

# **Online Enrollment**

Release Notes: June 21, 2021



## **Summary of Contents**

### **Online Enrollment Portal**

- Who is responsible for process areas
- What are the benefits of the new feature
- How to electronically onboard new clients
- Where to go for help or questions







### **Electronically onboard new clients**





# **Onboard new clients electronically**

Introducing a digital enrollment form with the ability to send secure payment information

#### **FEATURE BENEFITS**

- Replace paper process by allowing providers to create a new client online and send an enrollment link for the client to complete the setup process
- Added a Prospect page to track the status of potential clients
- Secure payment options through Forte

### AssuriCare

### Welcome to AssuriCare

Your registry has referred you to AssuriCare to make it easy to pay for in-home care. With AssuriCare, your family will have 24/7 online access to everything you need to know, including when caregivers arrive, what services they perform, and when they complete visits. And since we use 256-bit encryption, you can rest assured that all personal information will remain private.



## **Start the process**

### **HOW TO USE THIS: Online Client Enrollment**

- 1. Click on the "Prospects" menu option
- 2. Click the "Add New Prospect" button
- 3. Complete the Add New Prospect form and click the "Confirm" button
- 4. Clients will show under the "Pending" section

# Home			
O Time Entries		Pending 5 Sent 4 Complete	3
A Clients		Pending J Sent 4 Complete	J Expired
(S) Prospects			
A Caregivers	Add N	ew Prospect 🔶 2	
🚨 Staff			
Lat. Reporting 4	Pendir	Add New Prospect	x
⑦ FAQ's	Rolan	· · · ·	
🕫 Contact Us	rowla	First Name	← 3
C→ Log Out	Send E	Enter first name	
		Last Name	
	Sent	Enter last name	
	Victo	Home Phone	
	48	Enter home phone	esend Ema
	40	Email Address	emove
	Lillia	Enter email address	
	09	Registry Case Owner	
		Select case owner	
	Compl	Registry Client Number (Optional)	
	Luca	Enter client number	
	Tirr	Registry Referral Source (Optional)	esend Ema
		Enter referral source	emove
	Rosa	Does the Client Pay Holidays	
		O Yes	
		○ No	
options available f	or	Select Payment Options	
t to select when	Dani	Direct Debit via ACH or Credit Card.	
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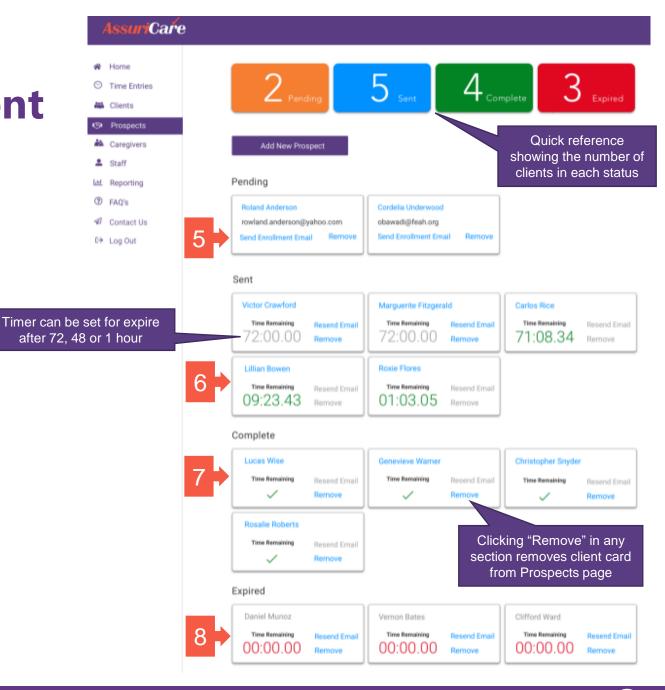
Pay



# Send & monitor enrollment emails

### **HOW TO USE THIS: Online Client Enrollment**

- Click "Send Enrollment Email" to send email to client to start the online enrollment process. Client moves to "Sent" section.
- Under the "Sent" section, the timer indicates when the online enrollment link will expire for the client (Gray indicates the client has not clicked on the link)
- 7. Once a client completes online enrollment, their card appears in the "Complete" section
- 8. If a client lets the online enrollment link expire, select "Resend Email" to send the online enrollment link





