



Bloom

ASCEND USER TRAINING FOR CENTENE



WHAT IS ASCEND?



A secure, encrypted, real-time cloud-enabled data platform that brings together all necessary tools for field sales agents to have meaningful engagements with prospective members. It is also a modular system with many functions designed to assist field sales teams with:

- Electronic Scope of Appointment
- Electronic application completion and submission
- Audio recording capabilities
- Point of Sale video capabilities
- Replacement for paper sales support and marketing documents
- Instant messaging from management to individual field agents and/or groups of agents

Ascend Platform Overview



- Specifically engineered for the insurance industry
- Currently used by over 30,000 agents including national, regional and local carriers
- Available for iOS and Windows platforms
- Maximizes field sales/beneficiary interaction and on-boarding of prospective members
- Captures important prospective/new member information and allows for immediate action upon new member enrollment



WHAT ASCEND WILL DO FOR YOU



- **Protect Your Business: Drastically reduces the potential for complaints to Medicare**
 - Research has shown that sales presentations and enrollments done through Ascend have a 0.03% Complaint Rate compared to the much higher rate for paper sales presentations and enrollments
 - Ascend also has the ability to record your sales presentations with beneficiaries
- **Decreases Administrative Work**
 - Ascend's ability to auto-fill applications from a lead will provide less typing for the agent thus reducing clerical errors
 - Required data fields cannot be missed and provide less likelihood that the application will pend during processing



- **Helps you keep the sales you have worked hard for**
 - Since Ascend submitted enrollments are received on the same day they're submitted, the applications are processed much faster which means your clients will receive their Welcome Letters quicker
- **Keeps you connected with the field and compliant through one simple application**
 - We provide easy access to resources like sales presentations and videos, direct links to plan information, the Broker Portal, and more, all in one place to keep you organized and make compliance adherence simple
- **Helps agents create a clean, smooth and professional presentation**
 - Paperless selling is cleaner, smoother, more compliant, and easier for the beneficiary to understand



GETTING FAMILIAR WITH ASCEND



The Three Components of Ascend

ARM: Ascend Real-Time Manager



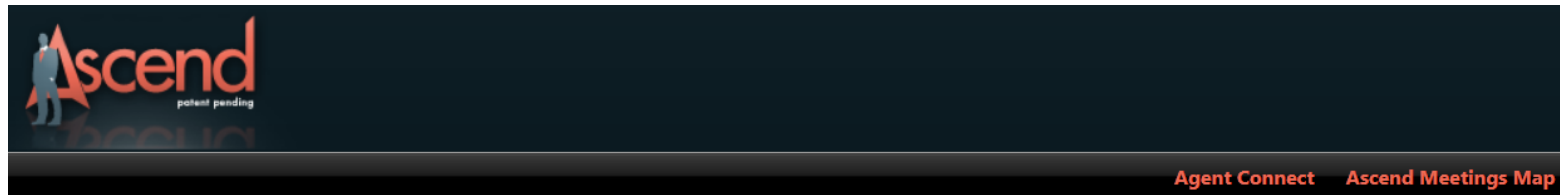
AMA: Ascend Mobile Application

AQE: Ascend Quote & Enrollment

ARM: Ascend Real-Time Manager



- The web-based platform where you can:
 - Download the Ascend Mobile Application (AMA)
 - Manage your Book of Business in one view (access on iPad or PC)
 - View your recordings from AMA
 - Review long term data storage for leads and recordings
 - Extract reporting on different teams



Email:

Password:

SIGN IN

[Forgot Your Password?](#)

AMA: Ascend Mobile Application



- The sales and enrollment platform housed on your iPad or Windows device
- Where you will conduct and record your sales meetings
- Where you manage your Book of Business and track your lead/prospect information
- Where you will submit your electronic enrollments



AQE: Ascend Quote & Enrollment



- Tool in Ascend that gives you the ability to compare plan info and choose the best plan for your prospect
- Where you create your member profile with provider info, formulary and pharmacy choices
- Where the online enrollment application is housed once completed

2019 Medicare Plans

View Plans and Compare

Below are the plans that are available in ZIP Code **15014** in Allegheny County, Pennsylvania:

☒ Select for Comparison

[Compare](#)


ZIP Code:

[Update](#)

Here is a detailed list of plans available in your area. Check the box next to the plans you wish to compare and then click on the Compare button. This will allow you to compare additional plan detail side by side.

Medicare Advantage

☒ Select for Comparison

FROM pennsylvania health & wellness.

Allwell Dual Medicare (HMO SNP)

| | | | | |
|--|---|---|---|--|
| Annual Medical Deductible \$0.00 | Max Enrollee Out-of-Pocket \$3,400 In-Network | In-Network Copay Primary Care Provider: \$0 Emergency Care: \$0 Specialist Services: \$0 | Plan Covers Dental: Yes Hearing: Yes Vision: Yes Rx: Yes | \$0.00 per month Apply Now |
|--|---|---|---|--|



What Top Agents Say About Ascend

"Overall it saved me so much time and I only had to go to the office once a month and was mostly in the field. Before Ascend I was going into the office everyday. Sometimes Ascend saved me up to two hours a day."

"Ascend added to my professional appearance and allowed me to complete my enrollments in a very short period of time as opposed to a paper application."

"I have less to carry around, it makes my life much easier. I have much less to worry about compared to when I used paper applications. I used it for all but one application this AEP."

"Using Ascend has made me 20% more productive."

"Overall, it made me more successful as an agent."



ASCEND REAL-TIME MANAGER

Logging Into ARM



Verizon 6:38 PM 97%

arm.ascendproject.com

Ascend Real-Time Manager

Open your browser and enter this URL.

Enter your email and password (set up by your manager) here:

Email:

Password:

SIGN IN

Forgot Your Password?

Forgot your password? Tap here to get new one.

Then click here to sign in

Agent Connect Ascend Meetings Map

Downloading AMA



The screenshot shows the Ascend web application interface. At the top, the user is logged in as 'C. Jaffe (Administrator)' with the entity 'Insurance For ALL'. The navigation bar includes links for 'Log Out', 'My Account', 'System Settings', 'Download App', and 'Help'. Below this is a secondary navigation bar with tabs for 'Home', 'Download', 'Messages', 'Resources', 'Meetings', 'Leads', 'Configuration', and 'Reports'. The 'Download' tab is selected and highlighted. A large banner below the navigation bar says 'Welcome to Ascend!' and describes the application's purpose. At the bottom, there are three sections: 'Ascend iOS' with an 'INSTALL APP' button, 'Mobile Application User Guide' with a 'DOWNLOAD' button, and 'Ascend Windows' with an 'INSTALL APP' button. Three callout boxes provide instructions: 'First, select the Download tab' points to the 'Download' tab; 'Tap here to install on an iOS device' points to the 'Ascend iOS' section; and 'Click here to install on a Windows device' points to the 'Ascend Windows' section.

User: C. Jaffe (Administrator)
Entity: Insurance For ALL

Log Out My Account System Settings Download App Help

Home Download Messages Resources Meetings Leads Configuration Reports

Download

First, select the Download tab

Welcome to Ascend!

Ascend helps you help your prospect and make the sale. You get the latest quoting and marketing materials, vital office communications, electronic applications, compliance protection and more. Make your life as an insurance professional less complicated and concentrate on your personal selling style with Ascend.

Tap here to install on an iOS device

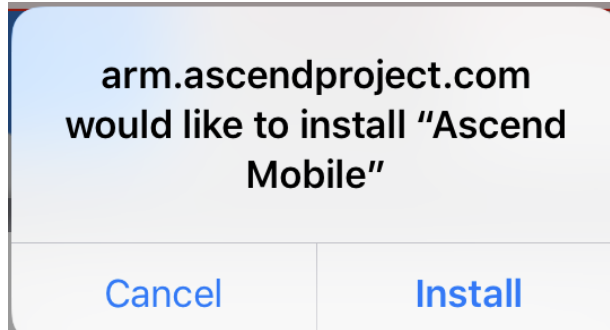
Click here to install on a Windows device

| Platform | Action | Version | Released |
|-------------------------------|-------------|----------------------|---------------------|
| Ascend iOS | INSTALL APP | Version 2017.1.01.01 | Released: 1/4/2017 |
| Mobile Application User Guide | DOWNLOAD | Version 2013.4.12.04 | Released: 1/15/2014 |
| Ascend Windows | INSTALL APP | Version 2016.2.04.02 | Released: 4/21/2016 |



IOS ONLY INSTRUCTIONS

iOS Only Instructions



Click 'Install' to begin downloading the Ascend App

Then follow the instructions given in red after the App has finished installing

10:35 AM 39%

arm.ascendproject.com

AGENT CONCIERGE
Ascend
patent pending

User: C. Jaffe (Administrator)
Entity: Insurance For ALL

Log Out My Account System Settings Download App Help

Home Download Messages Resources Meetings Leads Configuration Reports

Download

You are currently using iOS 9. This version of the iPad operating system requires an additional step after installing the application. Once you have the application installed please follow the steps below.

1. Launch the Ascend app.
2. You will be notified that the app is from an untrusted developer. Click Cancel.
3. On your iPad go to 'Settings'.
4. On the list on the left side of the screen tap 'General'.
5. Scroll down the list on the right side of the screen until you find 'Profile', 'Profiles', or 'Profiles and Device Management' and tap it.
6. Under Enterprise Apps find the app for the company you are selling for.
7. Tap the name of that company.
8. Tap 'Trust'.
9. You will be asked to verify you want to trust the app. Tap 'Trust'.
10. You should now be able to launch the app.

Ascend iOS
Version 2018.1.01.02
Released: 1/24/2018

Mobile Application User Guide
Version 2013.4.12.04
Released: 1/2/2014

1. Launch the Ascend App



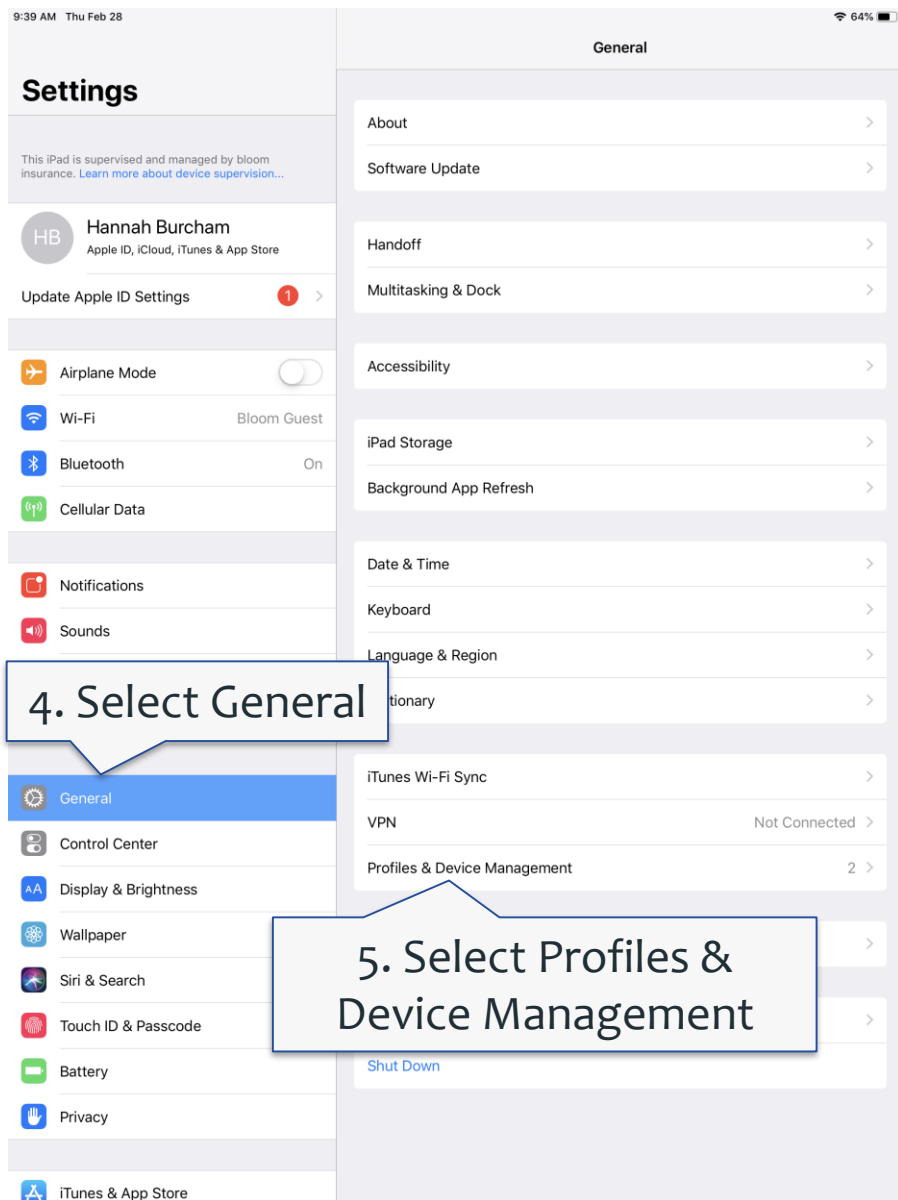
Untrusted Enterprise Developer

"iPhone Distribution: Bloom Insurance Agency, LLC" has not been trusted on this iPad. Until this developer has been trusted, their enterprise apps will not be available for use.

