

UnitedHealthcare[®] LEAN[™] Landmark Electronic Application Navigator User Guide

 UnitedHealthcare[®] | LEAN[™]

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What is LEAN[™]?

The purpose of this user guide is to provide support and guidance in the use of the UnitedHealthcare[®] LEAN[™] - Landmark Electronic Application Navigator – application.

LEAN is the next generation Medicare Advantage and Prescription Drug Plan electronic enrollment tool for UnitedHealthcare. LEAN is designed to make electronic enrollments easier for agents – any place, any time!

LEAN allows agents to take applications for Medicare Advantage (MA) and Prescription Drug Plans (PDP) in real time electronically using a PC or mobile tablet.

LEAN may be used while the device is online or in offline mode.

LEAN stores application data for 10 years. Your book of business at your fingertips!

Apple iPad[®] Basics



1. To power on the iPad[®], press and hold the power button 1-2 seconds. The Apple symbol will appear on the screen to indicate it is turning on.
2. To power off, press and hold the power button about 3-5 seconds until you get a slide bar near the top of the screen. Slide the dot to the right to complete the power off process or tap/press on the Cancel option at the bottom to keep it active.
3. Once the iPad[®] is on, swipe your finger across the “slide to unlock” message at the bottom of the screen.
4. Enter your iPad[®] Passcode.
5. Swipe from right to left to get to the homepage of application icons. A second swipe to the left will bring you to the utilities group.
6. Tap the Settings icon to open it. To add or connect to a Wi-Fi network, make sure Wi-Fi is turned on and choose scan to find additional networks.
7. To exit any application, press the Control button.
8. To get to your task manager, press the control button twice in succession. This will allow you to close out applications by swiping them to the top.

Android Tablet Basics



1. To power on the Android tablet, press and hold the power button 1-2 seconds. The screen will light up to indicate it is turning on.
2. To power off, press and hold the power button about 3-5 seconds until you get menu on the screen, choose **Turn Off**. Tap or press on the Cancel option at the bottom to keep it active.
3. Once the Android tablet is on, swipe your finger across the “slide to unlock” message at the bottom of the screen.
4. Enter your Passcode.
5. Once the password is entered, you will be directed to the homepage of application icons. A second swipe to the left will bring you to the Settings icon.
6. Tap the Settings icon to open it. To add or connect to a Wi-Fi network, make sure Wi-Fi is turned on and choose scan to find additional networks.
7. To exit any application, press the Home button.

Creating an Internet Connection from your Phone

Whether you're using the LEAN mobile app or website, we strongly recommend using a stable Wi-Fi signal if you're going to be online.

You can use a cellular signal or Wi-Fi hotspot, but they can be unreliable and may cause problems completing an application successfully. If you need to rely on a cellular signal to be online, we suggest using the mobile app offline.

For specific instructions on how to set up a "Hot Spot" from your mobile device, please reference your cell phone carrier.

How to Access LEAN

Mobile Devices



Download the free LEAN App from the App Store or Google Play



Laptop or Desktop Computer

Access LEAN on a laptop via URL.

<https://lean.uhc.com/prweb/PRServletCustom>

LEAN is compatible on the following browsers:



Google Chrome (Windows and Mac OX)



Safari (Mac OX)



Internet Explorer (IE11 32-bit and 64-bit)



Firefox (Windows and Mac OX)

For desktop or laptop: Windows 7, 8, XP Professional with SP2 (or higher)

Compatible Devices

In order to use LEAN, you must provide a compatible device and an internet connection. Applications may be taken offline on the mobile app, but an internet connection is required to upload them at the end of the day.

The recommended method of internet connection is to connect to a stable Wi-Fi connection. Cellular signals and mobile hotspots are viable, but signal loss can cause loss of data.

LEAN is designed for tablets and laptops. Recommended devices are Windows and Apple laptops, iPad[®] and Android tablets.

If you have a Windows tablet (Surface), you will use the URL to log in instead of the LEAN app because the Surface will work as a computer. Offline functionality is not available for the Windows tablet.

Do not use Android and Apple Smart phones because the user experience, for agent and consumer, is less than ideal when a mobile device is used.

eReaders, such as a Kindle or Nook, are not supported; therefore, LEAN will not work using those devices.

Mobile App Access

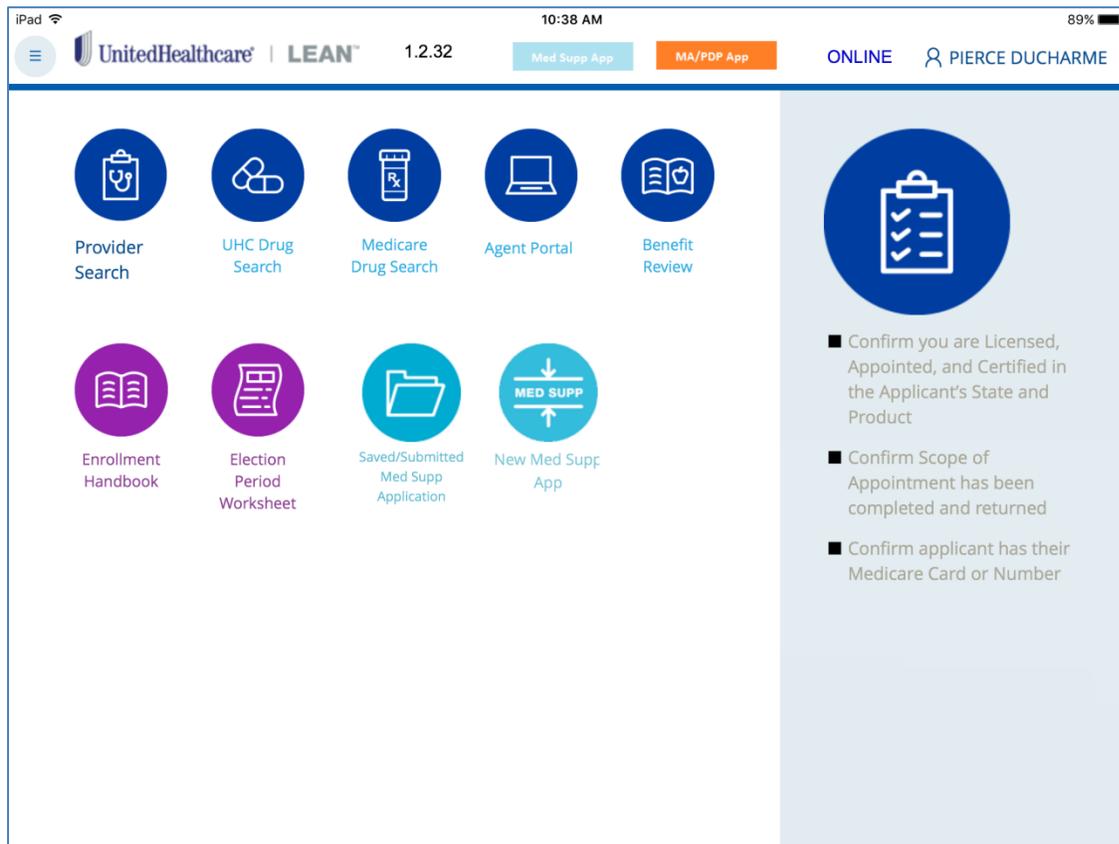


- Tap the LEAN icon
- Tap in the Username field to access the keyboard. Enter your user name (Writing ID) and password that you use to access **Jarvis**.