# **Clients create accounts electronically**

#### **HOW TO USE THIS: Create Client Account**

- Client receives Welcome Email once the provider clicks "Send Enrollment Email" on the Prospects page (not shown)
- 2. Click the "Begin Now" button to launch the AssuriCare Signup workflow

#### AssuriCaře

#### Welcome To Assuricare

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#### Once you sign up, here's what you'll see each week:



If you have any questions about this process, please contact the registry that referred you or AssuriCare directly at 1-844-277-8742.



### **Enter care recipient detail**

#### **HOW TO USE THIS: Create Client Account**

- 3. Fill in the Care Recipient Details form
- 4. Click the "Continue" button to go to the next step

First Name		Last Name	
Uncharted		Drake	
Date of Birth			
mm/dd/yyyy			
Social Security Number			
000-00-0000			
Address			
Enter the address			
City			
Enter the city			
State		Zip	
Enter the state	~	Enter the zip code	
Cell Phone			
Enter the cell phone			
Home Phone			
(222) 222-2222			
Email Address (Optional)			
drake@aol.com			

AssuriCare

 Care Recipient Details

Configurations

Contacts
 Payment

ETCI

Signature

Complete



### **Add contacts**

#### **HOW TO USE THIS: Create Client Account**

- 5. To add a primary contact, click "Select" under the Primary Contact section. Only one contact can be added as a primary contact
- 6. To add other contacts, click "Select" under the Other Contact section
- 7. Click the "Continue" button to skip this section

Ω	Primary Contact Primary Contact is the person who may speak on your behalf, make changes to your account or
	timecard and is allowed access to any information related to your care. This contact may have access to HIPPA protected information.
	Select 🧲 5
4	Other Contact Other Contacts are people who we may speak to regarding your care or services, but who do not have the ability to modify timecards or payment methods. This contact may have access to HIPPA protected information.
	Select 6
	If you prefer not to add additional contacts you may continue, contacts may be added at any time.

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Care Recipient
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Contacts
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LTCI

Signature
 Complete





## Enter contact detail

### **HOW TO USE THIS: Create Client Account**

- 8. Fill in the Primary Contact or Other Contact Details form
- 9. Click the "Continue" button to go to the next step
- 10. Click the "Back" button to go to previous page

* First Name	* Last Na	ne
Enter the first name	Enter t	ne last name
* Relationship to care recipient		
Select a relationship		
Address		
Enter the address		
City		
Enter the city		
State	Zip	
Enter the state	∨ Enter t	ne zip code
Cell Phone		
Enter the cell phone		
Home Phone		
Enter the home phone		
* Email Address		
Enter the email address		
Back		

AssuriCare

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 Complete





# **Pick a payment option**

#### **HOW TO USE THIS: Create Client Account**

11. Click "Select" on one of the payment selection options to enter payment information

#### Please Select a Payment Method Care Recipient Each week your caregivers will track their time providing care via our mobile app and they will log services provided after each visit. At the end of the week we will email you an accounting of all time reported, and tasks provided. You Contacts will have approximately 48-72 hours to approve or edit these services. After that time, we will send you a second email confirming the total charge and will withdraw the appropriate amount from your banking account of choice. If you are unable to view the email in the time given, you will have the opportunity to make corrections on the following timecard. Configurations 0. () -Credit Card **Direct Debit** Weekly Invoice The fee for this service is 5% of all charges, The fee for this service is 3% of all charges. The fee for this is 5% of all charges. 6% for American Express. Secure end to end encryption powered by Requires a 2 week deposit of anticipated forte charges. \*Preferred Option

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Payment

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### **Enter direct debit info**

### **HOW TO USE THIS: Create Client Account**

- 12. Fill in the Direct Debit Details
- 13. Click the "Confirm" button to go to the next step

= Account Type 💦 Ch	necking 🔵 Sar	vings
Routing Number		
Please enter your routin	g number	
Account Number		
Please enter your accou	nt number	
kouing≠ Same as Care Recipient	Account#	LP 1002 L -
First Name		* Last Name
Enter the first name		Enter the last name
Address		
Enter the address		
City		
Enter the city		
State		Zip
Enter the state	×	Enter the zip code
	te that a 3% proc is authority will r	ntries to my account in accordance with the cessing fee will be added to all services remain in effect until I provide reasonable
	authonzation.	
charged, I understand that th	autnonzation.	

