How to Order Medicare Materials

PURPOSE: This job will show you how to order materials for PY2017.



To view a video of this process, please click HERE.

Click the Agent Order Link	https://printandfulfillment.adp.com/HumanaDelegatedAgents/Reorder.aspx NOTE: If you are an agent newly certifying and attend a face to face training, you will receive an automatic e-mail from ADP which will have a link to place a one-time order for your starter material.						
	The order system will open for 2017 material orderina July 19 th						
	Materials will beain to ship 9/15						
LogIn	Login UserName * - 1. Enter SAN number if you are an agency and last name if you are an agent						
	Password * 2. Enter SAN number						
	Validate 3. Click Validate						
Add Contact Information	Welcome John SQA!						
	Contact Information Please note that the contact information fields are not used as the shipping address for your order.						
	First Name 1. Enter First Name Last Name 2. Enter Last Name Email 3. Enter Email Confirm Email 4. Enter Email Phone 5. Enter Phone number						
	How many agents does this order represent? 10 . 6. Enter # of agents supporting						
	Please tell us where to send your sales material by selecting one of the address options below New Address John SCA STE 100 Z768 LOKER AVE W CARLSBAD, CA 92010-668T CARLSBAD, CA 92010-678T CARLSBAD						
	7. Select Address to send materials or key in new address in the new address section Special Delivery Instructions						
	No Special Instructions Lift Gate Inside Delivery Dolly Loading Dock Freight Elevator						
	Ned 9. Click Next						
Choose your Plan Year	Choose your Plan Year						
	□2016 ⊠2017						
	Previous Next						

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Choose your State(s)	Choose your States				
	Please select the states for which you plan to order sales material				
	Please select the states for which you plan to order sales material.				
	I. Select State				
	Previous Next 2. Click Next				
Choose your Counties	Choose your Counties				
	Please select the counties for which you plan to order sales material.				
	 Alameda Alpine Anador Butte Calaveras 1. Select Counties Colusa Contra Costa Del Norte El Dorado 				
	Previous Next				
Choose your Materials - Plans	By selecting plans below, you are placing an order for all items needed to complete a sale for that particular plan. Please select the plans you are interested in selling. You can determine the quantity on the next page. Select Plan Information L Central Humana Gold Plus H1406-013-000 (HMO), MAPD Premium \$0.00 L L, Great Lakes Humana Gold Plus H1406-013-000 (HMO), MAPD Premium \$0.00 L, Great Lakes Humana Gold Plus H1406-022-000 (HMO), MAPD Premium \$40.00 L, Great Lakes Humana Gold Plus H1406-022-000 (HMO), MAPD Premium \$40.00 L, Great Lakes Humana Gold Plus H1406-022-000 (HMO), MAPD Premium \$40.00 L, Great Lakes Humana Gold Plus H1406-022-000 (HMO), MAPD Premium \$41.00 L, Great Lakes L Humana Gold Plus H1406-022-000 (HMO), MAPD Premium \$41.00 L L, Great Lakes Humana Gold Plus H1406-022-000 (HMO), MAPD Premium \$41.00 L L, Great Lakes Humana Gold Plus SH1406-022-000 (HMO), MAPD Premium \$49.00 L L, Great Lakes Humana Gold Plus SH1406-022-000 (HMO SNP), MAPD Premium \$0.00 L L, Great Lakes Humana Gold Plus SNP-DB H1406-023-000 (HMO SNP), MAPD Premium \$18.60 L Humana Gold Plus SNP-DE H1406-031-000 (HMO SNP), MAPD Premium \$18.60 L Great Lakes				
	Previous Next > 2. Click Next				

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Choose your Quantity	Choose your quantity Second Shipment only applies to Office orders					
	and will be removed when reorders begin					
	Please indicate below the materials you need between 10/1 to 10/15 (First Shipment) and what you need after 10/15 (Second Shipment).					
	2017 Plan Information First Shipment Second Shipment Delete 10/1 - 10/15 After 10/15					
	Materials Materials English English Spanish					
	✓ State: KY					
	2017 Application English Spanish First Shipment Second Shipment 10/1 – 10/15 Materials					
	English English Spanish					
	TestApplicationProduct-This application is part of the GNHHUTSEN_2017 GNHHUTSSP_2017 0 0 0					
	Application quantities will automatically populate when you enter a quantity for the kits listed above. If you feel that you do not need this many applications, you should reduce the applications quantity accordingly. You can order additional applications if needed (up to your allowable maximum) on the next screen.					
	2. Check application box					
	Previous Next 3. Click Next					
Choose your Materials	Choose your materials Click .pdf to view					
-Individual items	Individual Items					
	The quantity for the standard full application for the 2017 Plan Year has been pre-populated to 1 English and 0 Spanish based upon your selections on the previous page. You may increase this qty to your order maximum. If the quantity is greyed out, you have already reached your application maximum, and may not order additional applications during this order session.					
NOTE: Individual items may	2017 Static Application Description English Spanish English Spanish					
	TestApplicationProduct-This application is part of the selected kit GNHHUTSEN_2017 GNHHUTSSP_2017 1					
	2017 Item Description English Spanish English Spanish					
be flyers, point of purchase	Test Item 3 PRI_TEST000003_ENG PRI_TEST000003_SAP					
brochures, additional	Test Item 4 PRI_TEST000004_ENG PRI_TEST000004_SAP					
applications, etc.	TestApplicationProduct - Individual Item GNHHUTSEN_2017 GNHHUTSSP_2017					
	Previous Next 1. Enter quantities needed for individual items in both English and Spanish					
Choose your Materials –						
Medicare Supplement	Medicare Supplement Items					
Items	Description Product Name English					
	NT-Heoccare Supprement-Individual Version-CA-Medicare-Individual Supprement CA M10 MedSupp 100					
	Previous Next 1. Enter quantity for Med Sup material					
	2. Click Next					



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Review Order Summary	Order Summary Ship Material To : Robert Wotherspoon 5243 US HIGHWAY 27 N RICHMOND, N 47374-1048							
	Email Address : SPOOIN48@AOL.COM Email confirmation will be sent with package details along with tracking information when shipped.							
	Selected Matr	erial						
	Plan Information		English	Spanish	Total			
	Humana Gold Choice H8145-121-000 (PFFS), MA Premium \$29.00		25	0	25			
	ic, ordar cares	Total Ordered :	25	0	25			
	Individual Items		English	Spanish	Total			
	Application - Full Enrollment Form HIMO, PPO, PFFS, PDP		50	10	60			
	Application - Abbreviated Enrollment Form Original Madicare us Madicare Advantage, Individual Madicare		50		50			
	Onginal medicale its medicale Auranitage, infinitudal medicale	Total Ordered :	150	10	160			
Confirmations	Click Previous to edit order	Submit 🔶 2	. Select Next					
commutions	After you submit your order, you get 3 notifications:							
	 Immediately following your order, you will see the Order Confirmation screen letting you know that you have successfully completed your order You will receive an order confirmation e-mail after your order is submitted. The e-mail will go to the e-mail address provided in this order. 							
	 Once your order has shipped, you will receive a shipping confirmation e-mail to the e-mail address provided on this order. You will be able to click on the order tracking link to track your order, once it's shipped. 							