NOTE: Your Username and Password are case sensitive.

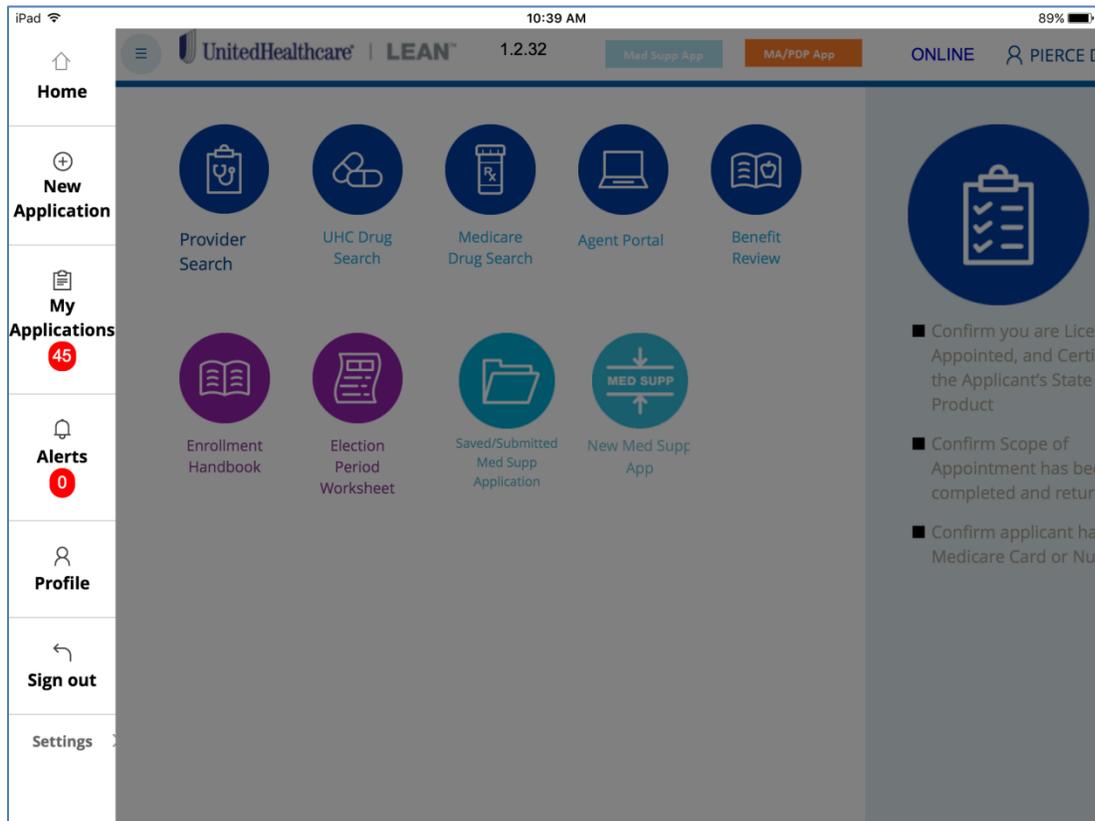
LEAN Homepage



Once you have logged in, the application will open to the LEAN Homepage. Click on the Enrollment Tools and Checklist for tips and links to the following helpful guides and tools:

- Provider Search - Search for Providers
- UHC Drug Search - Look up Prescription Drug Coverage from the Agent Portal
- Medicare Drug Search – Search the Medicare Drug Search website
- Agent Portal - Go to the Agent Portal website
- Benefits Review – Search the Benefit Review tool
- Enrollment Handbook - Open the Enrollment Handbook
- Election Period Worksheet – Assistance in choosing the correct Election Period
- Saved/Submitted SMART *Enroll* Application
- New Med Supp App

LEAN Navigation Side Bar



The LEAN Navigation Bar on the left hand side of the screen will help guide you through the tool. Click the menu button to see the Navigation Bar.

- Home - Brings you back to the Enrollment Tools page
- New Application - Starts a new application
- My Applications - Allows you to view incomplete and submitted applications. Only applications taken in LEAN are available to view. Incomplete applications are only available for up to 24 hours after application was saved. Applications taken offline are marked as “Not Submitted” and are available until uploaded or manually deleted.
- Alerts - Allows you to receive system notifications while out in the field.
- Profile - Allows you to see your current Agent Profile including Name, Writing ID, Email and Licensed States. (Always reference **Jarvis** for the most up to date information.)
- Sign Out – Logs you out of LEAN.

LEAN Navigation Top Bar

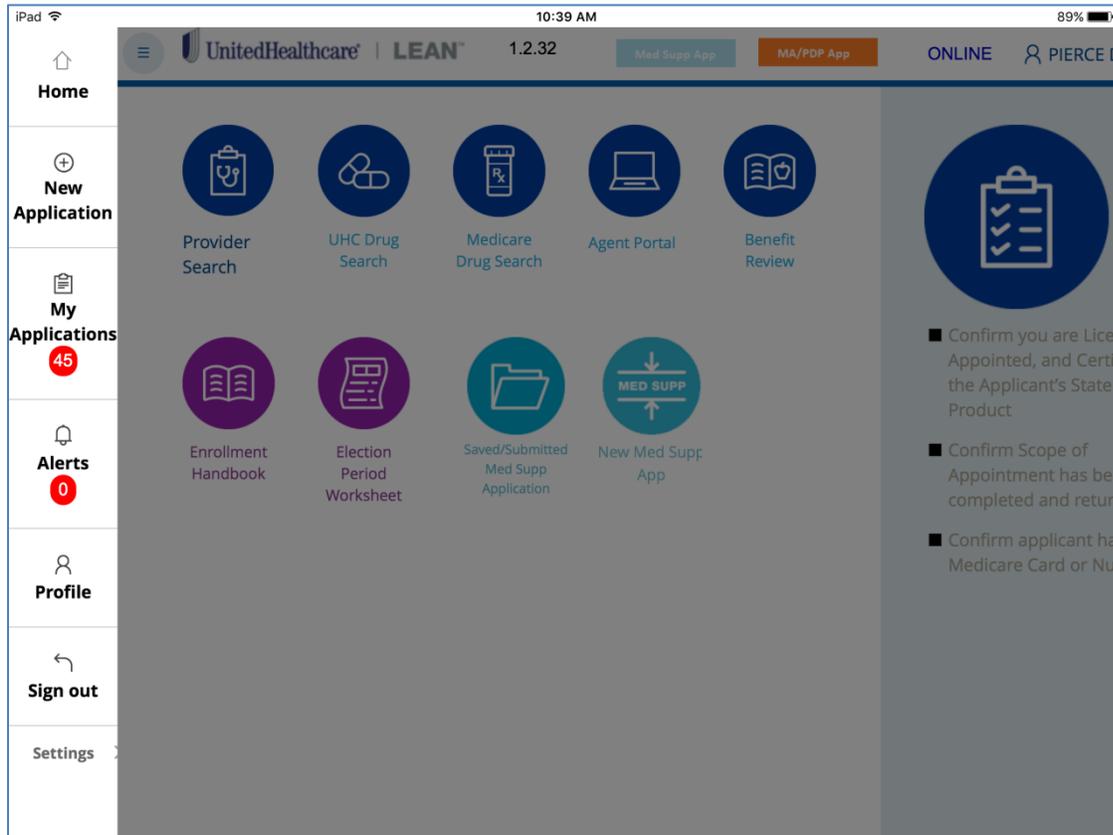
The LEAN Navigation Bar across the top provides active information on the tool's status.