Cancel

2. Click Cancel

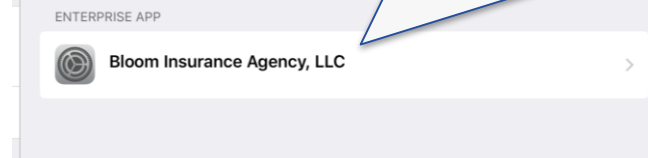
3. Open Settings



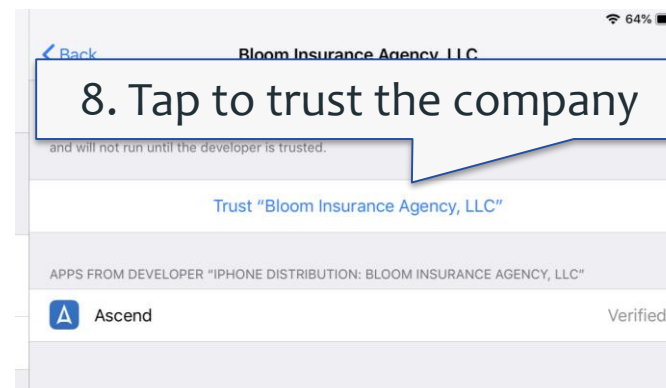
4. Select General

5. Select Profiles & Device Management

6. & 7. Find & tap the company you're selling for



8. Tap to trust the company



Trust "iPhone Distribution: Bloom Insurance Agency, LLC" Apps on This iPad

Trusting will allow any app from this enterprise developer to be used on your iPad and may allow access to your data.

Cancel

Trust

9. Verify that you trust them

10. Launch the Ascend App and start using AMA



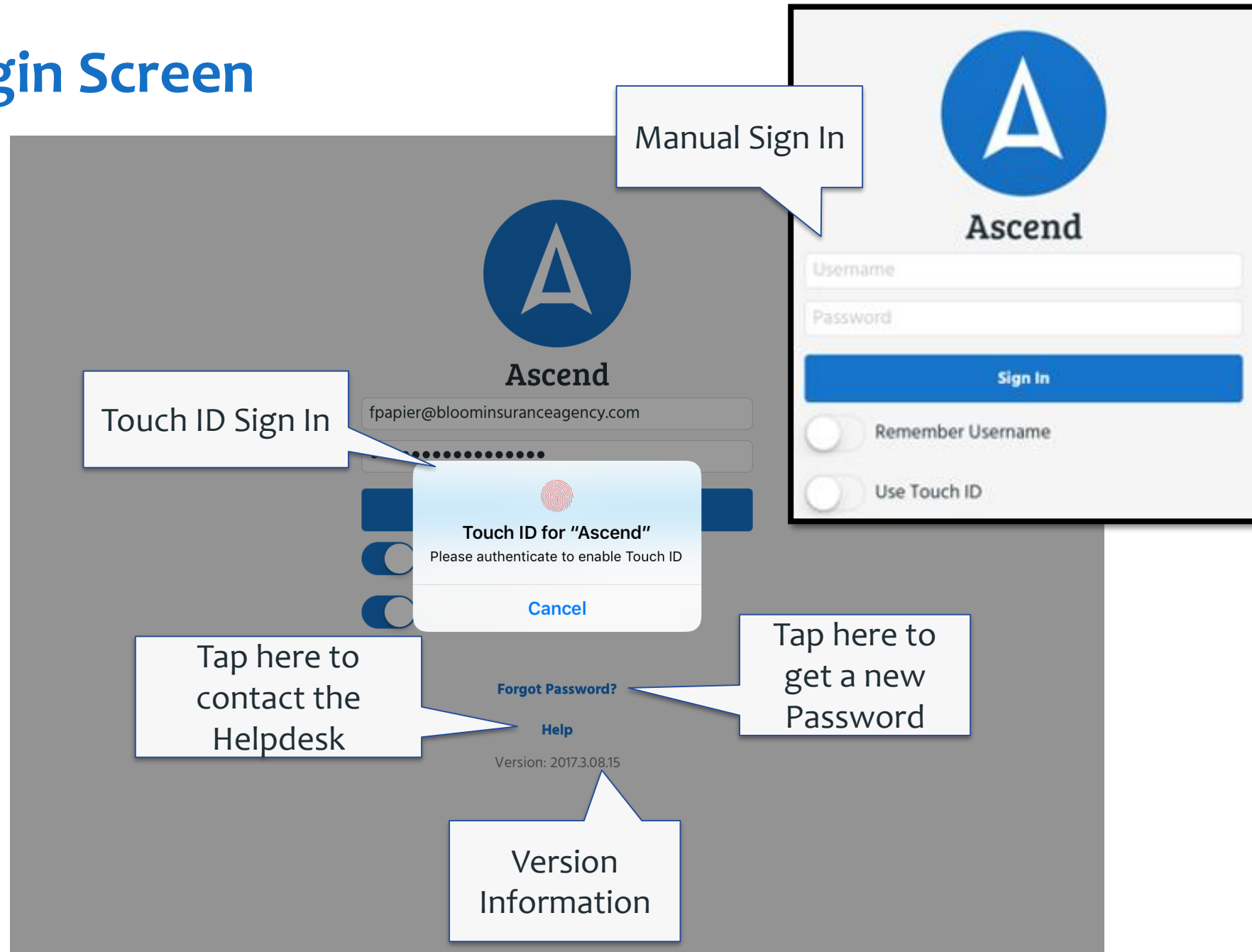


ASCEND MOBILE APPLICATION



LOGIN & NAVIGATION

Login Screen



Home Screen



Home

Leads

Appointments

Recordings

Resources

Help

Welcome Bryan

New Action Items!

You have a new Message to Acknowledge. Remember, you will be unable to start a meeting before acknowledging unread messages.

[View Notifications](#)

You have a new lead assigned to you!

You have a new Home Visit assigned to you!

Getting Started

Welcome to Ascend.

2019 Allwell Sales Presentation

Agent Portal - PA

Add a Resource Tutorial

Switching from Enrollment URLs in Windows and iOS

New Leads

| Name | Date Modified | Source |
|-----------|---------------|----------------|
| Doe, Jane | Jun 06, 2018 | Self Generated |

Your name should appear here

And here


Bryan Holland 1

Unavailable Not Accepting Calls

Main Window




Welcome Bryan

 **New Action Items!**

You have a new Message to Acknowledge. Remember, you will be unable to start a meeting before acknowledging unread messages.

[View Notifications](#)




 You have a new lead assigned to you!





 You have a new Home Visit assigned to you!





 **Getting Started**

Welcome to Ascend.

 2019 Allwell Sales Presentation

 Agent Portal - PA

 Add a Resource Tutorial

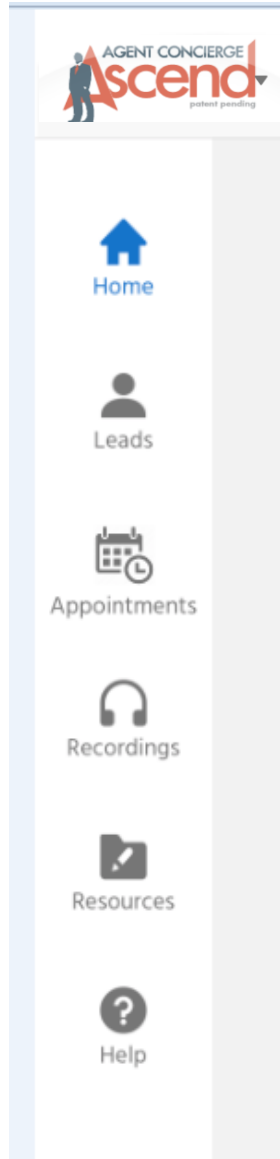
 Switching from Enrollment URLs in Windows and iOS

New Leads

| Name | Date Modified | Source | |
|-----------|---------------|----------------|---|
| Doe, Jane | Jun 06, 2018 | Self Generated | > |

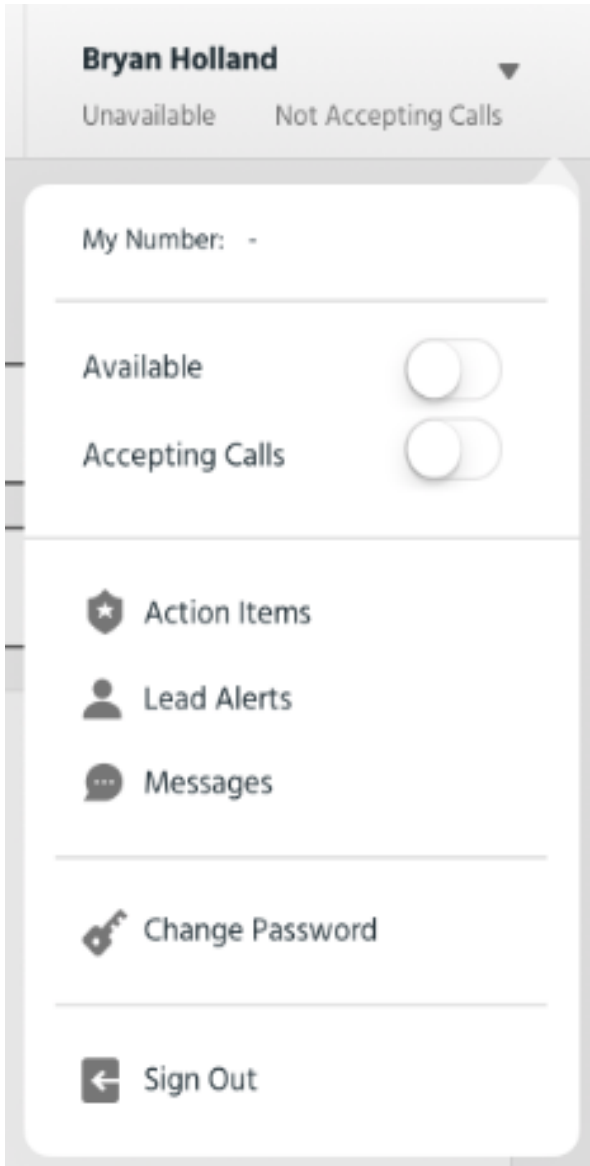
- This makes up the majority of the AMA screen and is what will change when different options are selected from the **Navigation Bar** or **Drop Down Menu**

Navigation Bar



- The Navigation Bar will be visible from all sections of AMA
 - It consists of:
 - Home Page/ Welcome Page
 - Leads – Your Book of Business
 - Appointments – View Seminars and Home Visits assigned to you
 - Recordings – View and upload recordings
 - Resources – Available during applications
 - Help

Dropdown Menu



- My Number – RATE Number
- Accepting Calls – Toggles availability to receive RATE calls
- Action Items/Lead Alerts – Navigates user to the Notifications page
- Messages – View any messages past or present
- Change Password
- Sign Out



HOME



Home Screen



Bryan Holland 1
Unavailable Not Accepting Calls

Notifications

Welcome Bryan

New Action Items!

You have a new Message to Acknowledge. Remember, you will be unable to start a meeting before acknowledging unread messages.

[View Notifications](#)

 You have a new lead assigned to you!

 You have a new Home Visit assigned to you!

Resource
Quick Links



Getting Started

Welcome to Ascend.



2019 Alliwell Sales
Presentation



Agent Portal - PA



Add a Resource Tutorial



Switching from Enrollment
URLs in Windows and iOS

New Leads

New Leads

| Name | Date Modified | Source |
|-----------|---------------|----------------|
| Doe, Jane | Jun 06, 2018 | Self Generated |

New Action Item

A number here shows how many action items you have to view



This icon means there is a new message you must read and acknowledge



Bryan Holland ¹

Unavailable Not Accepting Calls

Welcome Bryan

New Action Items!

You have a new Message to Acknowledge. Remember, you will be unable to start a meeting before acknowledging unread messages.

[View Notifications](#)

Click here to view the notification

You can also view action items from the dropdown list



Appointments



Recordings



You have a new lead assigned to you!



You have a new Home Visit assigned to you!

Bryan Holland ¹

Unavailable Not Accepting Calls

My Number: -

Available



Accepting Calls



 Action Items ¹

 Lead Alerts

 Messages

 Change Password

 Sign Out

Acknowledging the Message



Home



Leads



Appointments



Recordings



Resources



Help

Notifications

New Messages

Bryan Holland

We are excited to be here for today's training and look forward to assisting everyone with mastery of your new virtual sales office!

Thank You,

Click anywhere on the message to open it

Notifications

New Messages

Lead Alerts

Other

Bryan Holland

We are excited to be here for

Thank You,

Hello New Ascend Users!

Posted By Bryan Holland

Jun 06, 2018

We are excited to be here for today's training and look forward to assisting everyone with mastery of your new virtual sales office!

Thank You,

Bloom Leadership

Select 'Acknowledge Message' to mark that you have read it

Acknowledge Message

Close

Bryan Holland

Unavailable

Not Accepting Calls



Home



Leads



Appointments



Recordings



Resources



Help

Messages

Bryan Holland

We are excited to be here for today's training and look forward to assisting everyone with mastery of your new virtual sales office!