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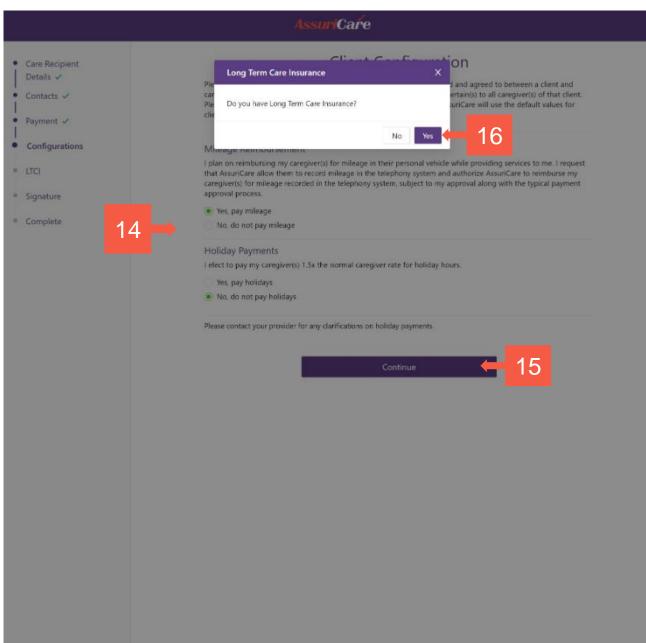
Signature
 Complete



# Select Configuration Options

### **HOW TO USE THIS: Create Client Account**

- 14. Complete the Client Configuration section
- 15. Click "Continue." Once "Continue is clicked, the Long Term Care Insurance popup box will appear
- 16. If you have Long-Term Care insurance and would like to submit claims via AssuriCare, click "Yes"







# Long Term Care Insurance Claims Form

#### **HOW TO USE THIS: Create Client Account**

- 17. Complete the Long Term Care Insurance Claims form
- 18. You can either click "Skip for Now" or "Continue" to go to the next section

be completed for any client requesting to have AssuriCare	aubmit invoices directly to your Long-Term Care Insurance
Name of Insured on LTCI Policy	
Name of instead on the LICI policy	
List Any Other Persons Named on the Policy (Contor	00
List any other persons surred on the policy	
Long Term Care Insurance Carrier	
Enter ETCI Carrier	
Pulicy Number	
Gree policy number	
Claim Number (Optima)	
Insurance Company Phone Number	
Enter Insulates company phone number	
Insurance Company Fax Number	
Enter Insurance company has matcher	
Is this a Spousal Policy?	
Vec No	
Will Services be Provided to Anyone Other Than the	e Client Named Above?
C Yes	
C No	
Has This Client Been Approved as Benefit Eligible?	
O Yes	
Distance	
Have Claims Been Submitted by Another Organizati	ion For This Client?
O Ves	
C No	
Unsure Who is the Approved Provider?	
Registry/Agency	
Independent Caregiver	
Name of Approved Provider	
Arms name of approved provides	
Last Date of Services Already Submitted to the Insu	rer 🗇
Skip for Now	Continue

AssuriCare

Associate is not a long-term care or health care arrive provides. Associate is not an insurance company. Associate data not pay har or provide long term care to health care services for its clients. Notifying in this term or any communitation or document prioritized by Associate should be interpreted as if Associates in any way responsible for the operance of any insurance care review. Health care extracts care clients

#### Notice for Long-Term Care Insurance Policyholders

Care Recipient
 Details 
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 Configurations
 Configurations
 Signature

\* Complete

Invoice admission by AnumCare does not guarantee approval of the provider under your insurance policy, coverage of provide fees, or approval of your insurance dam. Your insurance company must determine if you and/or any provider, services or dates of nervice are approvable and covered under your insurance policy. Preservation contact your insurance company with any questions about your policy, coverage to approval of a particular provider, anyone or dates of service.