1. Sidebar Navigation Button – The button on the upper left controls the activation of the Navigation Bar on the left side.
2. Start New Application – Starts a new application.
3. Online/Offline Indicator – “Online” will appear in blue lettering when the device is connected to Wi-Fi. “Offline” will appear in red lettering when it is not connected to Wi-Fi. If the device is online and uploading an application, “Syncing...” will display next to “Online.”
4. Agent Name – Your licensed name will appear in the upper right. If you click on your name, you will be able to view your profile by clicking “Profile” and you will be able to log out of LEAN by clicking “Log off.”

Note: The Start New Application button, Online/Offline Indicators, and Agent Name do not appear if the device is held in vertical/portrait orientation.

Start a New Application

To begin a new application, tap on the **New Application** button at the top to open the Enrollment form or from the side Navigation Bar.



Complete the Application

To begin an application using LEAN, complete the required fields.

1. The Consumer's **First**, **Middle** and **Last** name. Verify the names are exactly as displayed on the consumer's Original Medicare ID card.
2. Enter the **Medicare Claim Number** exactly as it appears on the consumer's Original Medicare ID card. Capitalization is not required.
3. Choose the consumer's **gender** from the drop-down menu as it appears on consumer's Original Medicare ID card.
4. Tap in the Month field to get a drop-down of months and in the Year field for a drop-down of years to enter the **Part A** and **Part B effective dates**. The day field will be automatically set to 01 and will not require any additional attention.
5. Fill in all required fields that are marked with an *. You must enter all required fields to move forward with the application. Once all fields are entered, move to next screen by clicking Continue to Applicant Information button.

Collect Consumer Information

The screenshot shows a navigation bar with seven steps: 1. Medicare, 2. Applicant (highlighted), 3. Product/Plan, 4. Questionnaire, 5. PCP selection, 6. Payment, and 7. Signature. Below the navigation bar is the 'Permanent Address' section. It contains the following fields:

- Permanent Residence Street Address (PO Box is not allowed):** A text input field with 'Street' as a placeholder.
- Address Line 2:** A text input field with 'Apt' as a placeholder.
- City:** A text input field with 'City' as a placeholder.
- Zip Code:** A text input field.
- County:** A drop-down menu with a downward arrow.
- State:** A drop-down menu with '--' as a placeholder.

1. Fill in all required fields that are marked with an *. You must enter all required fields to move forward with the application.
2. Enter the **Permanent Residence Street Address** and the **City** and **Zip Code**. Choose the correct **County** from the drop-down menu. The **State** will populate based on the information you entered.

The screenshot shows a toggle button at the top labeled 'Is Mailing Address different than Permanent Residence Street Address?' with a green circle to its left. Below the toggle is the 'Mailing Address' section. It contains the following fields:

- Mailing Address:** A text input field with 'Street' as a placeholder.
- Mailing Address 2:** A text input field.
- City:** A text input field with 'City' as a placeholder.
- Zip:** A text input field with 'Zip' as a placeholder.
- State:** A drop-down menu with 'State...' as a placeholder.

3. If the consumer's mailing address is different from what was entered in the **Permanent Address**, switch the toggle button labeled **Is Mailing Address different than Permanent Residence Street Address?** to enable the Mailing Address fields.
4. Enter the **Mailing Address, City and Zip Code**. Select the **State** from the drop-down menu.

The screenshot shows two sections: 'Contact Information' and 'Other Information'. The 'Contact Information' section contains:

- Primary Phone:** A text input field with '0000000000' as a placeholder.
- Alternate Phone:** A text input field with '0000000000' as a placeholder.
- Email Address:** A text input field with 'Email' as a placeholder.

The 'Other Information' section contains:

- Date of Birth:** Three drop-down menus for month, day, and year, each with '--' as a placeholder.

5. Enter a **Primary Telephone Number**, if available. The system will apply the dashes, so you only need to type in the 10-digit number.
6. Enter an **Alternate Telephone**, if applicable. The system will apply the dashes, so you only need to type in the 10-digit number.
7. Enter the **Email Address**, if available.
8. Enter the **Birthdate** by using the down arrow or tapping somewhere in each field for Month, Day, and Year to use the drop-down menu.

Primary Spoken Language

The Primary Spoken Language field defaults to English. If the consumer's primary spoken language is not English, select the primary language from the drop-down list. If the consumer chooses a language other than English, indicate if a translator is present at the prompt.



Primary Spoken Language
ENGLISH

Preferred Material Format
English

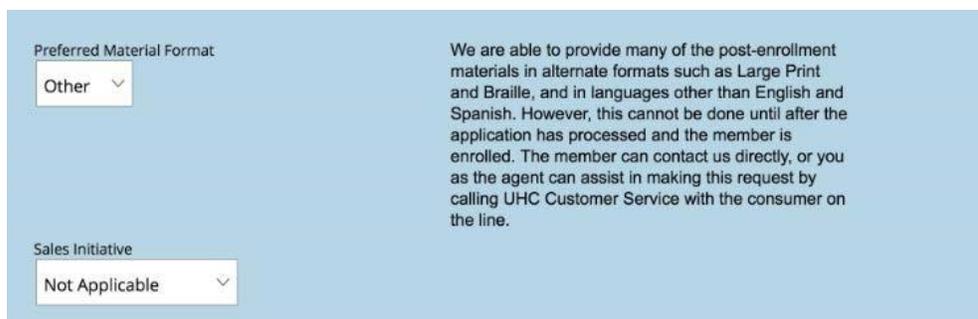
Sales Initiative
Not Applicable

Preferred Materials Format

Choose consumer's Preferred Materials Format.

Note: UnitedHealthcare is currently only able to provide materials in English and Spanish. If the consumer needs materials in a language other than English or Spanish, direct them to contact customer service to request those materials.

Select a Sales Initiative if applicable.



Preferred Material Format
Other

Sales Initiative
Not Applicable

We are able to provide many of the post-enrollment materials in alternate formats such as Large Print and Braille, and in languages other than English and Spanish. However, this cannot be done until after the application has processed and the member is enrolled. The member can contact us directly, or you as the agent can assist in making this request by calling UHC Customer Service with the consumer on the line.

Authorized Representative

If an Authorized Representative is enrolling the consumer, switch the toggle button and fill in the additional fields that appear.

Authorized Representative ⓘ

Is there an Authorized Representative enrolling this beneficiary?

Relationship to Applicant *
Select... ▾

First Name *
First Name

Middle Name
Middle Name

Last Name *
Last Name

Primary Address *
Street

Address Line 2
Apt

City *
City

Zip Code *
Zip

State *
State... ▾

Primary Phone
0000000000

Alternate Phone
0000000000

Email Address
mynameemail.com

Discard Save Continue to Plan Selection

The information button displays a description of an authorized representative.

Tap the **Continue to Plan Selection** button to continue the application. If you have not completed all required fields on this screen, you will be prompted to complete them at this time.

Choosing Plan/Product

1. Medicare 2. Applicant 3. Product/Plan 4. Questionnaire 5. PCP selection 6. Payment 7. Signature

Proposed Effective Date 

Select... 

