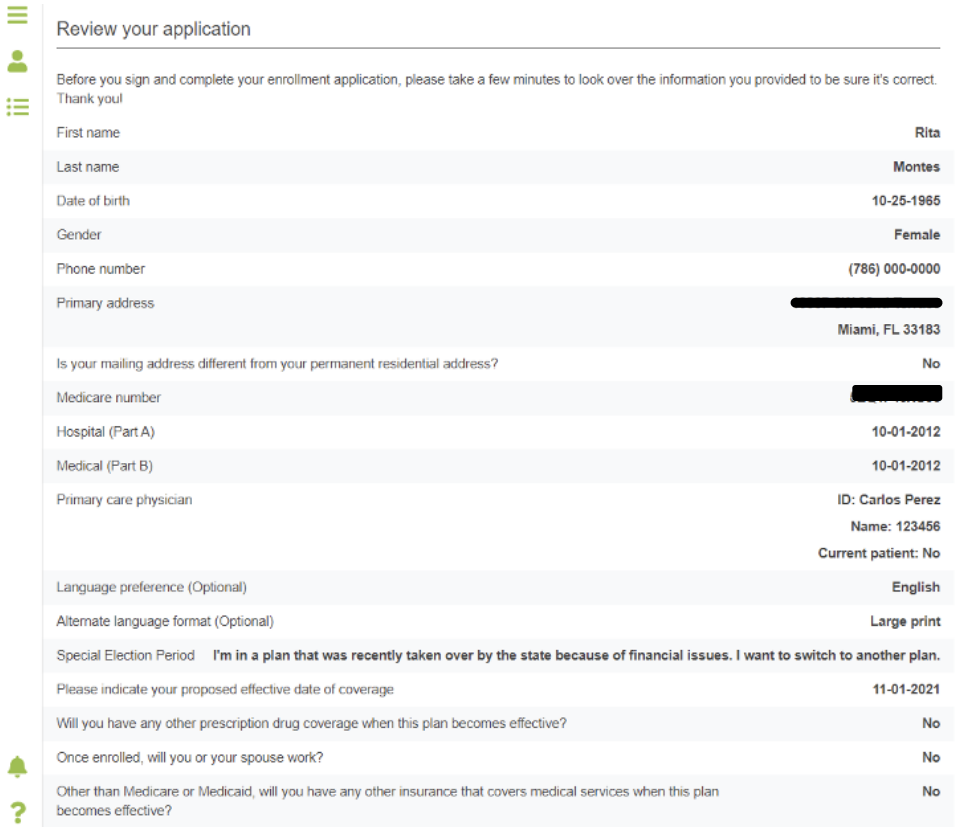
STEP 8

Review Application:



Review your application

Before you sign and complete your enrollment application, please take a few minutes to look over the information you provided to be sure it's correct. Thank you!

First name	**Rita**
Last name	**Montes**
Date of birth	**10-25-1965**
Gender	**Female**
Phone number	**(786) 000-0000**
Primary address	[redacted] **Miami, FL 33183**
Is your mailing address different from your permanent residential address?	**No**
Medicare number	[redacted]
Hospital (Part A)	**10-01-2012**
Medical (Part B)	**10-01-2012**
Primary care physician	**ID: Carlos Perez** **Name: 123456** **Current patient: No**
Language preference (Optional)	**English**
Alternate language format (Optional)	**Large print**
Special Election Period	**I'm in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan.**
Please indicate your proposed effective date of coverage	**11-01-2021**
Will you have any other prescription drug coverage when this plan becomes effective?	**No**
Once enrolled, will you or your spouse work?	**No**
Other than Medicare or Medicaid, will you have any other insurance that covers medical services when this plan becomes effective?	**No**