### **Review terms & sign**

Care Recipient
 Details

Contacts ✓
Payment ✓
Configurations
Configurations
LTCI ✓
Signature
Complete

#### **HOW TO USE THIS: Create Client Account**

- 19. Read the "Terms & Conditions", then check the box
- 20. If signing on behalf of the care recipient, upload the applicable documentation
- 21. Enter your name in the signature field then click "Confirm" to go to the next step

	Signature
	Terms & Conditions
	Terms of Use Effective July 1, 2019 AssuriCare LLC and its affiliates and related entities (collectively, "Company") offers this website or any other websites or apps or telephone-based apps or mobile apps under our operation and control (collectively, the "Site") to you conditioned on your acceptance without modification of the terms, conditions, and notices contained herein (the "Terms"). BY USING, VIEWING, TRANSMITTING, CACHING, STORING AND/OR OTHERWISE UTILIZING THE SITE, YOU
9	I accept the Terms & Conditions of use
	If you are signing on behalf of the care recipient under a Durable or Financial Power of Attorney, Guardianship or Trusteeship, please provide the appropriate documentation below.
0	Attorney, Guardianship or Trusteeship, please provide the appropriate documentation
0	Attorney, Guardianship or Trusteeship, please provide the appropriate documentation below.
0	Attorney, Guardianship or Trusteeship, please provide the appropriate documentation below.



## **Create online portal** account

Care Recipient
 Details

Contacts 
 Payment

Configurations
 ✓
 LTCI ✓

• Signature 🗸

● Complete ✓

#### **HOW TO USE THIS: Create Client Account**

22. Click "Care Recipient Sign Up" to create your account to the online portal

AssuriCare
Complete! Congratulations, you have successfully registered for services.
Care Recipient Name: Uncharted Drake Payment Type: Credit Card
A copy of this Agreement and the Terms & Conditions will be e-mailed to drake@aol.com
You can set up your Care Recipient Portal by using the link below Care Recipient Sign Up





#### AssuriCaře

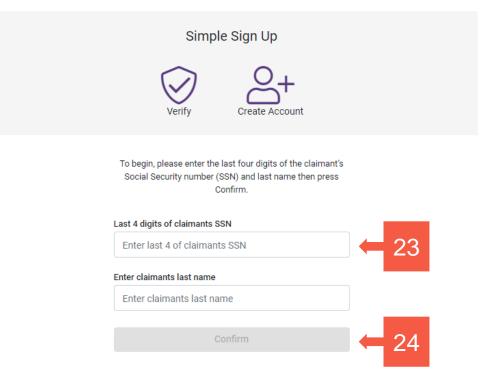
### **Enter SSN**

#### **HOW TO USE THIS: Create Client Account**

- 23. Enter the last four of the claimant's SSN and the claimant's last name
- 24. Click "Confirm" to go to the next step

#### Welcome to the Assuricare Client Portal

Please complete these 2 simple steps to set up your online account.



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## **Review terms & create password to finish**

#### **HOW TO USE THIS: Create Client Account**

- 25. Read the "Terms & Conditions", then check the box
- 26. Create a new password and confirm the new password
- 27. Click "Confirm" to finish the AssuriCare Signup process and start using the online portal

#### AssuriCaře

Jimmy Smith 1234 Main St Anytown MA 012340000

#### Not You? Call us on 1-844-277-8742

An account has been set up with your email jtest@test.com please set a password below. Password should be at least 10 characters long, with a mix of numbers and special characters.

I accept the <u>Terms and Conditions</u> of use.



Password *	Show		
<ol> <li>Must contain lower</li> <li>Must contain uppe</li> <li>Must contain a nur</li> <li>Must contain a spe</li> <li>Must be at least 10</li> </ol>	rcase characters nber ecial character	•	26
Confirm Password *	Show		
Back	Confirm	$\leftarrow$	27

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