1. Are you a resident in an institution (e.g. skilled nursing facility, rehabilitation hospital)? 

Yes No

2. Are you enrolled in your state Medicaid Program? 

Yes No

3. Are you a member of a State Pharmaceutical Assistance program? 

Yes No

Select Your Plan

Choose Product  Plan Premium

 \$0.00

H-PBP

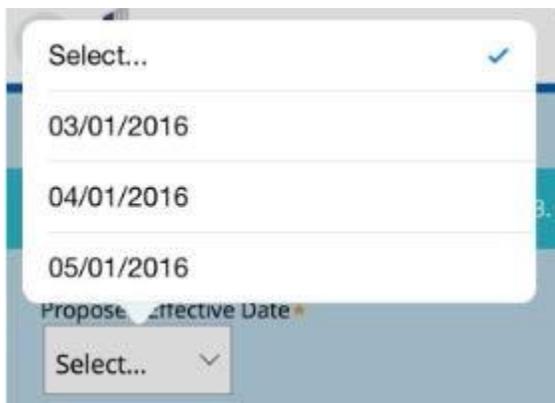
Dental Rider

No Rider Available 

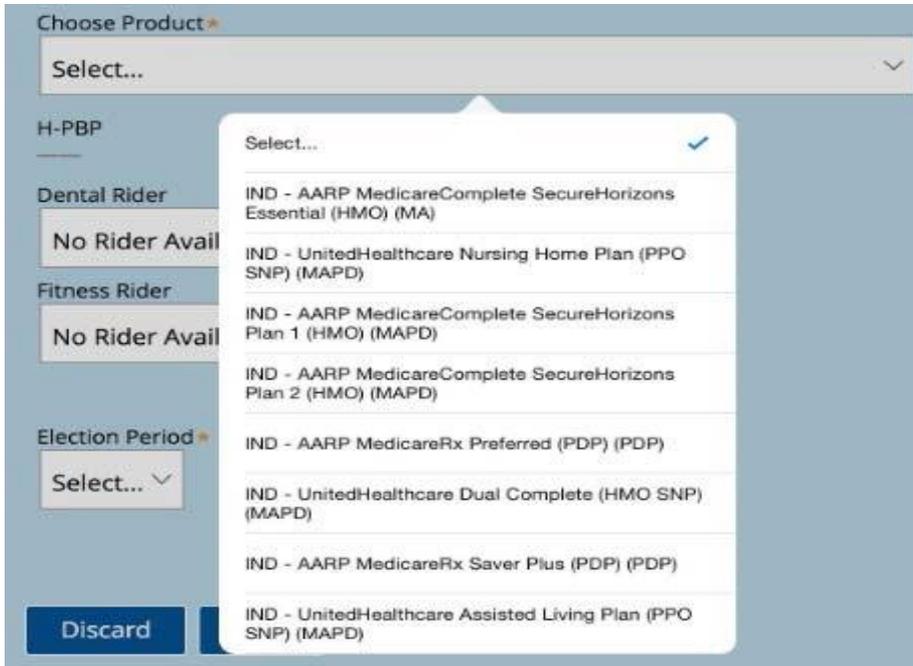
Fitness Rider

No Rider Available 

1. Choose Proposed Effective Date from the drop-down list



2. Indicate whether the consumer is a resident in an institution. If yes, enter the additional required Institution Information.



3. Indicate whether the consumer is enrolled in their state Medicaid program. If yes, enter the consumer's **Medicaid ID Number**.

2. Are you enrolled in your state Medicaid Program? Yes No

Medicaid ID Number

4. Indicate whether the consumer is a member of a State Pharmaceutical Assistance Program (SPAP).

3. Are you a member of a State Pharmaceutical Assistance program? Yes No

5. Choose the product from the drop-down menu.

* If you choose a Chronic Special Needs Plan (CSNP), chronic condition verification forms are built into LEAN to ensure that all required information is collected at the time of enrollment.

- Once a plan is selected, the monthly Plan Premium and H-PBP code will appear.

- Choose the Dental Rider from the drop-down menu if applicable for plan chosen. If no Riders are available, "No Rider Available" will display.

- If the consumer chooses to add an applicable Dental Rider to their plan, the monthly Dental Premium will appear.
- If a Dental Rider is chosen, enter the current Dental Facility Number.

- Choose the Fitness Rider from the drop-down menu if applicable for plan chosen.

If Fitness Riders are available for the plan chosen, choose the preferred Fitness Rider.

If no Riders are available, "No Rider Available" will display.

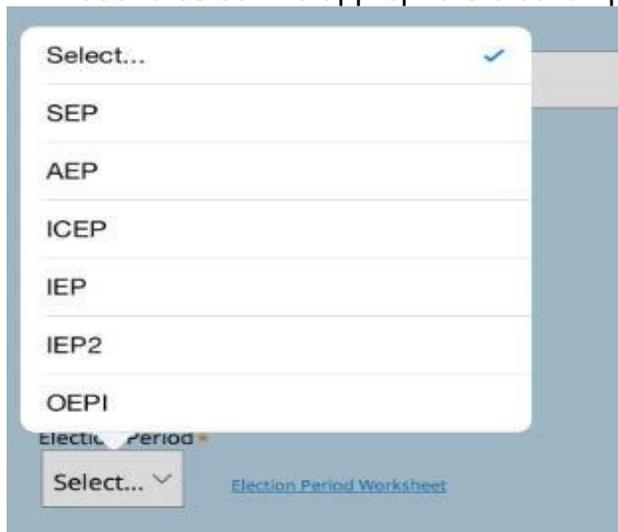
If the consumer chooses to add applicable Fitness Rider to their Plan, the monthly Fitness Premium will appear.

Choosing an Election Period



8. Choose the election period.

- If you are in online mode, Election Period options are narrowed down based on the consumer's product selection and eligibility, which is determined by the answers to the Effective Date, Institution, and Medicaid questions. Changing options on previous screens may or may not alter the Election Period options.
- If you are in offline mode, all Election Period options will be displayed. You will need to select the appropriate election period.



- If you have questions around the displayed Election Period, tap on **Election Period Worksheet** next to the Election Period drop-down menu.
- The **Help** button, located on the bottom right of every screen, will take you to the Reference Guide while you remain in the application.
- If you still have questions with the options displayed for Election Period, please contact the Producer Help Desk (PHD) at 1-888-381-8581.

9. If you selected SEP in the previous step, you will now see the **SEP Reason Code** Field. Select the appropriate reason from the drop-down menu.

Note: This list may be reduced based on questions answered in the previous two pages.

The screenshot displays a web application interface for a health plan application. A dropdown menu is open, listing various reasons for Special Enrollment Period (SEP). The background shows a form with fields for 'Assistance program?' (radio buttons for 'Yes'), 'Plan Premium' (\$0.00), and a 'Start New Application' button. A link for 'Need assistance with SEP Reason Code?' is visible at the bottom right of the form area.

- Select...
- Change in Residence
- LIS (NonMedicaid/Mntning LIS)
- LIS (Loss of Status)
- Contract Termination
- Contract Non-Renewal
- Institutional
- PDP/ADP
- Loss of EGHP Coverage
- Dual Eligible Full & Partial
- SPAP Enrollee
- Special Need/Chronic
- 65

Some reason codes apply only to MA, while others only apply to PDP. For questions with SEP Reason Codes, please refer to the “**Need assistance with SEP Reason Code**” button on the right hand side to determine the appropriate reason for the product.

Tap the **Continue to Product Questionnaire** button to continue the application. If you have not completed any required fields on this page, you will be prompted to complete them at this time.

