

# Revel Portal

## Member Care Assessment – MCA



**PURPOSE:** After completing an Enrollment Application, an agent can use the Revel Portal to complete a Member Care Assessment with their member, if the member agrees to complete the survey.

**SCOPE:** All Agents, Humana and CarePlus

## Responses Used to Benefit the Member

The MCA or Member Care Assessment gives the agent an opportunity to collect member care information from potential members post enrollment that will be used to enhance the member's experience. Agents must offer members appropriate resources depending on how members answer the survey. Agents are required to review and consult the [Social Determinants of Health page](#) prior to administering the survey. If a member acknowledges in questions 1-5 that they experience loneliness, food insecurity or transportation issues, the document will provide you with resources and immediate actions you can take to help members. The training also provides appropriate talk tracks for each type of response/resource. For other questions, various departments within Humana may take actions based on the responses provided by the member. These could include outreach, programs the member may be eligible for and tailored communications to better serve the member.

## How the Process Works

In order to complete post-enrollment consumer surveys and be compensated for them, an agent must complete this required training and conduct the survey in accordance with all requirements outlined in the training. Approximately one business day after completing the training on Humana MarketPoint University (HMU), the agent will receive an email (to the [email address that Humana has on file](#) for them) with instructions on getting started.

Note that agents should only ask members to complete this survey after enrollment, and only begin the process if the member agrees to complete the survey. If the member does not wish to complete the survey, the agent should not pressure the member to complete the survey in any way. Remember that the member can choose to stop the survey at any time or choose not to answer a question. At no time should the agent ask the member to continue if they are uncomfortable with answering any of the questions.

The email will contain information on how to register for the Revel Portal. This online portal will be used for the post-enrollment consumer survey. Agents will need to access the site while connected to the internet. The survey will work on many internet-connected devices including laptop/desktop computer, tablet, and smartphone.



The survey is brief; it contains 11 questions. Agents should follow the scripting noted at the beginning of the survey to inform the member about the survey and ask them if they would like to participate, emphasizing that completion of the survey is optional. If the member agrees, the agent can then proceed to read the questions to their prospects and record their answers. If a member does not wish to complete the survey, they do not have to. The survey is optional and is only available in English.

After the survey is completed, Revel will hold the information until the applicant becomes a Humana member. Once membership has been verified, Revel will send the information from the survey to Humana. This information will help Humana understand a member's unique needs.

## Browser Requirements

Preferred Browsers:

- Google Chrome
- Safari
  - Internet Explorer and Edge will also work, but are not the preferred options.

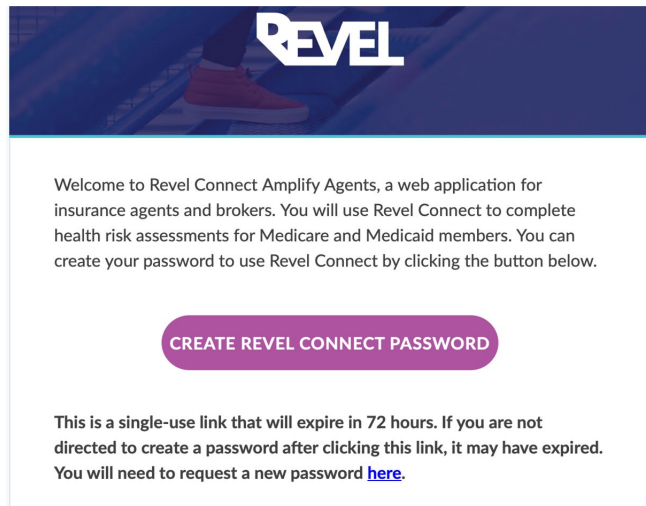
Mobile Software

- For iOS, must use version 12.0 or higher
- For Android, must use 8.1 or higher using Chrome
- Disable pop-up blockers for revel-health.com

## Registering on the Revel Portal

Approximately one business day after satisfying the training requirement, you will receive an email (to the email address that Humana has on file for you) with instructions for setting up your Revel Connect Portal.

To get started, click the "Create Revel Connect Password" button.



For your user name, enter your email address.