Thank You,

Once you have acknowledged the message, the icon will turn into a green check mark

Important Note: you cannot start a new meeting if you still have messages to acknowledge

Bryan Holland

Unavailable

Not Accepting Calls

More



LEADS



Bryan Holland ¹
Unavailable Not Accepting Calls



Leads

New Leads

| Name | Date Modified | Source |
|-----------|---------------|----------------|
| Doe, Jane | Jun 06, 2018 | Self Generated |

Select a Lead to View it

Inactive Leads

| Name | Date Modified | Source |
|------|---------------|--------|
|------|---------------|--------|

You have no inactive leads. Any leads inactive for more than 7 days will appear here.

All Leads

Search Leads Here

Add a Lead

| | | |
|-----------|--------------|----------------|
| Doe, Jane | Jun 06, 2018 | Self Generated |
| Doe, John | Jun 06, 2018 | Self Generated |

Add a Lead



New Lead [Scan Drivers License](#)

First Name **Last Name**

Birthday

Gender

Phone

Email


Permission to Contact

Status **Source**

Address

City & County

State & Zip

Claim Number 

You can enter all lead data here, or scan their drivers license to capture info quickly

Scan License to Collect Lead Info




Line up grid to point to back of the license and tap the iPad. This will import data, not take a picture.

Finish Collecting Lead Info



The screenshot shows a lead information form with the following fields and sections:

- Top Section:**
 - Email:
 - Permission to Contact:
 - Status: Source:
- Address Section:**
 - Address:
 - City & County:
 - State & Zip:
- Medical Information Section:**
 - Claim Number: 
 - Hospital Coverage:
 - Medical Coverage:
- Bottom Buttons:**
 -
 -

Two callout boxes provide instructions:

- A box on the left points to the 'Save' button with the text: "Click 'Save' to add the new lead".
- A box on the right points to the camera icon next to the 'Claim Number' field with the text: "Tap here to capture scan info from Medicare card, or enter it manually in the boxes".

Lead Info Screen



Doe, Jane

Test Jun 06, 2018 Self Generated

Click here to
contact a lead

Bryan Holland
Unavailable Not Accepting Calls

Or click here
to start a
meeting

Contact Lead

Start a Meeting

Upcoming Meetings

| Meeting Type | Date | Time |
|----------------------|--------------|----------|
| Home Visit | Jun 06, 2018 | 09:00 PM |
| Scope of Appointment | Jun 07, 2018 | - |

[Create a Scope of Appointment](#)

[Create Home Visit](#)

Past Meetings

| Date | Time | Held By | Status | |
|--------------|----------|---------------|-------------------------|---|
| Jun 06, 2018 | 11:41 PM | Bryan Holland | • TEST DISPOSITON | > |
| Jun 06, 2018 | 10:43 PM | Bryan Holland | • TEST DISPOSITON | > |
| Jun 06, 2018 | 08:37 PM | Bryan Holland | • Application Submitted | > |

Meetings are defined as your
interactions with prospects
while using Ascend. You can
view upcoming and past
meetings in this square.

Notes

| Note | Date |
|-------------------------------|--------------------------|
| This is a demonstration note! | Jun 06, 2018 08:29:55 PM |
| | Jun 06, 2018 08:28:16 PM |

Click here to make a new
note concerning the lead

New Note

Lead Info

Home

Leads

Appointments

Recordings

Resources

Help

Doe, Jane

Test Jun 06, 2018 Self Gene

Click here to edit a lead

Click here to contact a lead

Contact Lead

Start a Meeting

Or click here to start a meeting

Meetings are defined as your interactions with prospects while using Ascend. You can view upcoming and past meetings in this section.

Upcoming Meetings

| Meeting Type | Date | Time |
|----------------------|--------------|----------|
| Home Visit | Jun 06, 2018 | 09:00 PM |
| Scope of Appointment | Jun 07, 2018 | - |

Create a Scope of Appointment

Create Home Visit

Past Meetings

| Date | Time | Held By | Status |
|--------------|----------|---------------|-------------------------|
| Jun 06, 2018 | 11:41 PM | Bryan Holland | • TEST DISPOSITON |
| Jun 06, 2018 | 10:43 PM | Bryan Holland | • TEST DISPOSITON |
| Jun 06, 2018 | 08:37 PM | Bryan Holland | • Application Submitted |

Past enrollments will be viewable here

Enrollment History

| Type | ID | Date Transmitted | Status | SOA ID |
|--|----|------------------|--------|--------|
| No Paper Enrollment History on record for this Lead. Any Paper Enrollments sent through Ascend for this lead will show here. | | | | |

Notes

| Note | Date |
|-------------------------------|--------------------------|
| This is a demonstration note! | Jun 06, 2018 08:29:55 PM |
| | Jun 06, 2018 08:28:16 PM |

New Note

Ascend ©2019



Home



Leads



Appointments



Recordings



Resources



Help

Information

Birthday May 01, 1950

Gender Female

Phone (321) 517-4567

Email

Address 132 MAIN ST
Springfield, Monroe IN 47404

Driver License

Permission to Contact Contact Via Mail,Contact Via Phone,Contact Via Email

Edit

This section provides you with personal information about the lead

Medicare Details

Claim Number

Hospital Coverage

Medical Coverage


Edit

Click on the lead to link the two leads together

Related Leads

John Doe

Test | Jun 06, 2018 | Self Generated

 [Unlink Lead](#)

Select a lead to relate:

Name

John Doe

[Add Related Lead](#)

Add a related lead to fill out multiple applications simultaneously

Cancel

Edit a Lead



You can edit the lead's info from this screen, as well as update their status

Information

First Jane **Last** Doe

Birthday May 01 1950

Gender Male Female

Phone 3215174567

Email Email

Permission to Contact Contact Via Mail, Contact Via...

Status Test

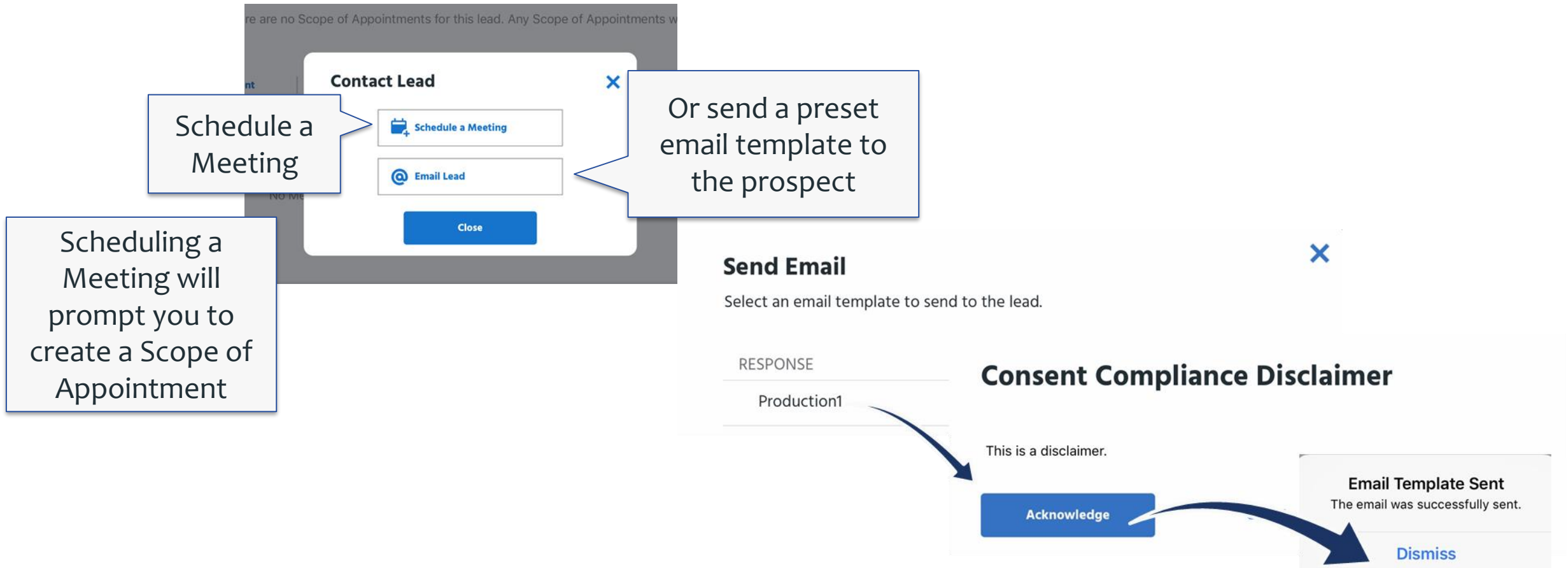
Address 132 MAIN ST

City & County Springfield

State & Zip IN 47404

Save **Cancel**

Contact a Lead



Electronic Scope of Appointment

- Scope details are auto-filled from the lead data entry by the agent
- The scope can be emailed or texted to the beneficiary from Ascend
- The prospect confirms the appointment digitally
- Confirmation of the eSOA is seen in Ascend by the agent immediately
- Scope info is stored in Ascend and can be retrieved with ease



Creating an eSOA



Bryan Holland ¹
Unavailable Not Accepting Calls



Home



Leads



Calendar



Resources



Help

Doe, Jane

Test Jun 06, 2018 Self Generated

Contact Lead

Start a Meeting

Upcoming Meetings

| Meeting Type | Date | Time |
|----------------------|--------------|----------|
| Home Visit | Jun 06, 2018 | 09:00 PM |
| Scope of Appointment | Jun 07, 2018 | - |

Create a Scope of Appointment

Create Home Visit

Past Meetings

| Date | Time | Held By | Status |
|--------------|----------|---------------|-------------------------|
| Jun 06, 2018 | 11:41 PM | Bryan Holland | TEST DISPOSITION |
| Jun 06, 2018 | 10:43 PM | Bryan Holland | • TEST DISPOSITION |
| Jun 06, 2018 | 08:37 PM | Bryan Holland | • Application Submitted |

Click here to begin creating an eSOA

You can also begin creating an eSOA from here

Select a Scope of Appointment Form

Scope Of Sales Appointment Confirmation Form

A list will then populate. Select the eSOA form you would like to use from the list.

Filling Out the eSOA



Select the products you plan to discuss

Meeting Details

(refer to the product type descriptions below for more details)

- ☒ Stand-alone Medicare Prescription Drug Plans (Part D)
- ☒ Medicare Advantage Plans (Part C) and Cost Plans
- ☐ Dental/Vision/Hearing Products
- ☐ Supplemental Health Products
- ☐ Medicare Supplement (Medigap) Products

Beneficiary Information

First Name:* Jane Last Name:* Doe
Phone: 3215174567 Address: 132 MAIN ST
City: Springfield State: Indiana
Zip Code: 47404 County: Monroe

Agent Information

Agent First Name:* Bryan Agent Last Name:* Holland
Agent Phone Number:* 567-474-5745

Meeting Summary [Plan Use Only]

Send Invite

Click here to send the invite to the lead

Then complete at least the required fields on the eSOA indicated by a *

Scope of Appointment saved.
Would you like to send it to the lead?

Email & Text

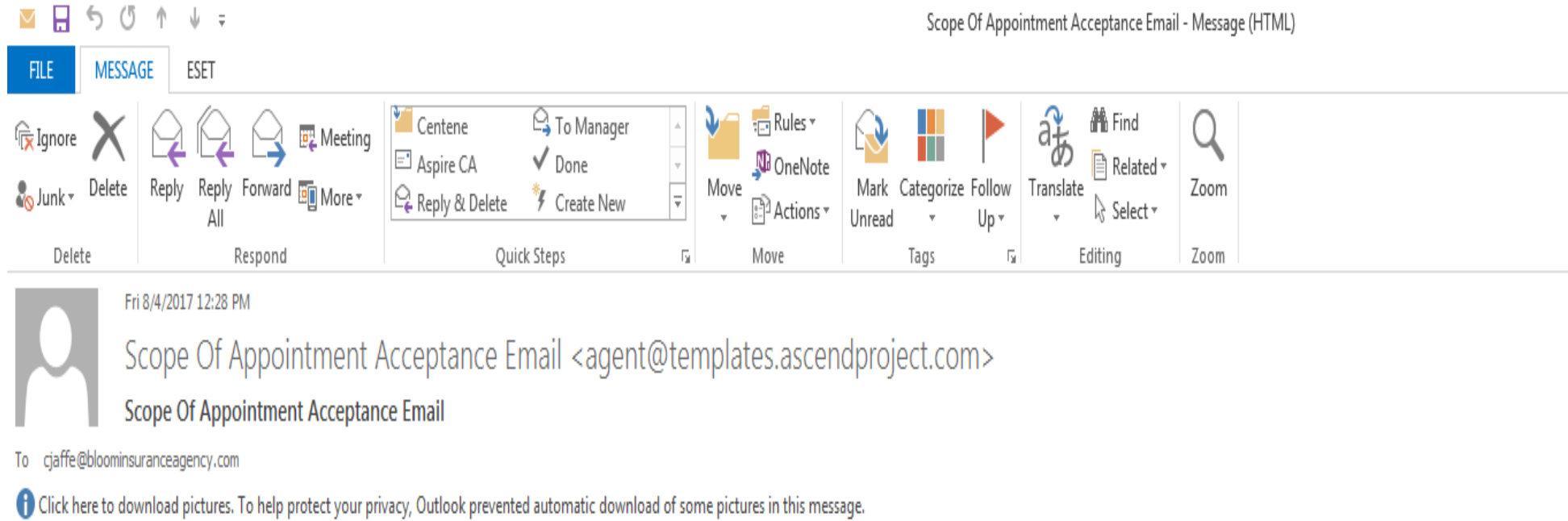
Email

Text

No

A box will populate prompting you to choose how you would like to send the invite. You can also select 'No' to only save the invite and not send it.