Important Questions

1. Medicare 2. Applicant 3. Product/Plan 4. Questionnaire 5. PCP selection 6. Payment 7. Signature

Important Questions

Do you have End-Stage Renal Disease (ESRD) ? Yes No

Do you or your spouse work? Yes No

Are you covered under any health insurance other than Medicare, such as private insurance, Workers Compensation, Tricare or Veterans Administration (VA) benefits? Yes No

Some individuals may have other drug coverage, including other private insurance, TRICARE, VA benefits, State Pharmaceutical Assistance Program or Federal Employee Health Benefits coverage. Will you have other prescription drug coverage in addition to the plan? Yes No

[Discard](#) [Save](#) [Continue to Physician Information](#)

Important Questions will appear based on the plan chosen earlier in the application.

1. Do you have End-Stage Renal Disease (ESRD)?
If the consumer indicates Yes, UnitedHealthcare will need to contact the consumer for additional information. No additional information is required at this time.

Do you have End-Stage Renal Disease (ESRD) ? Yes No

Note to Applicant

Because you answered Yes, UHC will contact you for additional required information. If you do not need regular dialysis anymore and/or have had a successful kidney transplant, please send a note or records from your physician to the address or Fax number below, showing you do not need dialysis or have had a successful kidney transplant.

Fax: 704-719-2703
IND - AARP Medicare Complete Choice Plan 2 (Regional PPO) (MAPD)
PO Box 29650
Hot Springs, AR 71903-0650

2. Do you or your spouse work?

No additional information is required regardless of how the consumer answers the question.

Do you or your spouse work? Yes No

3. If the consumer has additional health insurance other than Medicare, enter in the additional required fields including insurance company, Group Number and ID Number.

Are you covered under any health insurance other than Medicare, such as private insurance, Workers Compensation, Tricare or Veterans Administration (VA) benefits? Yes No

This information helps determine if there is a need for coordination of benefits for health coverage.

Insurance Company*	Type of Insurance (Example: Group, Private, Exchange, Veterans, etc.)
<input type="text" value="Name"/>	<input type="text"/>
Group Number*	ID Number*
<input type="text" value="0000000000"/>	<input type="text" value="0000000000"/>

4. Will you have other prescription drug coverage in addition to the plan?
 If the consumer has prescription drug coverage in addition to the plan in which they are enrolling, enter the applicable information in the fields that appear. This will help determine if there is a need for coordination of benefits for drugs.

Note: If you selected yes to State Pharmaceutical Assistance Program on the prior page, this will automatically default to Yes and must be completed for the State Pharmaceutical Assistance Program coverage

Some individuals may have other drug coverage, including other private insurance, TRICARE, VA benefits, State Pharmaceutical Assistance Program or Federal Employee Health Benefits coverage. Will you have other prescription drug coverage in addition to the plan? Yes No

This information helps determine if there is a need for coordination of benefits for prescription drugs.

Name of the Plan	Member ID
<input type="text" value="Name"/>	<input type="text" value="0000000000"/>
Group ID	Effective Date
<input type="text" value="0000000000"/>	-- -- --

5. Tap the **Continue to Physician Information** button to continue the application. If you have not completed any required fields on this page, you will be prompted to complete them at this time.

Primary Care Physician (PCP) Selection

The screenshot shows the 'Primary Care Physician (PCP) Selection' screen in the UnitedHealthcare LEAN app. The app interface includes a top navigation bar with the UnitedHealthcare logo, version number 1.2.32, and user information 'ONLINE PIERCE DUCHARME'. A progress indicator at the top shows seven steps: 1. Medicare, 2. Applicant, 3. Product/Plan, 4. Questionnaire, 5. PCP selection (highlighted), 6. Payment, and 7. Signature. The main content area is titled 'Primary Care Physician (PCP)' and contains two blue buttons: '1. PCP Search' and '2. Click to Populate Selected PCP'. Below these are three input fields: 'PCP ID' (with a '#' placeholder), 'PCP Name' (with a 'Name' placeholder), and 'PCP Phone Number' (with '0000000000' placeholder). At the bottom, there is a radio button selection for 'Current Patient of PCP?' with options 'Yes' and 'No'.

If you have selected a CSNP, Dual Special Needs Plan (DSNP), MA, or MAPD plan, you will need to select a **PCP ID** and **PCP Name**.

To search for or verify if the consumer's PCP is in-network for the chosen plan, tap **PCP Search**.

Note: The PCP Search button does not appear in the offline mode and you will need to use a hardcopy or PDF version of the **plan's** provider directory.

Do you know the primary care physician's name?

Doctor's Name [SEARCH](#)

Select a type of primary care physician

Primary Care Physician (PCP)
The first person you call when you have a medical concern. Primary care providers can be doctors in family practice, internal medicine, or other specialties.

Family Practice Doctor [Back](#)
Family physicians provide preventive care and treatment for people of all ages. Practices may include

1. A new window will open asking you to select the type of provider.
2. Search for a specific PCP using the search bar at the top of the screen.
3. Once PCP is located or chosen in Rally, tap the **Assign As PCP** button.

ASSIGN AS PCP

4. After assigning the PCP, tap **Click to Populate Selected PCP** underneath the **PCP Search** button and it will automatically bring the PCP's information into LEAN.
5. Indicate **Current Patient of PCP** by selecting **Yes** or **No**.

Current Patient of PCP? Yes No

6. Tap the **Continue to Payment Information** button to continue the application. If you have not completed any required fields on this page, you will be prompted to complete them at this time.

Select Payment Method

1. Medicare	2. Applicant	3. Product/Plan	4. Questionnaire	5. PCP selection	6. Payment	7. Signature
-------------	--------------	-----------------	------------------	------------------	------------	--------------

Selected Plan

Plan	Plan Premium
IND - AARP Medicare Complete Choice Plan 2 (Regional PPO) (MAPD) Premium	\$0.00
Total Monthly Premium	\$0.00

1. Review with the consumer the Premium Payment Summary including their monthly premium.
2. Read the Payment Disclaimer content to the consumer verbatim.
3. Switch the toggle button to confirm this disclaimer was read.

Payment Disclaimer

If you have a monthly plan premium, you can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, Electronic Funds Transfer (EFT) each month, or we will provide you an invoice for Direct Payment. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

If you are assessed a Part D-Income Related Monthly Adjustment Amount (IRMAA), you will be notified by the Social Security Administration (SSA). You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay UnitedHealthcare the Part D-IRMAA. People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premium, annual deductible, and co-insurance.

Additionally, those who qualify will not be subject to the coverage gap or a late-enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this extra help, contact your local Social Security at 1-800-722-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at www.Socialsecurity.gov/prescription help.

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, it is recommended you choose the Direct Pay or EFT option.

Applicant has Reviewed and Accepts

Premium Payment Option ▶

- Electronic Funds Transfer - EFT
- Direct pay (Monthly Statement)
- SSA/RRB (Social Security Administration or Railroad Retirement Board)

3. Indicate the consumer's preferred **Premium payment option**.

NOTE: The payment options check mark is needed regardless of whether the plan is a zero premium or not.