Create a secure password. The password must:

- Be at least 8 characters long
- Contain at least 3 of the following types of characters
  - Lower case letters (a-z)
  - Upper case letters (A-Z)
  - Numbers (i.e. 0-9)
  - Special characters (e.g. !@#%\$^&\*)

Save the Revel Connect URL as a favorite. You will need to access this site every time you complete a post-enrollment consumer survey.

The link will also appear on Vantage.

 <https://connect.revel-health.com/amplify>

## Completing Surveys

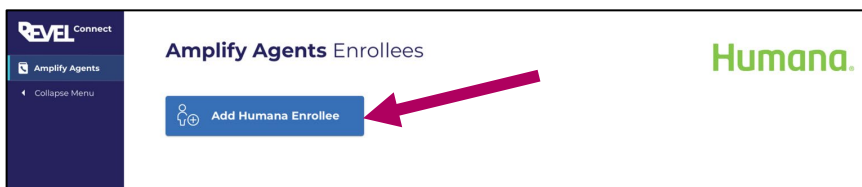
After completing the Enrollment Application, ask your enrollee if they agree to complete an optional health survey. See survey questions document for talking points to be used by agent. If they agree, access the Revel Connect portal. If they do not wish to complete the survey, do not begin the process below.

Sign in using your User Name / Email Address and Password.

If you need to reset your password, click on “Forgot your password?” You’ll be emailed instructions on how to reset it.



Click the 'Add Humana Enrollee' button to begin.



Enter the Enrollee's Information, all fields are required:

- First Name
- Last Name
- Date of Birth (MM-DD-YYYY)
- Phone Number (10 digits)
- State
- MBI (11-digit Medicare ID)

Click the "Take Assessment" button to open the assessment in a new browser tab.

The "Take Assessment" button can only be clicked once all the Enrollee Information fields are complete and valid.

 A screenshot of the 'Add New Enrollee' form. It has a title 'Add New Enrollee' and a sub-header 'Please fill out all the required fields below.' The form contains several input fields: 'First Name' (with a note 'As it appears on their medicare card'), 'Last Name' (with a note 'As it appears on their medicare card'), 'Date of Birth' (a dropdown menu with a note 'MM - DD - YYYY'), 'Phone Number' (with a note '(555) 555 - 5555'), 'State' (a dropdown menu), 'Plan Type' (set to 'Medicare Advantage'), and 'MBI (Medicare ID)' (with a note '11 digit code e.g. 1EG4 - TE5 - MK73'). At the bottom, there are two buttons: 'CANCEL' and 'TAKE ASSESSMENT' with an external link icon. A second section titled 'Health Assessment' is partially visible, stating 'This will open in a new browser tab and take approximately 5-10 minutes to complete.'

As the enrollee answers questions, the selected responses will remain highlighted on the screen.

After answering a question, the next question will automatically scroll into view. Remember that the member can choose to stop the survey at any time or choose not to answer a question. At no time should the agent ask the member to continue if they are uncomfortable with answering any questions.

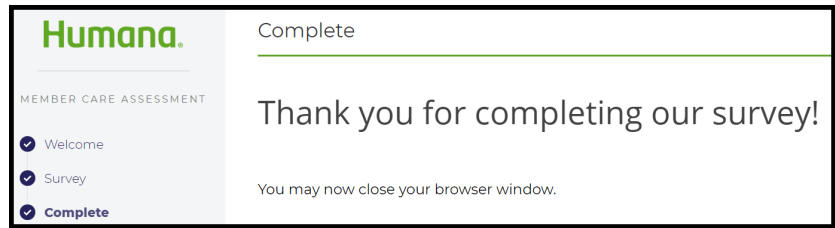
To navigate between different sections of the assessment, select the section you wish to revisit in the left navigation.

You may go back and change an answer at any time before completing the assessment.

 A screenshot of a survey question titled 'What is your living situation today?'. On the left is a sidebar with the Humana logo and the text 'MEMBER CARE ASSESSMENT'. Below the logo are three radio buttons: 'Welcome' (selected), 'Survey', and 'Complete'. The main area shows the question and three possible answers, each in a green-bordered box: 'I have a steady place to live', 'I have a place to live today, but I am worried about losing it in the future', and 'I do not have a steady place to live.'


After completing the assessment, you'll see the "Survey Complete" screen.