Prospect Email



[Click here to review your Scope of Appointment.](#) Please approve or reject the Scope of Appointment. It must be approved before you can discuss the specified health plans with the agent named in the form.

Thank you,

The Ascend Team

Your prospect will receive an email with a link similar to this one they can click to open, review and approve the eSOA

Do you approve of this Scope of Appointment?

Document Title and Instructions

Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any individual sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Products to Discuss

Each product(s) checked below will be discuss by an agent.

(Refer to the product type descriptions below for more details)

☐ Stand-alone Medicare Prescription Drug Plans (Part D):

☒ Medicare Advantage Plans (Part C) and Cost Plans:

☐ Dental/Vision/Hearing Products:

☐ Hospital Indemnity Products:

☐ Medicare Supplement (Medigap) Products:

Beneficiary Information

First Name: John
Phone: 8123334567
City:
Zip Code: 47401

Last Name: Prospect
Address:
State:
County:

Agent Information

Agent First Name: Chris
Agent Phone Number: 812-821-2121
Address: 2410 N Industrial
State: Indiana

Agent Last Name: Jaffe
Agent Email: cjaffe@bloominsuranceagency.com
City: Bloomington
Zip Code: 47403

Meeting Summary (Plan Use Only)

Initial Method of Contact: (Indicate here if the beneficiary was a walk-in)
Plan(s) the agent represented during this meeting:
Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

Agent Signature: Chris Jaffe

Product and Plan Descriptions

Stand-alone Medicare Prescription Drug Plans (Part D)

Medicare Health Maintenance Organization (HMO)

A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO):

A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare Preferred Provider Organization (PPO) Plan:

A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Private Fee-For-Service (PFFS) Plan:

A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Point of Service (POS) Plan:

A type of Medicare Advantage Plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.

Medicare Special Needs Plan (SNP):

A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) Plan:

MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan:

In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

Medicare Medicaid Plan (MMP):

An MMP is a private health plan designed to provide integrated and coordinated Medicare and Medicaid benefits for dual eligible Medicare beneficiaries.

Dental/Vision/Hearing Products

Prospect View of the eSOA

Beneficiary Agreement

By approving this Scope of Sales Appointment Confirmation Form, you agree to a meeting with a sales agent to discuss the types of products which are check marked above.

Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment, or enroll you in a Medicare plan.

Requested Meeting Date:

08/04/2017

Created Date:

8/4/2017 12:23:08 PM

Yes

No

They will tap 'Yes' to approve the meeting or 'No' to reject it

By approving this Scope of Sales Appointment Confirmation Form, you agree to a meeting with a sales agent to discuss the types of products which are check marked above.

Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment, or enroll you in a Medicare plan.

Requested Meeting Date:

08/04/2017

Created Date:

8/4/2017 12:23:08 PM

Scope of Appointment Approved

They will get a confirmation of the meeting approval

Viewing an Accepted eSOA




Recordings


Resources


Help

Scheduled Meetings

Aug 04, 2017 - ● Accepted >

Jul 04, 2017 - ● Accepted >

[Schedule a Meeting](#)

Tap on the
Accepted meeting
to view the eSOA

You will see that they
have completed the
eSOA when you see
'Accepted' in Ascend

Past Meetings

Aug 04, 2017 01:03 PM Chris Jaffe ● Test Disposition >

Aug 04, 2017 12:19 PM Chris Jaffe ● Test Disposition >

eSOA Status



If they have not yet responded to the eSOA, status will be 'Pending'

Tap here if you want to resend the eSOA

Meeting #100009

● Pending

Start Meeting

Date: Jun 07, 2018

Held By: -

Time: -

Duration: -

Re-Send Text Invite

Approve Invite

Delete

Document Title and Instructions

Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any individual sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Products to Discuss

Please select the type of product(s) you want the agent to discuss.

(Refer to the product type descriptions below for more details)

☐ Stand-alone Medicare Prescription Drug Plans (Part D)


Done



APPOINTMENTS

Appointments Screen

Home visits can be identified by the icon of a house



Recordings

Resources


Help

Appointments

Enable iOS Calendar Sync ☐

Upcoming Appointments


Jun 06, 2018

 09:00 PM

132 MAIN ST, Springfield, Indiana 47404
Jane Doe (321) 517-4567

>

Jun 15, 2019

 11:00 AM

Demo Seminar
Test Area (321) 456-9877

>

Past Appointments

| Date | Description/Lead Name |
|------|-----------------------|
|------|-----------------------|

There are two types of appointments in Ascend

Select an upcoming appointment to view its details

Seminars will display this icon

You can also select past appointments to view their details

Home Visit Info Screen



You can start a meeting from the Home Visit screen

You can also associate an existing Scope of Appointment with the visit

Click here to get directions to the Home Visit

Home Visit with Jane Doe

[Start Meeting](#)

June 6
09:00 PM


132 MAIN ST
Springfield, Indiana. 47404

Contact
(321) 517-4567

[Go To Lead](#)


[Add Existing Scope](#)


[Get Directions](#)





Seminar Info Screen






Home



Leads


Appointments


Recordings


Resources



Help





Bryan Holland 1

Unavailable Not Accepting Calls

Demo Seminar

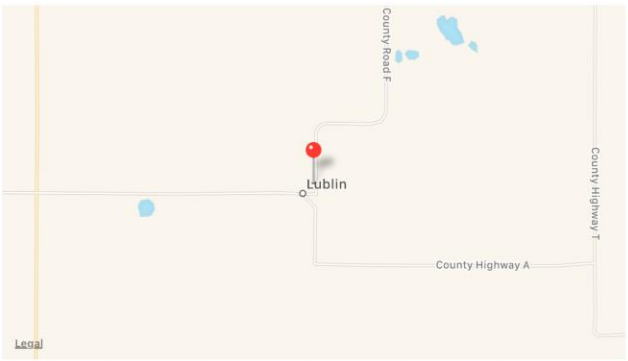
 **June 15**
11:00 AM

 **Test Area**
N1249 County Road F

 **Contact**
3214569877

[Get Directions](#)

Clicking here
will take you to
a larger map



Guest List

| | |
|------------------------|--|
| Doe, Jane | <input checked="" type="checkbox"/> Attended > |
| Doe, John | <input checked="" type="checkbox"/> Attended > |
| FOREMAN, BRIAN | <input checked="" type="checkbox"/> Attended > |
| STALLINGS, CHRISTOPHER | <input type="checkbox"/> Did Not Attend > |
| Newbie, Test | <input type="checkbox"/> Did Not Attend > |
| Keeven, Bryan | <input type="checkbox"/> Did Not Attend > |

You can verify who
did and did not
attend a seminar

51

Ascend ©2019



RECORDINGS



You can choose whether to use a Wi-Fi or data plan

Bryan Holland
Unavailable Not Accepting Calls

- Home
- Leads
- Appointments
- Recordings**
- Resources
- Help

Recordings

Only upload on WiFi ☐

Upload All Recordings

Tap here to upload all recordings

Warning! Your managers will set a limit on how many meetings you can store before you have to upload

| Lead Name | Creation Date | |
|-----------|---------------------|---------|
| Jane Doe | 06/06/2018 20:34:12 | Success |
| Jane Doe | 06/06/2018 20:36:28 | Success |
| Jane Doe | 06/06/2018 20:37:16 | Success |

Once they have uploaded, they will turn green and say 'Success'



RESOURCES



Home



Leads



Appointments



Recordings



Resources



Help

Resources are useful documents and materials stored in Ascend by managers. They can be anything from links, documents or videos.



Bryan Holland 1

Unavailable

Not Accepting Calls

Resources

Bookmarked

| File/Folder | Creation Date | |
|--|--|---|
|  Demo Resource - Document |  May 28, 2018 | > |

You can also create a list of favorite resources by selecting the star next to a resource

Search resources here



Presentation Materials

[View Resources](#)



Agent Guidelines

[View Resources](#)



Other

[View Resources](#)

Or tap on 'View Resources' below



HELP



Help Screen



For help with Ascend, please contact the Helpdesk.



866.338.7772



help@ascendproject.com



[User Manual](#)

Version: 2018.4.10.08

OS Version: iOS 11.4.1

Name: iPad (2)

Connection: Online - Wifi

- The Help Screen that populates will provide you with contact information for the Ascend Helpdesk, the Ascend User Manual, version information, the name of the iOS device, as well as the connection type.
- Note: This screen is for technology issues only!



RATE

What is RATE?



- Remote Agent Telephonic Enrollment (RATE) is a powerful enrollment tool within the Ascend Mobile Application (AMA) that enables you to enroll your clients by phone after completing your initial face-to-face meeting
- RATE is available ONLY with an iPad and runs on iOS technology

What are the Benefits?



- **Save Money**
 - Enrolling via phone saves you on gas, tolls, and vehicle wear and tear because you will not have to drive back to your clients' homes to complete their enrollments
- **Save Time**
 - RATE shortens the sales cycle, which allows you to see more clients
- **Ensure Compliant Selling**
 - By using the RATE tool, the call is instantly and automatically recorded, which can help protect you from complaints later



HOW DOES IT WORK?

Step 1

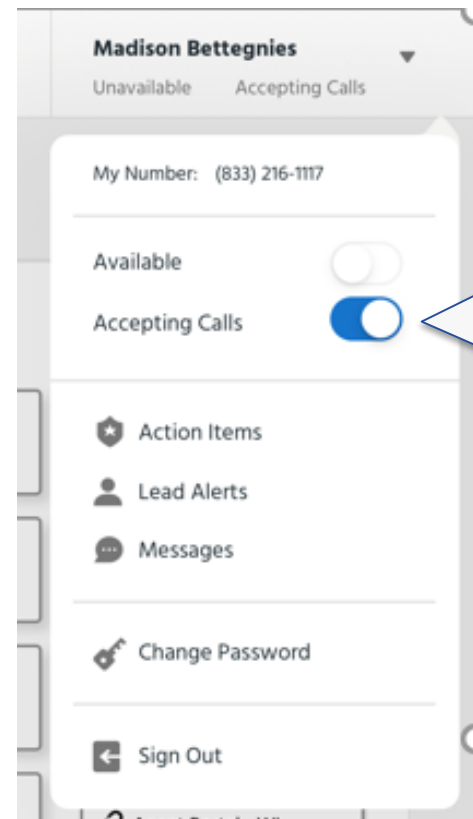


- Meet with your client and provide the required sales presentation and materials
 - RATE does not replace your one-on-one client appointments. If your client decides to enroll at a later date, you can schedule an appointment to complete the enrollment via RATE.
- You cannot receive a RATE call if you are already in a meeting

Step 2



- At the scheduled appointment time, your client will call your unique RATE-specific 1-800 phone number. Ensure you are ready to accept the call by toggling on the 'Accepting Calls' feature on the drop down menu in AMA. You will receive the call through the Ascend app on your iPad.



Ensure that 'Accepting Calls' is toggled on to receive RATE calls

Receiving the Call



The screenshot shows the Ascend Agent Concierge interface. At the top, the user is identified as Madison Bettegnies, with status options 'Unavailable' and 'Accepting Calls'. The main area is titled 'Welcome Madison' and asks 'What would you like to do today?'. It features a grid of buttons for various tasks, including '2019 Allwell Sales Presentation', '2019 Health Net Presentation', and 'Agent Portal' links for various states (AR, AZ, CA, FL, IN, KS, NM, OH, TX, WI). An 'Incoming Call' modal is displayed in the center, showing call details and buttons to 'Answer Call' or 'Reject Call'. A callout box points to the 'Answer Call' button with the text: 'Click the 'Answer Call' button to answer your prospect's call'. Below the main area, there is a 'New Leads' section with a table of leads.

| Name | Date Modified | Source | Status | County | Zip Code |
|--------------|---------------|----------------|--------|--------|----------|
| Test, Harper | Mar 06, 2019 | Self Generated | - | | 15014 |
| Test, Crosby | Mar 06, 2019 | Self Generated | - | | 15014 |

Lead Screen



- After accepting the call, you will be directed to the 'Lead' screen

The screenshot shows the Ascend Agent Concierge interface. At the top, the Ascend logo is on the left, and the user's name 'Madison Bettegnies' with status 'Unavailable' and 'Connected' is on the right. Below the header is a navigation bar with icons for Home, Leads, Appointments, Recordings, Resources, Help, and a green phone icon labeled 'Call'. The main content area is for lead 'Test, Harper', dated 'Mar 07, 2019', and 'Self Generated'. It features a 'Contact Lead' button and a 'Start a Meeting' button. The 'Appointments' section shows a table with columns 'Meeting Type', 'Date', and 'Time', and a message: 'There are no appointments for this lead. Any appointments will be displayed here.' Below this are links for 'Create a Scope of Appointment' and 'Create Home Visit'. The 'Past Meetings' section shows a table with columns 'Date', 'Time', 'Held By', and 'Status', and a message: 'No Meetings on record for this Lead. Any held meetings with this lead will show here.' The 'Offline Enrollments' section shows a table with columns 'Meeting Time', 'Status', and 'ID', and a message: 'No Offline Enrollments pending for this Lead. Any Offline Enrollments created through Ascend for this lead will show here.' At the bottom is a 'Notes' section.