4. If **Electronic Funds Transfer- EFT** is selected, an additional notice and additional fields will appear.

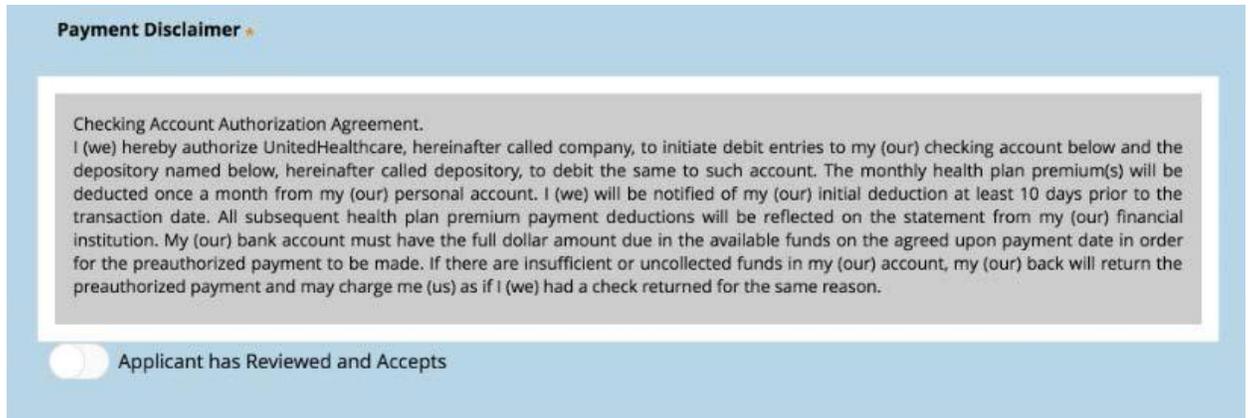
Account Details

Account Type ▶ Checking Savings

First Name	Middle Name	Last Name ▶
<input type="text" value="First Name"/>	<input type="text" value="Middle Name"/>	<input type="text" value="Last Name"/>
Routing Number ▶	Account Number ▶	
<input type="text" value="123456789"/>	<input type="text" value="123456789"/>	

5. Indicate Account Type- **Checking** or **Savings**.
6. Enter the account holder's **First, Middle and Last Name**.
7. Enter a nine (9) digit numerical **Routing and Transit #** number. This value must be a valid routing code. LEAN will verify the routing code is valid.
8. Enter the **Account #** for the bank account.

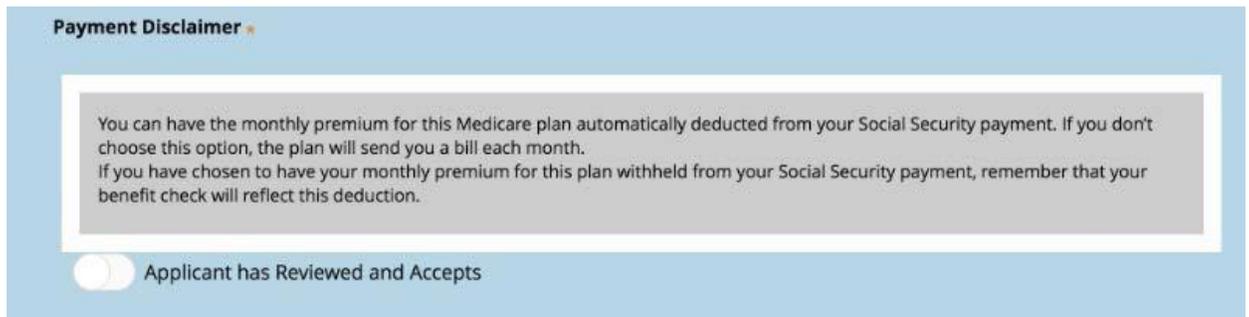
9. Read the Checking Account Authorization Agreement verbatim to the consumer.



10. Switch the toggle button to confirm this disclaimer was read.

11. If **SSA/RRB (Social Security Administration or Railroad Retirement Board)** was selected, an additional notice will appear.

12. Read the Payment Disclaimer verbatim to the consumer.



13. Switch the toggle button to confirm this disclaimer was read.

Tap the **Continue to SOU Signature** button to continue the application. If you have not completed any required fields on this page, you will be prompted to complete them at this time.

Statement of Understanding (SOU)

1. Medicare 2. Applicant 3. Product/Plan 4. Questionnaire 5. PCP selection 6. Payment 7. Signature

Statement of Understanding

By completing this enrollment application, I agree to the following:

1. This is a Medicare Advantage plan that has a contract with the Federal Government. This is not a Medicare Supplement plan. You'll need to keep your Medicare Parts A and B. You can only be in one Medicare Advantage or Prescription Drug Plan at a time. Enrollment in this plan will automatically end your enrollment in another Medicare Advantage or Prescription Drug Plan. If you have prescription drug coverage, or receive any in the future from somewhere other than this plan, it is your responsibility to let us know.
2. Enrollment in this plan is generally for the entire year. You can only leave or change this plan during Medicare's open enrollment period of October 15th - December 7th, or under special circumstances. This plan only covers the area that you live in. If you're planning to move out of the area, please call us and we'll help you find a plan in your new area. Medicare doesn't usually cover you while out of the country with the exception of limited coverage near the U.S. border.
3. You have the right to appeal plan decisions about payment or services if you disagree. We will release your information to Medicare, only as necessary, for treatment, payment and healthcare operations. Medicare may also release your information for research and other purposes which follow all applicable Federal statutes and regulations. If you leave this plan and don't have or get other Medicare prescription drug coverage or creditable prescription drug coverage as good as Medicare's, you may have to pay a late enrollment penalty in addition to your premium for Medicare prescription drug coverage in the future.
4. If a sales agent helped you choose a plan, the sales agent may receive compensation based on you enrolling in the plan. To get the lowest cost coverage with your new plan, you should use in-network Providers, pharmacies and services except in the case of an emergency. To make yourself familiar with the services, terms and conditions of the plan, please read the Evidence of Coverage document when you receive it or you can view it online. Services covered by the plan are listed in the Evidence of Coverage document. Services not listed in the Evidence of Coverage will not be paid for by Medicare or the plan without authorization. This plan provides refunds for all medically necessary covered benefits, even if out-of-network.
5. The information on this enrollment is correct to the best of your knowledge. If you currently have health coverage from an employer or union, you could lose your employer or union health coverage if you join this plan. If you have questions, contact your benefits administrator or the office who answers questions about your employer or union coverage.

Applicant has Reviewed and Accepts

The required fields on the final page of the application (Statement of Understanding) are the toggle button for the SOU and the signature for both the consumer and agent.

1. Read the Statement of Understanding verbatim to the consumer. Switch the toggle button to confirm the SOU was read.
2. Have the consumer verify the selected plan, primary care physician, and effective date.
3. Have the **Consumer/Authorized Rep** sign in the white signature box using their finger, a stylus, or the mouse.

Note: The signature boxes do not need to be clicked or tapped to activate.

Applicant Signature

Accept Clear

Applicant's Name
Pierce test99

Medicare #
555666789F

Signature Date

4. Sign as the agent in the white signature box under **Agent Signature**.

Agent Signature

Clear

Agent Name
JAMES RILEY

Writing ID
2014037

Signature Date
02/08/2016

5. The **Signature Date** field for both signatures will auto populate with the current date once **Accept** is clicked in the signature box. The date field cannot be edited. Note: Until the consumer taps Accept, the date does not display.
6. Use the clear button to erase and try again as needed. Use of this button is unlimited. If a signature has been accepted, it can still be cleared and redone.