1. In this section, double check that all the information entered is correct.

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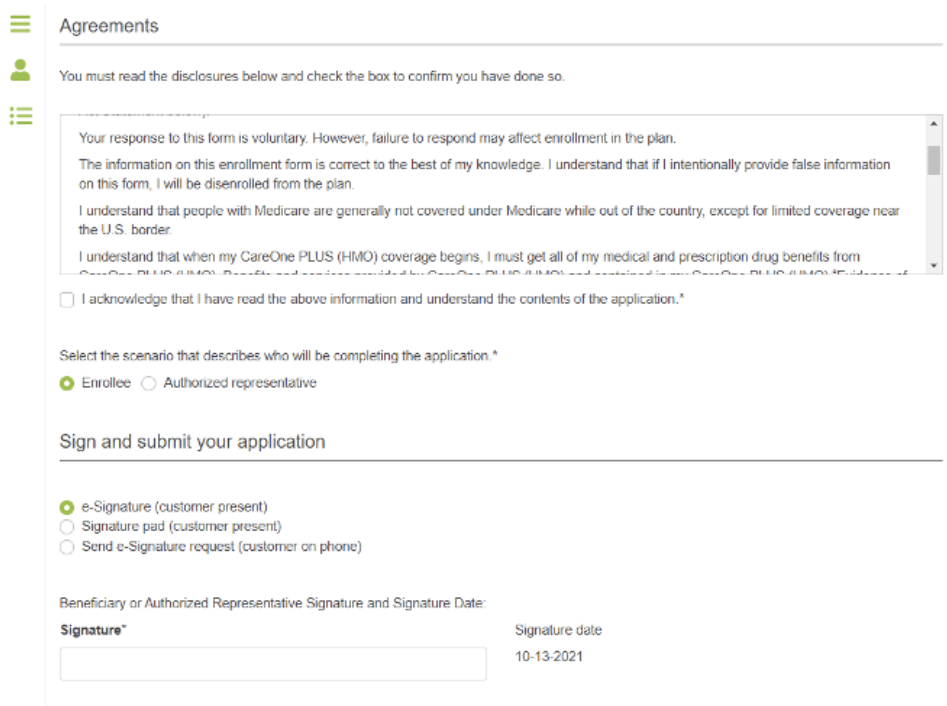
STEP 9

Agreements:



1. Check the box - I acknowledge that I have read the above information and understand the contents of the application.
2. Check the Select the scenario that describes who will be completing the application. Answer is **ENROLLEE**
3. Sign and Submit – If the member is available, then member should sign using signature pad, if not possible then
4. Agent should selecta E-signature and type in the member's name.
5. Click Submit

**Once the application is submitted, you have the option of printing the application or saving a PDF file on your computer.*