Click 'Start a Meeting.'
From here the application is completed using AQE.

Note: The green phone in the navigation bar indicates you are in an active RATE call

Start a Meeting



AGENT CONCIERGE
Ascend
getstart meeting

Resources

Let's get started!

This health plan will cover: Harper Test ▼

Your current zip code is

[Continue](#)

Recording Disclaimer
I acknowledge this meeting will be recorded and used, in addition to my application, as proof of enrollment. Do you consent to the recording?

[Agree](#) [Do Not Agree](#)

The recording disclaimer will appear. Select 'Agree' or 'Do Not Agree' to continue.

Note: Remember to read the disclaimer to the prospect before agreeing or disagreeing to record the meeting!

Call

[End Meeting](#)

Step 3



- Talk the prospect through the approved telephonic enrollment script, located in Resources under Agent Guidelines
- It will be easiest for you if you have another device or a hard copy of the RATE Telephonic Enrollment Script so you can read the script separately from entering the application and not have to toggle back and forth

RATE Telephonic Enrollment Script - English



1 of 9

Type of Script: <2019> Telephonic Enrollment (Ascend)

Department Using: Inside Sales

Type of Employee Using: Inside Sales Representatives

Telephonic Enrollment Call

-This script will be used by Licensed Inside Sales Representatives when completing/conducting Medicare Advantage enrollments over the telephone.

- This script will be utilized once a caller/beneficiary has indicated that he/she would like to enroll over the telephone.

*- Telephonic Enrollments may be completed on an outbound call only **if** the beneficiary has an existing business relationship (active member) with our MA organization. If the beneficiary does not have an existing business relationship with our MA organization, it will need to be completed on an inbound call.*

- Italic items are instructional for the Inside Sales Representatives.

- Bolded, italics items must be confirmed or inquired to the beneficiary

- Bolded statements must be read verbatim.

TELEPHONIC ENROLLMENT

If for an MA HMO, MAPD HMO, MAPD SNP or MAPD PPO Enrollment:

If beneficiary is leaving an MA-only plan or enrolling into an MA-only plan with no creditable prescription drug coverage, explain to the beneficiary the late enrollment penalty for not having prescription drug coverage.

If a plan offers optional benefit buy up package(s), review the buy up package(s) and premium amount(s) and ask if he/she would like to add the buy-up package.

Remember to add the buy up package if the



ASCEND QUOTE & ENROLLMENT



GETTING STARTED

Start a Meeting in AMA



Bryan Holland

Unavailable Not Accepting Calls



Home



Leads



Appointments



Recordings



Resources



Help

Doe, Jane

Test Jun 06, 2018 Self Generated

Contact Lead

Start a Meeting

Upcoming Meetings

| Meeting Type | Date |
|----------------------|--------------|
| Home Visit | Jun 06, 2018 |
| Scope of Appointment | Jun 07, 2018 |

Create a Scope of Appointment

Create Home Visit

Past Meetings

| Date | Time | Held By | Status |
|--|------|---------|--------|
| No Meetings on record for this Lead. Any held meet | | | |

If you already have an eSOA, select it from the list then click 'Start Meeting'

Navigate to the desired lead and select 'Start a Meeting'

Past Meetings

Do you have a Scope of Appointment?

| Date | Time | Form Type | Status |
|--------------|------|------------|-----------|
| Mar 01, 2019 | - | Electronic | ● Pending |

Enter Scope of Appointment ID (Optional)

Start Meeting

Cancel Meeting

This is a demonstration note!

Jun 06, 2018

Jun 06, 2018

Recording Disclaimer



Recording Disclaimer

I acknowledge this meeting will be recorded and used, in addition to my application, as proof of enrollment. Do you consent to the recording?

Agree **Do Not Agree**

Click 'Agree' to record the meeting

Click 'Do NOT Agree' to not record the meeting

The image shows a digital form for a recording disclaimer. It has a title 'Recording Disclaimer' and a paragraph of text asking for consent. Below the text are two buttons: 'Agree' and 'Do Not Agree'. Two callout boxes point to these buttons, providing instructions on what clicking each button will do.

- Once a meeting is started, you will be asked whether or not you would like to record the meeting
- Note: Remember to read the disclaimer to the prospect before agreeing or disagreeing to record the meeting!

Name & Zip Code



 Recording

00:00:09

 End Meeting



Resources

Let's get started!

This health plan will cover: Jane Doe ▼

Your current zip code is

47403

Verify the beneficiary's name
and zip code here

Continue



PHARMACY SEARCH



[Pharmacy Search](#) > [Formulary Search](#) > [Doctor Search](#) > [2019 Medicare Plans](#)

Pharmacy Search

Skip

Save & Continue

Select a Pharmacy

Search for a pharmacy to select for your plan

| | | |
|--|------------------------------------|--------------------------------------|
| Street | Pharmacy Name | Distance |
| <input type="text" value="Street"/> | <input type="text" value="CVS"/> | <input type="text" value="5 Miles"/> |
| Apt,Ste | Plan | |
| <input type="text" value="Apt,Ste"/> | <input type="text" value="Plan"/> | |
| City | | |
| <input type="text" value="City"/> | | |
| State | ZIP Code | |
| <input type="text" value="State"/> | <input type="text" value="90001"/> | |
| <input type="radio"/> Preferred Only | | |
| <input type="radio"/> Retail Location <input type="radio"/> Mail Order | | |

Search

Pharmacy Data Last Updated: March 25, 2018

Pharmacies with the name CVS near 90001 within 5 miles

Enter the beneficiary's pharmacy information here then click 'Search'

You can also select what type of pharmacy you would like to view



Lead Details

Notes



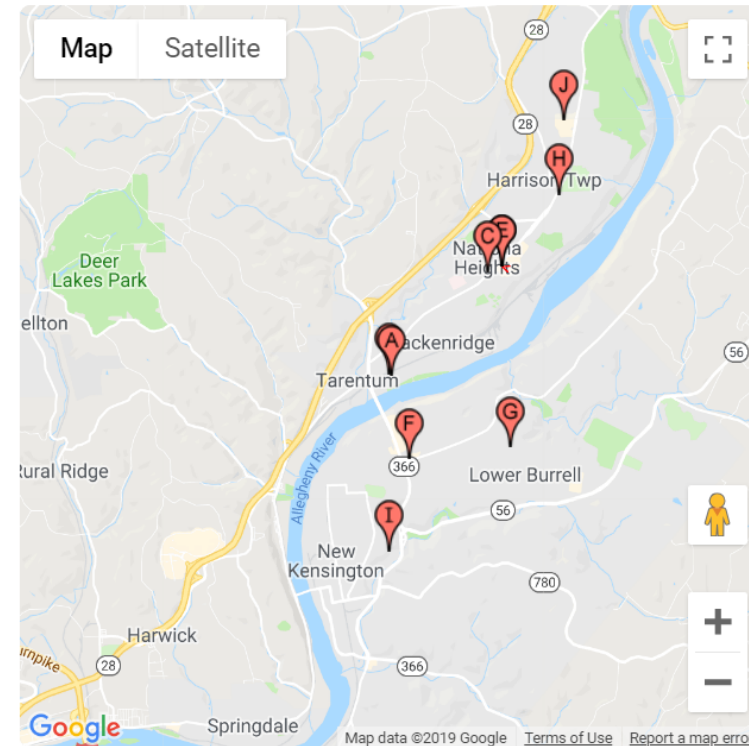
Pharmacies near 15014 within 5 miles

Select a pharmacy for your plan enrollment

1 2

Showing 1 to 10 of 16 Pharmacies

- | | | |
|--|---|-----------|
| | BLACKBURNS 301 Corbet St Tarentum, PA 15084-1877 Phone: 724-224-9100 Fax: 724-224-6108 | 0.6 miles |
| | RITE AID PHARMACY 10902 411 Corbet St Tarentum, PA 15084-1818 Phone: 724-224-1111 | 0.6 miles |
| | RITE AID PHARMACY 04419 1529 Freeport Rd Natrona Heights, PA 15065-1314 Phone: 724-226-4725 | 1 miles |
| | HEIGHTS HEALTH MART PHARMACY 1633 Union Ave Natrona Heights, PA 15065-2103 Phone: 724-226-2600 Fax: 724-226-9873 | 1.2 miles |
| | SPRINGDALE PHARMACY 1633 Union Ave Natrona Hts, PA 15065-2103 Phone: 724-226-2600 Fax: 724-226-9873 | 1.2 miles |




A list of pharmacies in the area will populate. Select which one you would like to use by clicking on the circle next to it.



FORMULARY SEARCH





AGENT CONCIERGE

Jane Doe

Not Recording 00:01:29

End Meeting

Lead Details


Notes

Resources

Pharmacy Search > Formulary Search

Formulary Search


Search for medications to add to your enrollment

Search by Name: 

Search

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Your Medicine Cabinet

| Drug Name (NDC) | Quantity  | Dosage | Frequency |
|--|--|--------|-----------|
| Your list of medications is currently empty. | | | |

Formulary Data Last Updated: March 26, 2018

Search formularies by typing the formulary in the box or by selecting the first letter of the formulary from the alphabet below

77

Ascend ©2019



Search by Name:

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Your Medicine

Drug Name (NDC)

Your list of medicine

- Methylin
- Methylphenidate Hcl Er
- Metformin Hcl Er (Osm)
- Metformin Hcl Er (Mod)
- Methadone Hcl
- Methazolamide
- Methylphenidate Hcl
- Methylphenidate Hcl Er (Cd)
- Methylprednisolone
- Metaproterenol Sulfate

If you search by the first letter of the formulary, you will be taken to a list of all formularies that start with that letter. Scroll through the list until you find you formulary you are searching for. Once you found it, click 'Add to Medicine Cabinet' to be taken to the Drug Details screen.

A drop down list of suggested formularies will populate if you start typing in the search box. If you select one from the list, you will be taken directly to the Drug Details screen.

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

YOUR SEARCH FOR 'M' FOUND THESE DRUGS

| Drug Name | Common Name | Dosage Form | |
|------------------------|---|------------------------|---|
| M.V.I. Pediatric | Ascorbic Acid, Retinol, Ergocalciferol, Thiamine Hydrochloride, Riboflavin 5-Phosphate Sodium, Pyridoxine Hydrochloride, Niacinamide, Dexpanthenol, .Alpha.-Tocopherol Acetate, DI-, Biotin, Folic Acid, Cyanocobalamin, And Phytonadione | Solution Reconstituted | Add to Medicine Cabinet |
| Maalox Advanced Max St | | Suspension | Add to Medicine Cabinet |
| Maalox Childrens | | Tablet Chewable | Add to Medicine Cabinet |



Drug Details | Methazolamide

Dosages

☒ Methazolamide Tablet Oral 25MG

☐ Methazolamide Tablet Oral 50MG

Quantity

30

Frequency

☒ Every 1 month


☐ Every 2 months

☐ Every 3 months

Save

On the Drug Details screen, select the dosage, quantity needed, and the frequency at which the beneficiary needs the formulary. Then click 'Save' to add it to the Medicine Cabinet.





Jane Doe

Not Recording 00:02:28

End Meeting

Lead Details

Notes

Resources

Pharmacy Search > Formulary Search > Doctor Search > 2019 Medicare Plans

Formulary Search


Search for medications to add to your enrollment

Search by Name:

Search


A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Your Medicine Cabinet

| Drug Name (NDC) | Quantity  | Dosage | Frequency | |
|-------------------------------|--|--------------------------------|---------------|---|
| Methazolamide 0574-0790-01 | 30 | Methazolamide Tablet Oral 25MG | Every 30 days | Edit Remove |
| Gabapentin 65162-101-50 | 30 | Gabapentin Capsule Oral 100MG | Every 30 days | Edit Remove |
| Crestor 0310-0755-90 | 30 | Crestor Tablet Oral 5MG | Every 30 days | Edit Remove |

Formulary Data Last Updated: March 26, 2018

Resize: A . A . A

PRINT 

Once you have selected a formulary, it will appear in your Medicine Cabinet here



DOCTOR SEARCH



Jane Doe

Not Recording 00:02:28

End Meeting



Resize: A A A

PRINT

Lead Details

Notes

Resources

[Pharmacy Search](#) > [Formulary Search](#) > [Doctor Search](#) > [2019 Medicare Plans](#)

Doctor Search

[Skip](#)

Save & Continue

Enter the beneficiary's
doctor's name here
then click 'Search'

Select a Doctor

Search for doctors in our network and select a doctor designated as Primary Care Provider to add to your plan enrollment.

Doctor's Name

Doctor's Name

ZIP Code

15014

Distance

5 Miles

[Advanced Search](#)

Search

You can also do an Advanced
Search by clicking here



Doctor Search

[Skip](#)

Save & Continue

When doing an advanced search, you can enter in more of the doctor's personal details, services, coverage, and location

Select a Doctor

Search for doctors in our network and select a doctor designated as Primary Care Provider to add to your plan enrollment.