Send Enrollment Receipt

Switch the **Send Applicant an Enrollment Receipt** toggle button. If the consumer previously provided an email address, LEAN will display it in the email address field. If an email address was not previously provided, you can enter an email address at this time.

Send Applicant an Enrollment Receipt

Submit and Begin Shared Residence Application

Email Address

Begin Shared Residence Application

To submit the current application and begin a shared residence application, switch the “Submit and Begin Shared Residence Application” toggle button.

A screenshot of a settings menu with a light blue background. At the top, there is a toggle switch labeled "Submit and Begin Shared Residence Application" which is turned on. Below it is a "Select All" toggle, also turned on. The menu is organized into two columns of toggle switches, each with a label to its right. The left column includes: "Last Name", "Mailing Address", "Spoken Language/materials", "Institution Question/Information", "Plan Selected", "Health Coverage", and "PCP information". The right column includes: "Primary Address", "Phone number", "Authorized Representative", "Proposed Effective Date", "Riders", "Drug Coverage", and "Premium Payment". All these toggle switches are also turned on.

This will transfer the selected information from the first application into a new application. If Last Name was transferred, you can locate the new application using the last name. It always will be the “Not Complete” application listed first.

Submit the Application

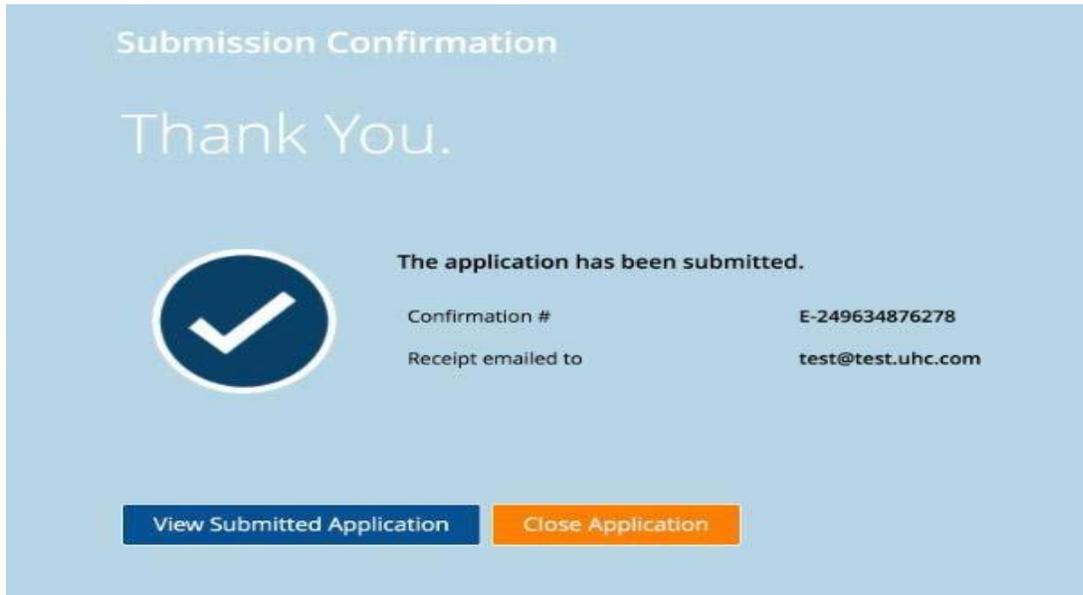
To complete the current application, tap on the **Submit Application** button to activate the submission of the application.



Submission Confirmation (Online)

A Confirmation Number will display upon successful application submission, as well as the email address to which an enrollment receipt was sent.

To view the submitted application, tap on the **View Submitted Application** button.

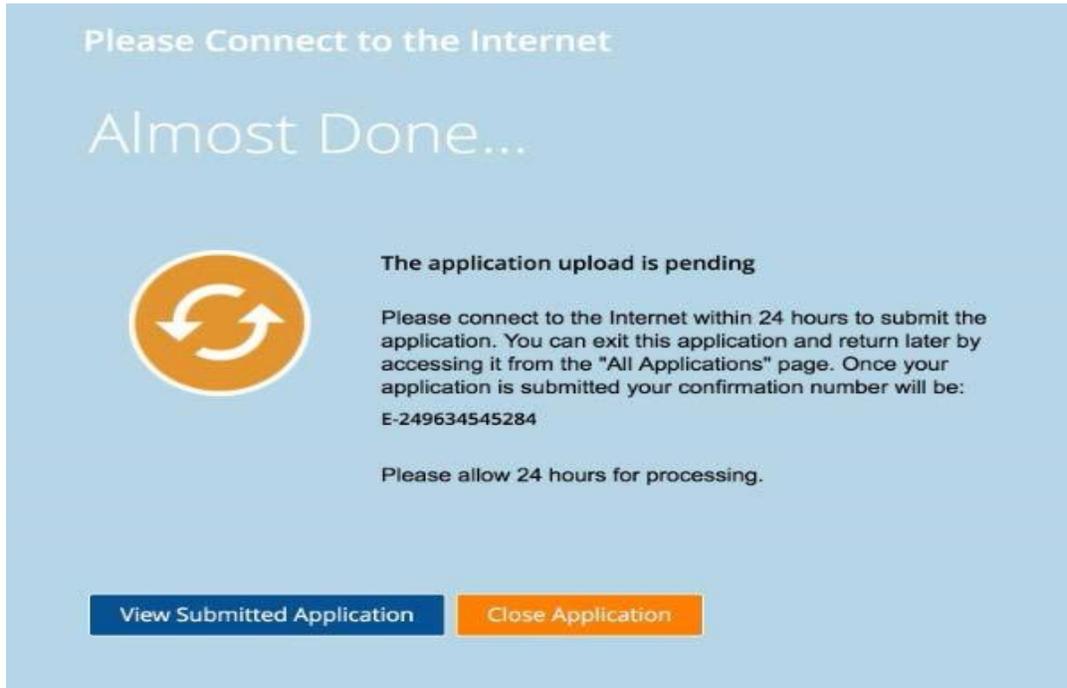


Click on **Close Application** to return to the LEAN Home Page.

Submission Confirmation (Offline)

A Confirmation Number will display upon successful application submission.

To view the submitted application, tap on the **View Submitted Application** button.