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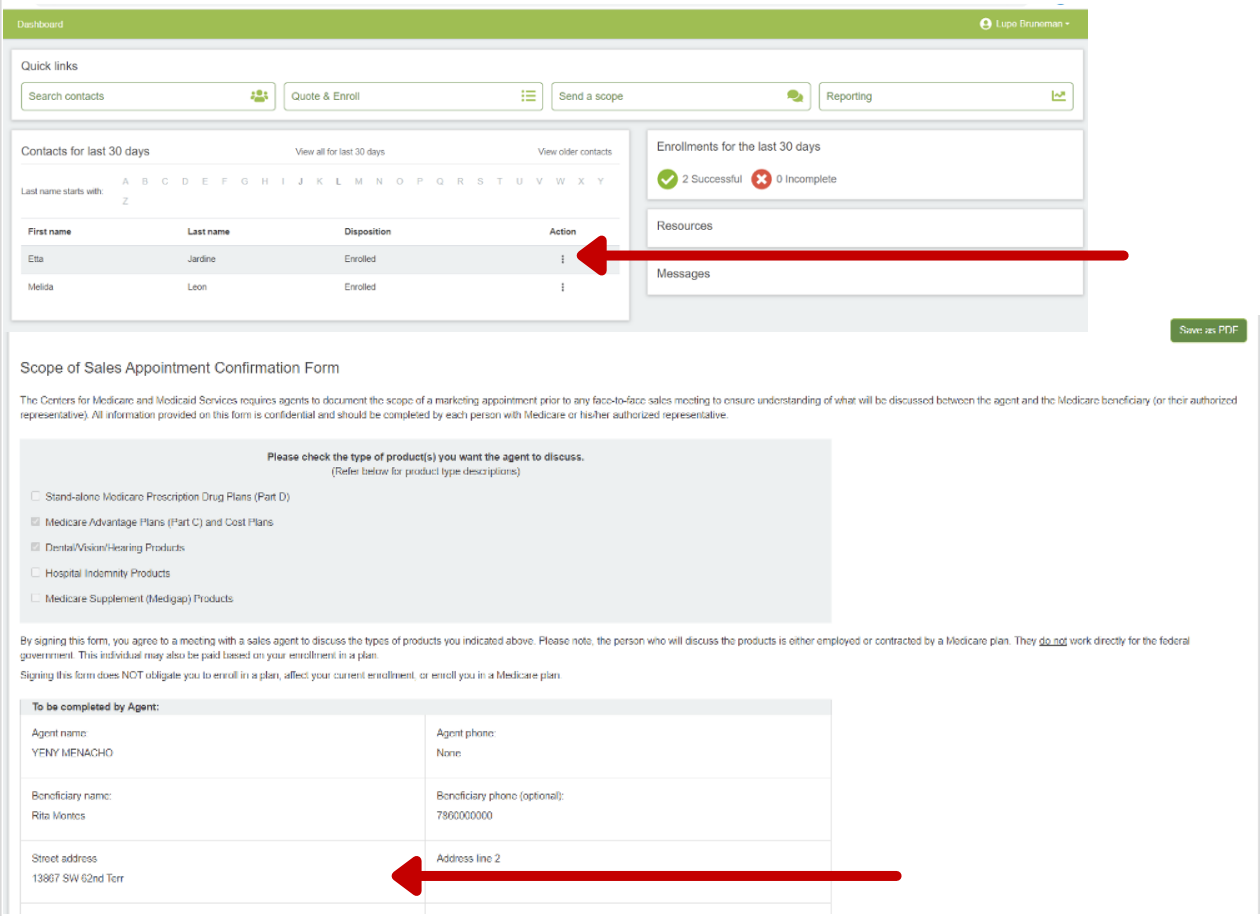
STEP 10

Scope of Appointment:



1. On the main page locate the member and next to member's name (to the right), click on the 3 dots and select SCOPE OF APPOINTMENT
2. Click on Complete Scope.
3. Agent to complete the member's address again.

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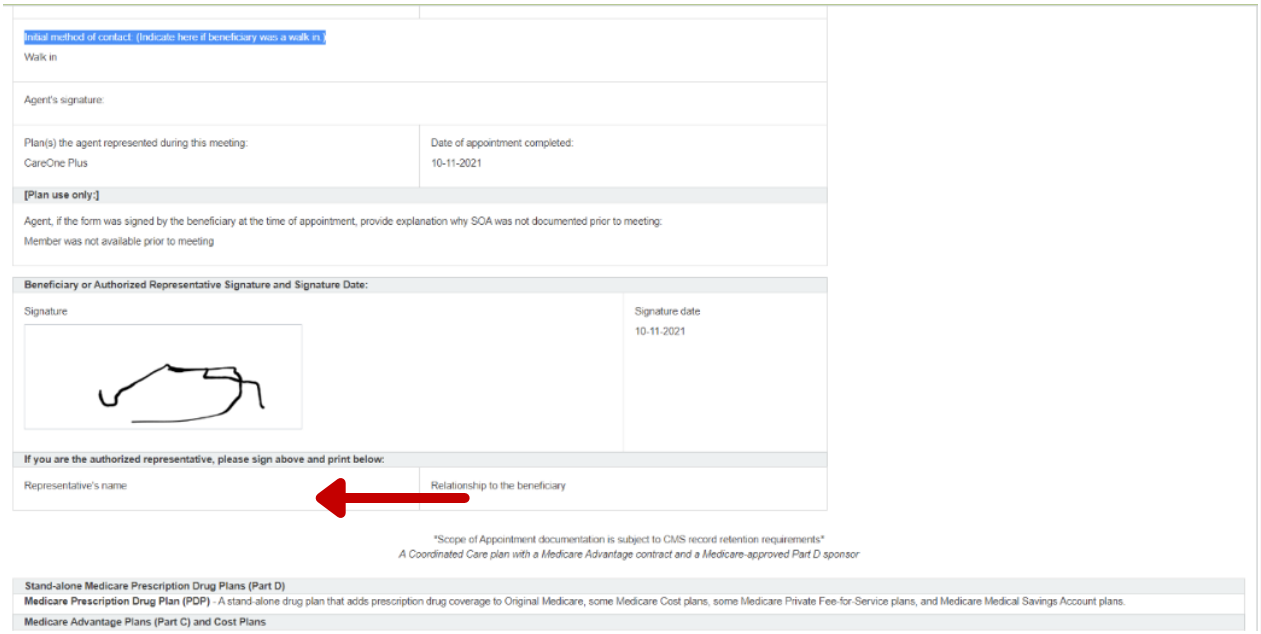