Close the browser window to return to Revel Connect where you could add another enrollee.



## Survey Questions

**Agent Reminder:** This survey may only be conducted with members post-enrollment. It is optional for the member to complete. If the member states no, or expresses any hesitation or discomfort with participating in the survey at any time do not proceed with the survey.

**Agent Script:** "Would you like to complete a short survey about your health, access to food and other needs? This will help Humana learn more about you and your health, so we can better serve you. Please know that completing this survey or answering any questions is optional and not required. You may choose to begin the survey but stop at any time if you feel uncomfortable. Should you choose to respond, your responses will be used to help provide resources that may be available, such as community and clinical programs you may be eligible for as well as tailored communication and outreach. Your responses will not have any impact on your coverage, benefits or premium. Would you like to proceed with the survey?"

1. What is your living situation today? **(SDOH Domain: Housing Instability)**
  - I have a steady place to live
  - I have a place to live today, but I am worried about losing it in the future
  - I do not have a steady place to live
2. Some people have made the following statements about their food situation. Please answer whether the statements were **OFTEN**, **SOMETIMES**, or **NEVER** true for you and your household in the last 12 months. **(SDOH Domain: Food Insecurity)**
  2. **A** Within the past 12 months, you were worried that your food would run out before you got money to buy more.
    - Often True
    - Sometimes True
    - Never True
  2. **B** Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.
    - Often True
    - Sometimes True
    - Never True

3. Within the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? **(SDOH Domain: Transportation Problems)**
  - Yes
  - No
4. How hard is it for you to pay for the very basic things like food, housing, medical care, and heating. **(SDOH Domain: Financial Strain)**
  - Very Hard
  - Somewhat Hard
  - Not Hard At All
5. Do you have any of the following issues with accessing pharmacy services?
  - Cost Issues
  - Transportation Issues
  - Personal Health and Safety Issues
  - Other
  - None
6. How often do you feel lonely or isolated from those around you? **(SDOH Domain: Loneliness /Family & Community Support)**
  - Never
  - Rarely
  - Sometimes
  - Often
  - Always
7. Thinking about your health, which statement best describes how you feel?
  - I do whatever is necessary to take good care of my health.
  - My health is important to me, but other things in my life are taking priority right now.
  - My health isn't something I think about very often.
8. I'm going to read a list of barriers to improving health that some people face. For each, please tell me if this is something that makes it difficult for you to improve your health. (Record "yes" or "no" for each item.)
  - I don't know how to manage my condition in the best way.
  - I don't know what healthy things I should be doing as I age.
  - It's sometimes hard for me to share issues with my doctor and get the help I need.
  - I need help taking my medications when I should.
  - I don't know how to stay active at my age, given my health condition.
  - I need help getting and making healthy food.
  - I need help getting and staying connected with others
  - I do not have any barriers to improve my health.

9. If a program was offered to help you with your specific healthcare needs, how likely or unlikely would you be to participate?
- Highly Likely
  - Likely
  - Neutral
  - Unlikely
  - Highly Unlikely
10. Thinking about limitations that may make it difficult for you to do everyday tasks, which of the following describes your situation?
- I have been concerned about falling or have fallen in the past 6 months.
  - I have trouble doing tasks such as bathing, dressing, cooking and/or cleaning.
  - I do not have someone to assist/support me with help at home.
  - I have help at this time and/or I do not need help at this time because I can confidently and safely do tasks on my own.
11. Do you receive additional healthcare services or coverage from any of the following?
- VA Healthcare (You are a Veteran), Champ VA (Veteran or Spouse of a Veteran), Tricare for Life (Spouse or dependent of a Veteran)
  - Indian Health Services, Tribal, Urban Indian Health Program
  - State Medicaid
  - Extra Help Program
  - Other state or local programs - (write in name)

Agent Script: Thank you for completing the survey! We appreciate your time and responses.

Agent Reminder: If member answers in questions 1-5 indicated they may need immediate assistance, please consult the Social Determinants of Health toolkit for guidance on how best to provide resources to the member, such as local food banks

## Resetting Your Password

If you have forgotten or need to reset your password, use the “Forgot your password” link from the Revel Connect Portal (<https://connect.revel-health.com/amplify>)

You will be emailed instructions to reset your password.