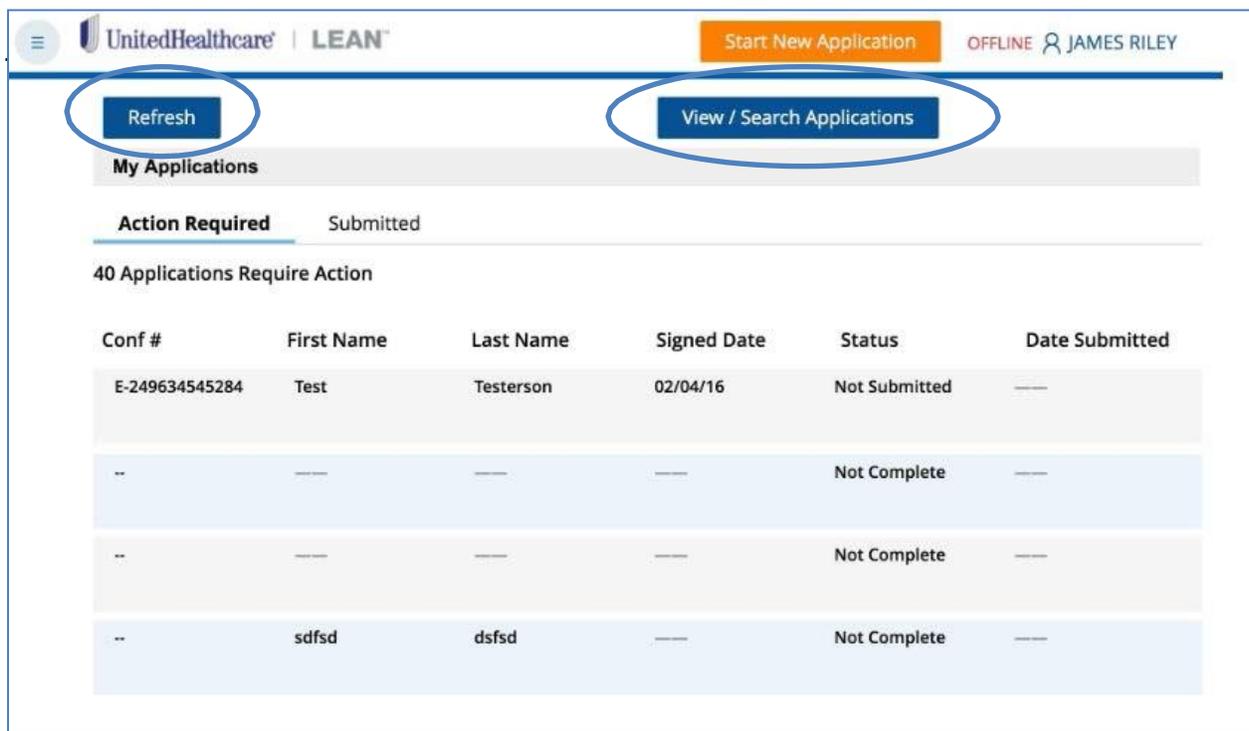


This application will be located in the My Applications screen as Not Submitted on the Action Required tab until an Internet connection is established to upload it. The enrollment receipt will be sent once the application is uploaded.

Click on **Close Application** to return to the LEAN Home Page.

Managing Applications on the App

To view applications, click on the **My Applications** button from the left hand Navigation Bar on the Home Page.



The **Action Required** tab lists two types of incomplete applications:

- **Not Complete** – These are applications that were saved or exited without having been finished. They are located on the **Action Required** tab, and they are automatically deleted by the system in 24 hours. These applications do not have confirmation numbers.
- **Not Submitted** – These are applications that have been completed and submitted offline and have not yet been uploaded by an Internet connection. They are located on the **Action Required** tab and sorted to the top. They are not deleted by the system. These should be uploaded as soon as possible. These applications will have confirmation numbers.

The screenshot shows the UnitedHealthcare LEAN application interface. At the top, there is a navigation bar with the UnitedHealthcare logo, the text 'UnitedHealthcare | LEAN', a 'Start New Application' button, and the user's name 'JAMES RILEY'. Below the navigation bar, there are two buttons: 'Refresh' and 'View / Search Applications'. The main content area is titled 'My Applications' and contains a table with the following columns: 'Action Required', 'Submitted', 'Conf #', 'First Name', 'Last Name', 'Signed Date', 'Status', and 'Date Submitted'. The table lists three submitted applications.

Action Required	Submitted	Conf #	First Name	Last Name	Signed Date	Status	Date Submitted
		E-249634545284	Test	Testerson	02/04/16	Submitted	02/04/16 01:58 pm
		E-220534544690	Raghu	Stagetest1	02/04/16	Submitted	02/04/16 01:49 pm
		E-248534542253	Larry	Bird	02/04/16	Submitted	02/04/16 01:43 pm

The **Submitted** tab houses all submitted applications taken on the device:

- **Submitted** – These are applications that have been completed, submitted, and uploaded. They are finished applications. They are located on the **Submitted** tab. These applications are stored for 10 years.

Managing Applications on the URL

UnitedHealthcare® | LEAN™ Start New Application JAMES RILEY

My Applications

Application Search Criteria

Action Required Submitted

47 Applications Require Action

Conf#	First Name	Last Name	Signed Date	Status*	Date Submitted
1				Not Complete	
2	E-245034610839 Sgin	Dbhc2662		Not Complete	
3				Not Complete	

Application Search Criteria

Action Required Submitted

1 2 >

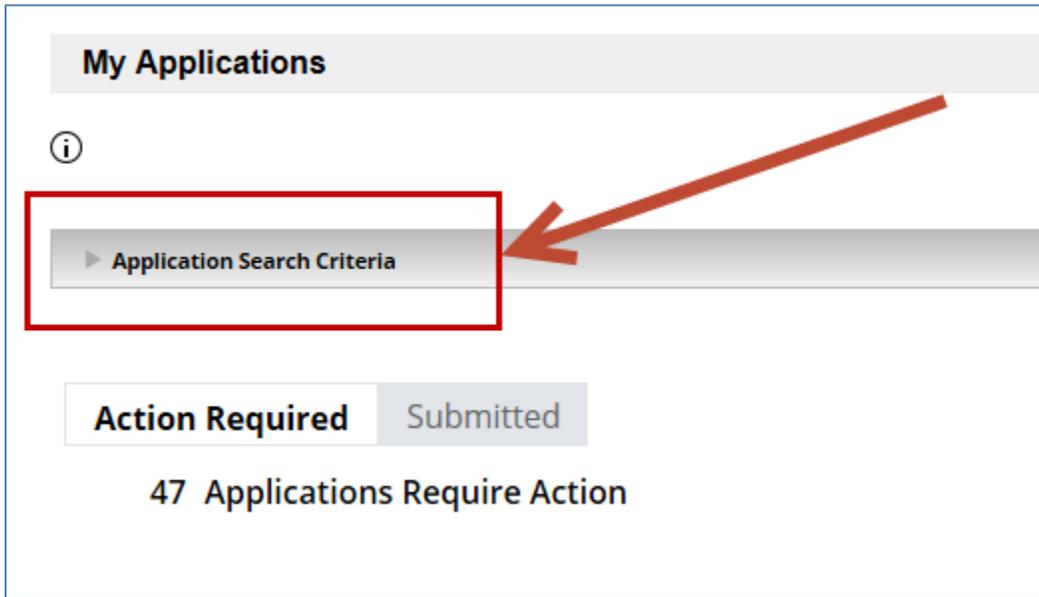
Conf#	First Name	Last Name	Signed Date	Status	Date Submitted*
1	E-249634876278 Pierce	test99	2/8/2016	Submitted	2/8/2016
DOB	04/04/1907	Medicare ID	555666789F	Effective Date	03/01/2016

View App Send Receipt

- Click on **View App** to open the submitted application and view it.
- Click on **Send Receipt** to re-send the enrollment receipt.

Searching for applications can only be done on the URL.

- Locate and open the **Application Search Criteria** menu. It is a collapsed gray bar by default.



- Enter the desired criteria to search for applications within your Writing ID.

▼ Application Search Criteria

Medicare #	Writing ID
<input type="text"/>	A2014037
Applicant's First Name	Applicant's Last Name
<input type="text"/>	<input type="text"/>
Signature Date - From	To
<input type="text"/>	<input type="text"/>
Effective Date - From	To
<input type="text"/>	<input type="text"/>
Confirmation Number	Date Of Birth
<input type="text"/>	<input type="text"/>

The oldest possible search date is two years prior to today. Only applications taken through the LEAN system will appear in your search results.

Search All Applications