Doctor's Name

ZIP Code

Distance

Doctor's Details

Gender

New Patients

Services & Coverage

Primary Care Provider

In/Out of Network

Plan Name

Specialty

Affiliated Hospitals

Groups

Location

Street

Apt, Ste

City

State

Search



Lead Details

Notes

Resources



Resize: A A A

PRINT



[Pharmacy Search](#) > [Formulary Search](#) > [Doctor Search](#) > [2019 Medicare Plans](#)

Doctor Search

[Skip](#)

Save & Continue

Select a Doctor

Search for doctors in our network and select a doctor designated as Primary Care Provider to add to your plan enrollment.

Modify Search

Provider Data Last Updated: March 7, 2019

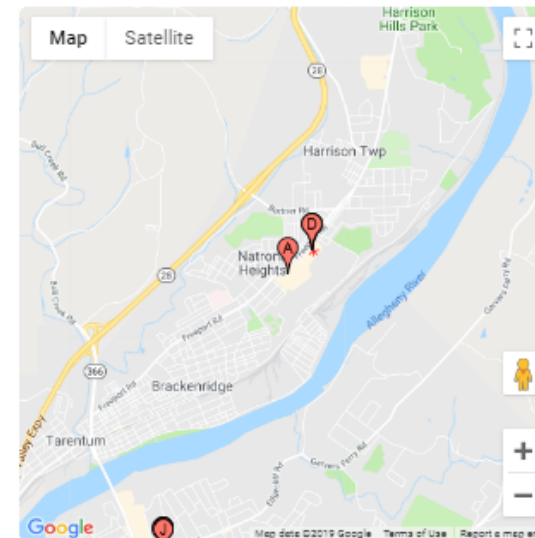
Doctors within 5 miles of 15014

Select a doctor for your plan enrollment

1 2 3 4 5 6 7

Showing 1 to 10 of 66 Doctors

- | | | |
|--|--|------------------------------------|
| | Kumar, Rakesh NPI: 1235288309 1629 Union Ave Ste 2 Natrona Heights, PA 15065-2134 724-224-8850 | 1.3 miles Primary Care Provider |
| | Defrances, Dominick NPI: 1255301123 1800 Union Ave Natrona Heights, PA 15065-2201 724-230-3420 | 1.5 miles Primary Care Provider |
| | Hanzlik, Heather NPI: 1437129384 1800 Union Ave Natrona Heights, PA 15065-2201 724-230-3420 | 1.5 miles Primary Care Provider |
| | Wang, Xiaohong NPI: 1550300007 | 1.5 miles Primary Care Provider |




A list of doctors in the area will populate. Select which one you would like by clicking on the circle next to it.



EXTRA HELP ELIGIBILITY






AGENT CONCIERGE
Ascend
patient pending


Jane Doe

Not Recording 00:05:33


End Meeting




Lead Details



Notes




Resources



Hello bholland! | [Log off](#)

Resize: A A A

PRINT 

[Pharmacy Search](#) > [Formulary Search](#) > [Doctor Search](#) > [2019 Medicare Plans](#)

Extra Help Eligibility

Skip

Save & Continue

Extra Help eligibility is dependent on your income. If you qualify, it can help lower the cost of your plan premium and your prescription drugs, too. It also allows you to apply for a new prescription drug plan at any time during the year. To check eligibility status, enter the information below and click the Check button. To skip this check, simply click on Skip next to the Save & Continue button.

Medicare Number

Medicare Number

Last Name

Last Name

Date of Birth

mm/dd/yyyy

Check

Enter the beneficiary's Medicare Number, Last Name, and Date of Birth to see if they qualify for Extra Help. Then click 'Check'.



SELECTING A PLAN



Lead Details

Notes

Resources



Resize: A A A

PRINT

[Pharmacy Search](#) > [Formulary Search](#) > [Doctor Search](#)

2019 Medicare Plans

View Plans and Compare

Below are the plans that are available in ZIP Code **15014** in Allegheny County, Pennsylvania:

☐ Select for Comparison

[Compare](#)

ZIP Code: 15014

[Update](#)

Here is a detailed list of plans available in your area. Check the box next to the plans you wish to compare and then click on the Compare button. This will allow you to compare additional plan detail side by side.

Medicare Advantage

☐ Select for Comparison

Allwell Dual Medicare (HMO SNP)



FROM pennsylvania health & wellness.

Annual Medical Deductible
\$0.00

Max Enrollee Out-of-Pocket
\$3,400 In-Network

In-Network Copay
Primary Care Provider: \$0
Emergency Care: \$0
Specialist Services: \$0

Plan Covers
Dental: Yes
Hearing: Yes
Vision: Yes
Rx: Yes

\$0.00 per month

[Apply Now](#)

[View Details](#)

Select two or more plans then click compare at the top to view them side-by-side

Click here to view more details about a plan

From this screen, you can view all plans within the selected zip code

Selecting 'Apply Now' will take you directly to the Enrollment Application

Plan Details of Allwell Dual Medicare (HMO SNP)

[< Back to Quotes](#)

Click here to return to the previous screen

Apply Now

Click here to start an enrollment

Coverage Type : Part A and

The plan is offered in Regions: [Select Counties in Pennsylvania](#)

Plan Specifics

| | |
|----------------------------|--------------------|
| Monthly Plan Premium | \$0.00 |
| Contract ID | H2915-001-000 |
| Max Enrollee Out-of-Pocket | \$3,400 In-Network |
| Annual Medical Deductible | \$0.00 |



Plan Documents

- [Evidence of Coverage - English](#)
- [Summary of Benefits - English](#)
- [Other Helpful Information](#)
- [Star Ratings 2019](#)

Medicare-Covered Medical Benefits

| | In-Network |
|--|--|
| Inpatient Hospital Coverage | \$0 copay. |
| Outpatient Hospital Coverage | \$0 copay. |
| Doctor Visits | Primary: \$0 copay. Specialist: \$0 copay. |
| Preventive Care | \$0 copay. |
| Emergency Care/Urgent Care | Emergency: \$0 copay. Urgent care: \$0 copay. |
| Diagnostic Procedures/Lab Services/Imaging | Diagnostic tests and procedures: \$0 copay. Lab services: \$0 copay. Diagnostic radiology services (e.g., MRI): \$0 copay. Outpatient x-rays: \$0 copay. |
| Hearing Services | Hearing exam: \$0 copay. Fitting/evaluation: \$0 copay. There may be limits on how much the plan will provide. Hearing aids: \$0 copay. There may be limits on how much the plan will provide. |
| Preventive Dental Services | Oral exam: \$0 copay. There may be limits on how much the plan will provide. Cleaning: \$0 copay. There may be limits on how much the plan will provide. Fluoride treatment: Not covered. Dental x-ray(s): \$0 copay. There may be limits on how much the plan will provide. |

| | |
|--|---|
| Comprehensive Dental Services | Non-routine services: Not covered. Diagnostic services: \$0 copay. There may be limits on how much the plan will provide. Restorative services: \$0 copay. There may be limits on how much the plan will provide. Endodontics: \$0 copay. There may be limits on how much the plan will provide. Periodontics: \$0 copay. There may be limits on how much the plan will provide. Extractions: \$0 copay. There may be limits on how much the plan will provide. Prosthodontics, other oral/maxillofacial surgery, other services: \$0 copay. There may be limits on how much the plan will provide. |
| Vision Services | Routine eye exam: \$0 copay. There may be limits on how much the plan will provide. Other: Not covered. Contact lenses: \$0 copay. There may be limits on how much the plan will provide. Eyeglasses (frames and lenses): \$0 copay. There may be limits on how much the plan will provide. Upgrades: Not covered. |
| Mental Health Services | Inpatient hospital - psychiatric: \$0 copay. Outpatient group therapy visit with a psychiatrist: \$0 copay. Outpatient individual therapy visit with a psychiatrist: \$0 copay. Outpatient group therapy visit: \$0 copay. Outpatient individual therapy visit: \$0 copay. |
| Skilled Nursing Facility | \$0 copay. |
| Rehabilitation Services | Occupational therapy visit: \$0 copay. Physical therapy and speech and language therapy visit: \$0 copay. |
| Ambulance | \$0 copay. |
| Transportation | \$0 copay. There may be limits on how much the plan will provide. |
| Foot Care (Podiatry Services) | Foot exams and treatment: \$0 copay. Routine foot care: Not covered. |
| Medical Equipment/Supplies | Durable medical equipment (e.g., wheelchairs, oxygen) \$0 copay. Prosthetics (e.g., braces, artificial limbs): \$0 copay. Diabetes supplies: \$0 copay. |
| Wellness Programs (e.g., Fitness, Nursing Hotline) | Covered. |
| Medicare Part B Drugs | Chemotherapy: \$0 copay. Other Part B drugs: \$0 copay. |

Prescription Drug Benefits

| | | | |
|---|------------------|------------------|----------------------|
| Prescription Drug Deductible | \$415 | | |
| Initial Coverage - Initial Coverage Phase | | | |
| | 1 Month - Retail | 3 Month - Retail | 3 Month - Mail Order |
| All Tiers | 25% | 25% | 25% |







When you click view details on the previous slide, you will be taken to this screen where you can learn more about the plan



Comparing Plans

[< Back to Quotes](#)

Plan Specifics

| | | |
|-----------------------------------|--|--|
| |  FROM  |  FROM  |
| | Apply Now | Apply Now |
| Plan Name | Allwell Dual Medicare (HMO SNP) | Allwell Medicare (HMO) |
| Monthly Plan Premium | \$0.00 | \$0.00 |
| Contract ID | H2915-001-000 | H2915-003-000 |
| Max Enrollee Out-of-Pocket | \$3,400 In-Network | \$6,700 In-Network |
| Annual Medical Deductible | \$0.00 | \$0.00 |

Medicare-Covered Medical Benefits (In-Network)

| | | |
|-------------------------------------|---|--|
| Inpatient Hospital Coverage | \$0 copay. | \$295 per day for days 1 through 6. \$0 per day for days 7 through 90. \$0 per day for days 91 and beyond. |
| Outpatient Hospital Coverage | \$0 copay. | \$350 per visit. |
| Doctor Visits | Primary: \$0 copay. Specialist: \$0 copay. | Primary: \$0 copay. Specialist: \$40 per visit. |
| Preventive Care | \$0 copay. | \$0 copay. |
| Emergency Care/Urgent Care | Emergency: \$0 copay. Urgent care: \$0 copay. | Emergency: \$90 per visit (always covered). Urgent care: \$40 per visit (always covered). |

When you compare plans, their information will be placed side-by-side so you can easily view their differences



THE ENROLLMENT APPLICATION



Lead Details

Notes

Resources



Allwell Dual Medicare (HMO SNP)

\$0.00 premium

Users typically take 18 to 25 minutes to complete enrollment. To speed up the process, please have your Medicare card handy. Simply select the "Next" button to move on to the next step. If you need help or would like to complete your enrollment over the phone, please call a licensed insurance agent at the phone number provided above.

[Plan Details](#)

[< Back to Shopping](#)

| | | | | | | | | |
|-----------------------------|-------------------------|-----------------------------------|---------------------------------------|---------------------------------------|---------------------------------|-------------------------|-------------------------------------|------------------------|
| Personal Information | Address | Emergency Contact | Primary Care Provider | Insurance Information | Election Period | Payment | Important Questions | Submit |
|-----------------------------|-------------------------|-----------------------------------|---------------------------------------|---------------------------------------|---------------------------------|-------------------------|-------------------------------------|------------------------|

Personal Information

First Name: *

Middle Initial:

Last Name: *

Gender: * ☐ Male ☐ Female

Birthdate: *

Phone: *

Email Address:

* Required Information

Next

Save

Fill in the form with the beneficiary's personal information then click 'Next' to continue

Click 'Save' to keep your progress in order to return to the enrollment application at a later time

Related Links

[Evidence of Coverage - English](#)
[Evidence of Coverage - Spanish](#)
[Summary of Benefits - English](#)
[Summary of Benefits - Spanish](#)



Lead Details

Notes

Resources

insurance agent at the phone number provided above.

Plan Details

< Back to

Personal Information Address Emergency Contact Primary Care Provider Insurance Information Election Period Payment Important Questions Submit

Permanent Residence Address (P. O. Box is not allowed):

Address 1: * 111 Main Street

Address 2:

City: * Hillsgrove

State: * Pennsylvania

Zip: * 15014

County: Allegheny

If their mailing address is different than their residence, select the box to enter their mailing address.

☒ Mailing Address (Only if different than Permanent Residence Address)

Mailing Address 1: * 222 Main Street

Mailing Address 2:

Mailing City: * Hillsgrove

Mailing State: * Pennsylvania

Mailing Zip: * 15014

Mailing County:

* Required Information

Back

Next

Save

Fill in the form with the beneficiary's permanent residence address



Lead Details

Notes

Resources



insurance agent at the phone number provided above.

Plan Details

< Back to Shopping

Personal
Information

Address

Emergency
Contact

Primary Care
Provider

Insurance
Information

Election
Period

Payment

Important
Questions

Submit

Emergency Contact

First Name: *

Betty

Last Name: *

Lou

Relationship to you: *

Niece

Phone: *

9877899876

* Required Information

Back

Next

Fill in the form
with the
beneficiary's
emergency
contact then click
'Next' to continue

Related Links

[Evidence of Coverage - English](#)

[Evidence of Coverage - Spanish](#)

[Summary of Benefits - English](#)

[Summary of Benefits - Spanish](#)

Save & Close



Lead Details

Notes

Resources



HealthNet Seniority Plus Green (HMO)

\$0.00 premium

Users typically take 18 to 25 minutes to complete enrollment. To speed up the process, please have your Medicare card handy. Simply select the "Next" button to move on to the next step. If you need help or would like to complete your enrollment over the phone, please call a licensed insurance agent at the phone number provided above.