Initial method of contact: (Indicate here if beneficiary was a walk in.)
Walk in

Agent's signature:

Plan(s) the agent represented during this meeting:
CareOne Plus

Date of appointment completed:
10-11-2021

[Plan use only:]

Agent, if the form was signed by the beneficiary at the time of appointment, provide explanation why SOA was not documented prior to meeting:
Member was not available prior to meeting

Beneficiary or Authorized Representative Signature and Signature Date:

Signature

Signature date
10-11-2021

If you are the authorized representative, please sign above and print below:

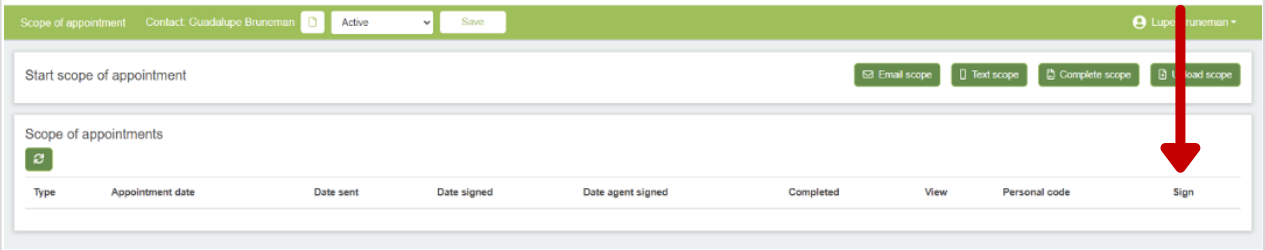
Representative's name

Relationship to the beneficiary

Scope of Appointment documentation is subject to CMS record retention requirements
A Coordinated Care plan with a Medicare Advantage contract and a Medicare-approved Part D sponsor

Stand-alone Medicare Prescription Drug Plans (Part D)
Medicare Prescription Drug Plan (PDP) - A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost plans, some Medicare Private Fee-for-Service plans, and Medicare Medical Savings Account plans.
Medicare Advantage Plans (Part C) and Cost Plans

4. In the section: Initial method of contact: (Indicate here if beneficiary was a walk in.) – Type **WALK IN**
5. Plan(s) the agent represented during this meeting: Type the member's chosen plan name only (do not plan #)
6. Type the date of the appointment.
7. Agent, if the form was signed by the beneficiary at the time of appointment, provide explanation why SOA was not documented prior to meeting: Type the following:
   "**MEMBER WAS NOT AVAILABLE PRIOR TO MEETING**"
8. Member must sign at the bottom of the form.
9. Click Save Signature.
10. Click save again, then you will be directed back to mail page.



11. Once at the page, the agent needs to click on **SIGN** to complete the scope of appointment. This is found to right of the member's name.