Sentara® Health Plans

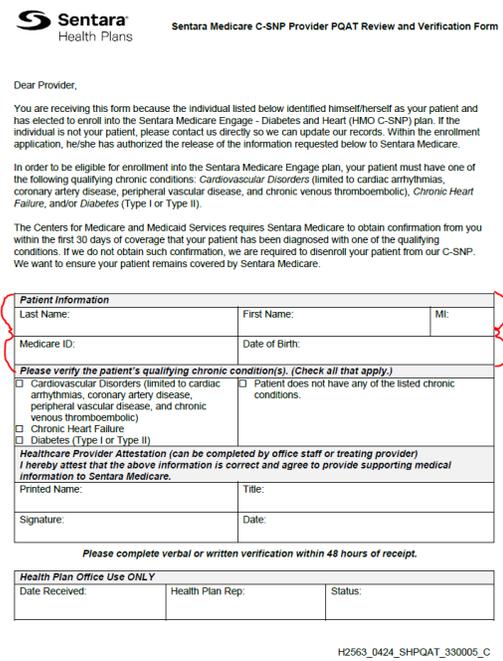| Job Aid:	Submitting PQAT Assessments from the Beneficiary		
Line(s) of Business:	Medicare Advantage/C-SNP	Original Date:	June 14, 2024
Owner(s):	April Smith; Bella Aminov	Location(s):	CAIT SharePoint Site
Approved By:	Doug Marquez; Connie Donovan	Revision Date(s):	Original Document

Purpose: To outline the process for receiving, resolving, and responding to broker inquiries regarding Medicare commission paid or due to be paid for the enrollment of eligible beneficiaries into an approved MAPD, D-SNP, or C-SNP.

Term	Description
CAIT	Critical Action Item Tracking – A SharePoint application used to manage tasks that require action from more than one person.
C-SNP	Chronic Special Needs Plan – A special type of Medicare Advantage product designed to place focus on caring for the needs of chronically ill individuals.
HMO	Health Maintenance Organization – An organization to which subscribers pay a predetermined fee in return for a range of medical services from physicians and healthcare workers registered with the organization. All Sentara Medicare Plans are HMO plans and Sentara Health Plans is an HMO.
PQAT	Pre-Qualifying Assessment Tool – A tool approved by CMS for use by the health plan in determining if a beneficiary meets certain requirements that would likely qualify them for enrollment into a C-SNP product. This tool asks specific questions to determine eligibility and is typically completed at the time of enrollment into the C-SNP.
PQAT Authorization Form	Fillable PDF required to accompany each electronic PQAT Assessment with the beneficiary's information completed. This form is located on the resource page of the CRM. Missing or incomplete forms may cause delays in the enrollment process.
Electronic Signature	Any signature format that is collected electronically whether by verbal authorization on a recorded line or by capturing an image of the signature drawn by hand or with a mouse using a PC or Mobile Device is electronic.
Telephonic Authorization	When a beneficiary is speaking with a licensed insurance agent via telephone and that agent is on a recorded line (as defined by CMS) with the ability to capture the beneficiary's verbal authorization to electronically sign the assessment on their behalf.
On-screen Authorization	When a beneficiary is speaking in-person with a licensed insurance agent and is able to draw his/her signature on the screen using a mouse or their finger.
Signature Image	The actual file containing the PNG format of the beneficiary's hand-drawn signature. This file is typically stored in a separate location from the actual PQAT assessment copy and is stored by the health plan for auditing purposes. Please see the process owner(s) if you need access to this data.
PDF Copy of PQAT Assessment	The CMS approved electronic PDF form that is generated by the system when an electronic PQAT Assessment is completed in the CAIT application. This form is stored in the workflow tool. Please see the process owner(s) if you need access to this data.
Nintex Automation Cloud	One of the tools used to power the CAIT workflow when a user submits a new PQAT Assessment. This is sometimes referred to as a "workflow tool". It houses the data behind the electronic PQAT submissions as well as the CMS approved PDF format of the assessment that was submitted.
Ticket Number	A unique identifier assigned by the CAIT application to every single PQAT assessment received by the health plan. This number begins with the letters 'PQ' to easily identify the item as a PQAT Assessment. This number will be emailed to the submitter within minutes of their submission to the email address they provide on the form. Ticket numbers can be searched anywhere in SharePoint and should return that single item for your review.

Performed By: Internal Licensed Sales Agents employed by the health plan; External Licensed Medicare Insurance Brokers contracted by the health plan.

Procedure: Submit one Electronic PQAT Assessment with each client enrolled into a C-SNP Medicare HMO plan.

Required Action	Steps
Step 1: Navigate to the Electronic Webform to begin the assessment	1. Open your web browser (Chrome is preferred) and navigate to the assessment for the selected plan as follows: C-SNP Electronic PQAT Member Assessment - Diabetes and Heart C-SNP Electronic PQAT Member Assessment - Lung
Step 2: Fill out the assessment on-screen	1. Complete the assessment by filling in all required fields.
Step 3: Upload the Provider Authorization Form	1. Fill out the first section of the fillable PDF version of the Provider Authorization Form. 　　a. This includes the beneficiaries first name, last name, date of birth, and Medicare Beneficiary Identifier (MBI).

b. Upload this form here:

Authorization for use and disclosure of health information to verify chronic condition(s):

I authorize the providers listed above to share my health information with Sentara Medicare and its affiliates to verify that I have a chronic condition that qualifies me for enrollment in Sentara Medicare Engage. This authorization applies to all health information maintained by the provider concerning my medical history for the chronic condition(s) I have marked above. I understand I may withdraw this consent at any time by contacting Sentara Medicare as indicated above. I understand that if Sentara Medicare is unable to obtain confirmation of the chronic condition(s) during the first month of my enrollment, Sentara Medicare will notify me that I will be disenrolled from the C-SNP at the end of the second month of my enrollment.

Upload Provider Authorization Form: * ⓘ

Drag files here or **Select files**

Step 4: Collect the electronic signature	1. If collecting the signature on-screen, have the beneficiary sign by hand using their finger or mouse in the area pictured here: ☐ By checking this box, I agree that I have read and understand the above authorization for use and disclosure of my private health information to verify my chronic condition. * Applicant (or Authorized Representative) signature: * Date: * ✏ Select to sign Jun 19, 2024
Step 5: Submit the assessment	1. Click the "Submit" button to send the form to the health plan Enrollment Team. You will receive an email (at the email address you provide on the form) confirming receipt of your submission and providing a ticket number for tracking. If you need assistance in the future, please refer to the ticket number.

Revision Date	Description	Revised by

Related Documents: Provider Authorization Form