Plan Details

< Back to Shopping

Personal Information Address Emergency Contact Primary Care Provider Insurance Information Election Period Payment



Jane Doe

Medicare Insurance Information

Using the information on your Medicare card, please complete the information below.

You must have Medicare Part A and Part B to join a Medicare Advantage Plan

Medicare Number: *

Verify

Hospital Part A

 mm/01/yyyy

Effective Date: *

Medical Part B

 mm/01/yyyy

Effective Date: *

* Required Information

Back

Next

Save

Fill in the form with the beneficiary's Medicare Insurance information then click 'Verify'.

Lead Details

Notes

Resources



insurance agent at the phone number provided above.

Plan Details

Personal Information Address Emergency Contact Primary Care Provider Insurance Information

Medicare Insurance Information

Using the information on your Medicare card, please complete the information below.

You must have Medicare Part A and Part B to join a Medicare Advantage Plan

Medicare Number: *

 1234567890A

Verify

Please enter a valid Medicare Number.

Hospital Part A

 01/01/1970

Effective Date: *

Please enter the Part A effective date (mm/dd/yyyy)

Medical Part B

 01/01/1970

Effective Date: *

Please enter the Part B effective date (mm/dd/yyyy)

Please click the Verify button before proceeding to next step.

* Required Information

Back

Next

Save

Click 'Next' to continue or 'Back' to return to the previous screen

You will need to click 'Verify' three times before being able to continue



insurance agent at the phone number provided above.

Plan Details

< Back to Shopping

Personal Information Insurance Information Address Emergency Contact Primary Care Provider **Election Period** Payment Important Questions Submit

Election Period

Typically, you may enroll in a Medicare Advantage (MA) plan only during the Annual Election Period (AEP) from October 15 through December 7 of each year. There are exceptions, called Special Election Periods (SEPs) that may allow you to enroll in a Medicare Advantage plan outside of this period.

☒ I am newly eligible for Medicare and this is my first entitlement to enrollment.

Initial Coverage Election Period (ICEP) – Your ICEP begins the first three months before your entitlement to BOTH Part A and Part B and typically ends after the third month of eligibility. (Typically this relates to either your 65th birthday or your 25th month of disability)

☐ I am newly eligible for Medicare Part D (Prescription Drug Coverage).

Initial Election Period for Part D (IEP for Part D) – You may be eligible for IEP for Part D if you are entitled to Part A OR you are enrolled in Part B, AND permanently reside in the service area of a Part D plan. You may also be eligible if you previously had Medicare due to disability and are now turning 65.

☐ My situation falls under one of the special circumstances described below

Special Election Period (SEP) – You may use an SEP outside of the usual ICEP, IEP, or AEP.

☐ I am new to Medicare, but not 65.

☐ I am turning 65, but I am not new to Medicare.

☐ I recently moved outside of the service area for my current plan OR I recently moved and this plan is a new option for me. I moved on

☐ I recently was released from incarceration. I was released on

☐ I have both Medicare and Medicaid or my state helps pay for my Medicare premiums.

☐ I am moving into, live in, or recently moved out of a long-term care facility (for example, a nursing home, a special needs care facility or long term care facility). I moved/will move into/out of the facility on

☐ I recently left a PACE program on

Select which Election Period best fits your beneficiary's situation then click 'Next'



☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on

☐ I am leaving employer or union coverage on

☐ I belong to a pharmacy assistance program provided by my state.

☐ My current plan is ending its contract with Medicare, or Medicare is ending its contract with my plan on

☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on

☐ I was enrolled in a special needs plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on

☐ I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

☐ I have a chronic or disabling condition and I am enrolling or switching plans under the C-SNP SEP.

If none of these statements applies to you or you're not sure if you are eligible to enroll, please contact us at our toll-free number provided above to see if you are eligible to enroll. By answering the questions above you are certifying that, to the best of your knowledge, you are eligible for the election period you selected. If we later determine that this information is incorrect, you may be disenrolled from the plan.

Back

Next

Save



Lead Details

Notes

Resources

insurance agent at the phone number provided above.

Plan Details

< Back to Shopping

| | | | | | | | | |
|----------------------|---------|-------------------|-----------------------|-----------------------|-----------------|---------|---------------------|--------|
| Personal Information | Address | Emergency Contact | Primary Care Provider | Insurance Information | Election Period | Payment | Important Questions | Submit |
|----------------------|---------|-------------------|-----------------------|-----------------------|-----------------|---------|---------------------|--------|

Paying Your Plan Premium

For Medicare Advantage Prescription Drug plans with no premiums: If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail or choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. Once you are enrolled and have been assigned a Medicare Advantage ID by Allwell, you will also be able to pay your premium online. If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. 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 the RRB. **DO NOT** pay Allwell the Part D-IRMAA.

For all plans with premiums: You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail each month. 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, you will be notified by the Social Security Administration. 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 Allwell 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 premiums, annual deductibles, 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 office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at www.socialsecurity.gov/prescriptionhelp.

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, we will bill you for the amount that Medicare doesn't cover. You must continue to pay your Medicare Part B premium.

Related Links

[Evidence of Coverage - English](#)[Evidence of Coverage - Spanish](#)[Summary of Benefits - English](#)[Summary of Benefits - Spanish](#)

If you don't select a payment option, you will get a bill each month.

Payment

☐ Send Me A Bill☒ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from: *

☒ Social Security ☐ RRB

The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

Once you are enrolled and have been assigned a Medicare Advantage ID by Allwell, you will also be able to pay your premium online. You can find more information about this option at:

<https://allwell.pahealthwellness.com/pay-my-premium.html>

* Required Information


Back

Next

Save

Your beneficiary has the option to be sent a bill or have the payments automatically deducted from their SS or RRB benefit check. If no selection is made, they will receive a bill each month.

AGENT CONCIERGE

Ascend

patent pending

Jane Doe

Not Recording 00:07:23

End Meeting

Lead Details

Notes

Resources

<

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↺

🔗

Personal Information

Insurance Information

Address

Emergency Contact

Primary Care Provider

Election Period

Payment

Important Questions

Submit

Please read and answer these important questions:

Do you have End Stage Renal Disease (ESRD)? *

☒ Yes

☐ No

If you have had a successful kidney transplant and/or you don't need regular dialysis any more, you will need to send us a note or records from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information in order to complete your enrollment request

Will you have other prescription drug coverage in addition to Allwell? *

☒ Yes

☐ No

Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.

Please list your other coverage and your identification (ID) number(s) for this coverage:

Name: *

Billy

ID#: *

1561465164514

Group#: *

YRP156341365

Are you a resident in a long-term care facility, such as a nursing home? *

☒ Yes

☐ No

Facility Name: *

Homewood

Facility Phone Number:

1561465416

Facility Address 1: *

333 Main Street

Facility Address 2:

Have your beneficiary answer the Yes/No questions listed. Some questions may need more information if you select 'Yes'.

Related Links

[Evidence of Coverage - English](#)

[Evidence of Coverage - Spanish](#)

City: *

Hillsgrove

State: *

Pennsylvania

Zip: *

15014

County:

Are you enrolled in your State Medicaid program? *

☒ Yes

☐ No

Please provide your Medicaid Number: *

464646546546546

Do you or your spouse work? *

☒ Yes

☐ No

Please check the boxes below if you would like information in Spanish and/or in Large Print format.

☐ Spanish

☒ Large Print

☐ Audio

Please contact Allwell at 1-855-766-1456 if you need information in another format or language than what is listed above. Our office hours are 8 a.m. to 8 p.m., seven days a week from October 1 to February 14. From February 15 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. On weekends and holidays, an automated system will handle your call. TTY users should call 711.

Back

Next

* Required Information

Save

99

AGENT CONCIERGE
Ascend
patent pending

Jane Doe

Not Reco

Lead Details

Notes

Resources

First Name

Last Name

Relationship to Enrollee

Phone

Address 1

Address 2

City

State

Zip

County

Personal Information

Address

Emergency Contact

Primary Care Provider

Insurance Information

Election Period

Payment

Important Questions

Submit

Please Read This Important Information

The following disclosures describe our health benefits and health insurance plans and how they work. It's important for you to read them before you submit your enrollment form. Check the box to confirm you have read all the disclosures.

If you currently have health coverage from an employer or union, joining Health Net could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Health Net. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Health Net is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 – December 7 of every year), or under certain special circumstances.

Health Net serves a specific service area. If I move out of the area that Health Net serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Health Net, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Health Net when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date Health Net coverage begins, I must get all of my health care from Health Net, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by Health Net and other services contained in my Health Net Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR Health Net WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Health Net, he/she may

acknowledge that the Health Net Plan will release my information to Medicare and other plans as is health care operations. I also acknowledge that Health Net Plan will release my information, (including my care, who may release it for research and other purposes which follow all applicable Federal statutes and enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information, I will be rolled from the plan.

signature of the person authorized to act on my behalf under the laws of the State where I live) on this application, and I understand the contents of this application. If signed by an authorized individual (as described above), this individual is authorized under State law to complete this enrollment and 2) documentation of this authority is available

Please select the statement below that best describes your relationship to the person with Medicare listed on this enrollment form:

☐ I am the person listed on this enrollment form or I am simply helping to complete this enrollment form.

☒ I am the person authorized to act on behalf of the individual listed on this enrollment form under the laws of the State where the individual resides.

First Name: *

Last Name: *

Relationship to Enrollee: *

Phone: *

Address 1: *

Address 2:

City: *

State: *

Zip: *

County:

You will be able to review the application before submission on the next page.

Note: If additional documentation is required to complete this application, please submit that documentation via FAX to: 844-222-3180.

* Required Information

Back

Next

Save

If someone else is submitting the application, select this option and complete the extra information.

100

Ascend ©2019



Lead Details

Notes

Resources



Resize: A A A

PRINT



Finally, review the application with the beneficiary to ensure everything is correct

\$0.00 premium

▼ Personal Information

Edit

First Name: Jane
Last Name: Doe
Gender: Female
Birthdate: 01/01/1950
Phone: 1234567897
Email Address: janedoeedenaj@liamg.com

▼ Address

Edit

Address 1: 123 Main St
City: Springfield
State: CA
Zip: 90001
County: Los Angeles

▼ Emergency Contact

Edit

First Name: Betty
Last Name: Lou
Relationship to you: Niece
Phone: 9877899876

▼ Primary Care Provider

Edit

Provider First Name: John
Provider Last Name: Smith
Medical Group ID#: 111111111

You can click 'Edit' to return to a section to change the incorrect information

Does your spouse work? No
Large Print Large Print

▼ Selected Pharmacy

Edit

▼ CVS PHARMACY #08898

▼ Selected Medications

Edit

▼ Methazolamide

▼ Gabapentin

▼ Crestor

▼ Extra Help Eligibility

Edit

No Information Available

▼ Submit

Edit

I am the person listed on this enrollment form or I am simply helping to complete this enrollment form. SelfEnroll

Please enter your National Producer Number(NPN): 1234564737373737

Please confirm your National Producer Number 1234564737373737

By clicking the "Enroll Now" button below you are confirming that everything in this application is true and correct to the best of your knowledge. Anyone giving false or misleading statements about a material fact in this electronic application, or causes someone else to do so, may face penalties under the law. By clicking "Enroll Now" you are also electronically signing your completed application and submitting this to the plan. You will no longer be able to change your information once you submit. Once you submit your enrollment application you will be enrolled in this plan (if approved by CMS) and you will receive notice of acceptance or denial following submission of the enrollment to CMS.

Apply Now

Click 'Apply Now' to submit the Enrollment Application



FROM | pennsylvania
health & wellness.

Call for more information:
Phone: 1-844-202-6811 TTY: 711
Monday thru Friday: 9AM – 5PM All Time
Zones
(excluding holidays)

[Home](#)

Resize: A _ A _ A

Congratulations! Your Allwell Medicare (HMO) Enrollment Has Been Completed.

Your confirmation number is: 2315

Please keep this number for your records.

Click below to have your confirmation number emailed to you:

EMAIL

It will be used for the sole purpose of sending an enrollment confirmation receipt.

Click below to print this page:

PRINT

Click below to download your application in PDF format:

DOWNLOAD

Make sure to give them the confirmation number

You can also email them their confirmation number or print the page

Click here to download the completed application

If you have any questions about your pending application, please call Allwell at the number listed below and have your confirmation number ready.

Call for more information:
Phone: 1-855-766-1456 TTY: 711
Monday thru Friday: 9AM – 5PM All Time Zones
(excluding holidays)

Start Your Value Based Enrollment Now!

Wellness Advocates are standing by to assist with your transition into your new plan - they will help you schedule your Annual Wellness Visit and gather some other important information related to your healthcare needs.

This is where you start the VBE Program

Click here to select language

Language : English

[Connect Me Now](#)

Have a Value Based Enrollment Wellness Advocate call you now

[Schedule a Callback](#)

Schedule a date and time for a Value Based Enrollment Wellness Advocate to call you back

[Decline](#)

Decline the Value Based Enrollment program



VALUE BASED ENROLLMENTS



WHAT IS VBE?



- A quick and easy process to gather health-related information from your beneficiary after they enroll
 - After you have completed an enrollment application in Ascend, tap a button to initiate a call from a VBE rep to your beneficiary
 - Once connected, your job as the agent is finished
 - The VBE rep will complete a Health-Risk Assessment and/or help set up an Annual Wellness visit with their PCP
 - It is that simple!
 - However, there are some important steps and considerations for you to be successful...

Who Benefits from VBE?



- **The Health Plan!**

- By completing a Health Risk Assessment
 - The health plan will be able to help ensure that the beneficiary gets the care they need which helps to reduce costs
- If they schedule an Annual Wellness Visit
 - Health care providers can help identify and prevent illness as well as schedule any other needed services which also reduces costs
- VBE reduces the cost and difficulty of contacting members later to complete HRAs
- Reduces complaints to CMS

- **Your Beneficiary!**

- By completing a Health Risk Assessment
 - The health plan will be able to help ensure that the beneficiary gets the care they need
- If they schedule an Annual Wellness Visit
 - Health care providers can help identify and prevent illness as well as schedule any other needed services

- **You!**

- Earn a \$50 administrative payment for initiating the VBE process
 - Per CMS regulations, this is a payment and will *NOT* be considered a commission
 - It will be paid to you separately from commissions
- Earn the trust of your new member
 - They recognize that you are helping them get the most out of their plan right away
- Increase 'Stick Rate'
 - Enrollees who interact with their health plan right away are less likely to disenroll



INITIATING THE VBE PROCESS

Initiating the VBE Process



- Initiating the VBE process always occurs *after* you complete the enrollment application
- You will need to *leave the beneficiary* when they are on the VBE call
 - Remember, the health information they will share on the VBE has *no effect* on their enrollment being approved by CMS
 - To stay compliant, you should not be there to help or coach the beneficiary in any way through the health questionnaire
- Prepare by completing all your sales process steps *before* you begin the VBE:
 - Make sure to give them their enrollment confirmation number
 - Inform them when they can expect their membership cards and how to contact you
 - Explain the VBE process
 - If they agree to receive the call let them know you will excuse yourself from their home (or wherever you are meeting) once the call comes in

Explaining the VBE Process



- Invite your new member to participate in VBE
- They are not required to do this
- Note:
 - Your new member may not know why completing an HRA or setting an Annual Wellness Visit would be valuable to them and their health
 - The intro verbiage provided on the next slide will work for many but you should be prepared to explain as needed the ‘value’ of them participating in this call



- Here is suggested verbiage to invite them to participate:
“In order to best serve you, we have representatives on standby to assist with your transition into your new plan – they will help gather some important information related to your healthcare needs, [and to schedule your Annual Wellness Visit.] We want to make sure we do a great job of taking care of you and to ensure you’re getting the best care possible as soon as your plan is active. This should only take about ____ minutes – may I connect you with one of our reps right now to begin that process?”
- If they say ‘Yes’:
“Great! The rep is going to ask you some questions about your current health status, and help connect you with your Primary Care Doctor’s office to schedule your Annual Wellness Visit.”
 - Then select ‘Connect Me Now’ or ‘Schedule a Callback’
- If they say ‘No’:
 - Then select ‘Decline’

Selecting the Outcome Decided by the Beneficiary



If you have any questions about your pending application, please call us at 1-855-766-1456. We will be happy to assist you with your confirmation.

Your Value Based Enrollment

Assist with your transition into a new plan - they will help you schedule your appointment and provide other important information related to your healthcare needs.

Language: English ▼

Call for more information:
Phone: 1-855-766-1456 TTY: 711
Monday - Friday: 9AM - 5PM All Time Zones
(excluding holidays)

'Connect Me Now' will connect an enrollee with a Wellness Advocate on the spot. Leave the meeting location as these begin.

Schedule for a Wellness Advocate to call the enrollee at a date/time of their choosing. You can assist in setting this up.

No action is taken if decline is selected.

Connect Me Now

Have a Value Based Enrollment Wellness Advocate call you now

Schedule a Callback

Schedule a date and time for a Value Based Enrollment Wellness Advocate to call you back

Decline

Decline the Value Based Enrollment program



CONNECT ME NOW

Setting the Call from the VBE Specialist



Please keep this number for your records.

Connect Me Now

NOTE: We will not keep the

Your number

0000000000

CALL

In the case your enrollee is disconnected at any time, the enrollee should dial +1 (844) 377-2061 to be directly connected to a Wellness Advocate.

Tap 'CALL' to prompt a VBE rep to call the beneficiary

Beneficiary phone number auto-populates here

If you have an Allwell at the ready.

Call for support Monday thru Friday, 9am to 5pm (excluding holidays)

Phone: 1-800-XXX-XXXX

Based Enrollment Now!

Wellness Advocates are standing by to assist with your transition into your new plan - they will help you schedule your Annual Wellness Visit and gather some other important information related to your healthcare needs.

Language ⓘ : English ▾

Connect Me Now

Schedule a Callback

Decline

Have a Value Based Enrollment Wellness Advocate call you now

Schedule a date and time for a Value Based Enrollment Wellness Advocate to call you back

Decline the Value Based Enrollment program

Connect Me Now Process



- Note that the call center system is actually placing the call
- The beneficiary will be on brief hold before the VBE rep comes
- When the beneficiary receives the call, they will hear the following greeting:
“Thank you for selecting [plan name] to meet your healthcare needs. Please stay on the line to be connected with a representative who will initiate your healthcare assessment. All calls are recorded for quality assurance purposes.”
- Once the call connects, excuse yourself from the meeting and leave
- If the beneficiary becomes impatient with the hold time, they can opt to schedule a VBE call at a later time
- Use ‘Schedule a Callback’ to switch to a call at a later date



SCHEDULE A CALLBACK

Setting a Callback Time



Please keep this number for your records.

NOTE: We will not keep the

If you have any questions about your Allwell at the number listed below are ready.

Star

Wellness Advocates are standing by

ow!

Annual Wellness Visit and gather some

holidays)

Schedule a Callback

Provide the following information and you will receive a callback:

Date

Time Zone

Preferred Time to Contact

Phone Number to Call

Save

Select Date and Time for callback

Select your Time Zone as call center may be in a different zone

Connect Me Now

Schedule a Callback

Decline

Have a Value Based Enrollment Wellness Advocate call you now

Schedule a date and time for a Value Based Enrollment Wellness Advocate to call you back

Decline the Value Based Enrollment program

Callback Process



- If the call center does not make contact with the beneficiary on the scheduled callback time, it will attempt contact three more times
- Completion of the VBE process is of course the goal
- However, agents are paid for each VBE call they initiate regardless of completion



DECLINE

Declining the VBE Process



NOTE: We will not keep the email address

pahealthwellness.uat.isf.io says

You are declining the opportunity to get started on your transition process. Is that correct?

OK Cancel

PRINT

Click below to download your application in PDF format:

DOWNLOAD

After selecting Decline, a popup box will appear verifying your selection. Click 'OK' to decline to VBE process or click 'Cancel' to return.

If you have any questions about your pending application, please call Allwell at the number listed below and have your confirmation number ready.

Call for more information:
Phone: 1-855-766-1456 TTY: 711
Monday thru Friday: 9AM – 5PM All Time Zones
(excluding holidays)

Start Your Value Based Enrollment Now!

Wellness Advocates are standing by to assist with your transition into your new plan - they will help you schedule your Annual Wellness Visit and gather some other important information related to you healthcare needs.

Language ⓘ : English ▼

Connect Me Now

Have a Value Based Enrollment Wellness Advocate call you now

Schedule a Callback

Schedule a date and time for a Value Based Enrollment Wellness Advocate to call you back

Decline

Decline the Value Based Enrollment program



AGENT PORTAL



Hello mbettegnies! | [Agent Portal](#) | [Saved Applications](#) | [Log off](#)
NPN: NPN123



FROM



pennsylvania
health & wellness.

Call for more information:
Phone: 1-844-202-6811 TTY: 711
Monday thru Friday: 9AM – 5PM All Time
Zones
(excluding holidays)

[Home](#)

Resize: A A A

PRINT

Personal URL (PURL)

Your PURL can be shared with a beneficiary, enabling them to submit an online application which will be credited to you.

<https://pahealthwellness.uat.isf.io/2019?AgentCreditCode=dca839ac-9594-45fd-9087-a0816e4887a7>

View your PURL here

Tracking

Enrollments

Value Based Enrollments

◀ First ◀ Prev Next ▶ Last ▶▶

Search Reset

| Name ^ | Address < | Plan < | Plan Year < | Date < | Premium < | Confirmation # < | Status < | VBE Selection < |
|-----------|--|------------------------------|-------------|------------|-----------|------------------|-----------|-----------------|
| Tom Jones | 1045 Brackenridge Avenue, Brackenridge, Alleghenv. | Allwell Medicare (HMO) | 2019 | 03/04/2019 | \$0.00 | 2315 | Submitted | None |

Toggle to the VBE tab to view
information regarding past VBEs

On the Enrollments tab, you can view
the status of past applications

Enrollments

Value Based Enrollments

◀ First ◀ Prev Next ▶ Last ▶▶

Search Reset

| Name ^ | Tracking # < | HRA Last Update < | HRA Status < | AWV Last Update < | AWV Status < |
|----------|--------------|--------------------------|--------------|--------------------------|--------------|
| Jane Doe | 555 | 2/22/2019 12:12:21 PM | None | 2/22/2019 12:12:21 PM | None |

Personal URLs



- Each Agent will have a Personal URL (PURL) to use to connect prospects with the online enrollment tool if they are not doing a face to face meeting with Ascend
- The PURL can be found in the Agent Portal and accessed with your same Ascend credentials
 - Visit the portal
 - Log in with your provided Ascend Credentials
 - Click on 'View Enrollments'
 - PURL is always on the top of the page
- Your PURL is unique to you and is created on your first login to the agent portal
- The PURL is attached to your writing numbers so that you will get credited for the sale when an enrollment is made through the tool
- The Ascend Quote & Enrollment Tool will look the same for the agent as it would in AMA; however, lead information and other items like Scope of Appointment will not be merged into the application



PARTIAL APPLICATIONS

Saved Applications



FROM  pennsylvania health & wellness.

Call for more information:
Phone: 1-844-202-6811 TTY: 711
Monday thru Friday: 9AM – 5PM All Time Zones
(excluding holidays)

Home

On this screen, you can view saved enrollments

Resize: A A A PRINT

Enrollments In Progress

| Enrollee | Address | Plan | Plan Year | Last Edit | Actions |
|----------|---------|------|-----------|-----------|---------|
|----------|---------|------|-----------|-----------|---------|

| | | | | | |
|----------|----------|---------------------------------|------|---------------------|---|
| Jane Doe | PA 15014 | Allwell Dual Medicare (HMO SNP) | 2019 | 3/4/2019 8:49:39 PM | Edit Delete |
|----------|----------|---------------------------------|------|---------------------|---|

You can edit or delete the application here



OFFLINE APPLICATIONS

Selecting a Lead



- From the Home screen, select the lead you would like to submit an application for under the New Leads section

Note: the top of your screen will display an offline message when not connected to the internet

The screenshot shows the Ascend Home screen. At the top, there is an 'Offline' message with a yellow warning icon and text: 'Your Internet connection appears to be down, some features may be unavailable while offline. Click here to Start a Meeting.' Below this is a notification bar that says 'You have a new lead assigned to you!' with a close button (X). Underneath is a section titled 'What would you like to do today?' with two buttons: 'Sales Presentation' and 'Electronic Scope of Appointment'. At the bottom is a section titled 'New Leads' containing a table with columns: Name, Date Modified, Source, Status, County, and Zip Code. A red box highlights the first row of the table, which contains the lead 'Testy, Test'.


| Name | Date Modified | Source | Status | County | Zip Code |
|-------------|---------------|----------------|--------|--------|----------|
| Testy, Test | Sep 27, 2018 | Self Generated | - | | 47401 |

[View All Leads](#)

Start a Meeting



- After you have selected the lead, select 'Start a Meeting' to begin the meeting from the Leads screen

Testy, Test 

Contact Lead

Start a Meeting

Appointments

| Meeting Type | Date | Time |
|----------------------|--------------|------|
| Past | | |
| Scope of Appointment | Sep 27, 2018 | - |

[Create a Scope of Appointment](#) | [Create Home Visit](#)

Past Meetings

| Date | Time | Held By | Status |
|---|------|---------|--------|
| No Meetings on record for this Lead. Any held meetings with this lead will show here. | | | |

Selecting a SOA



- If you have a previous Scope of Appointment (SOA), it will be listed on the next screen
- Simply click on the SOA you want to use then select 'Start a Meeting'
 - If no SOA is listed, you will need to ensure you complete a proper scope before starting the meeting

You can also search for SOAs by entering in the SOA Appointment ID

Do you have a Scope of Appointment?

| Date | Time | Form Type | Status |
|--------------|------|------------|------------|
| Sep 27, 2018 | - | Electronic | ● Accepted |

Enter Scope of Appointment ID (Optional)

Start Meeting Cancel Meeting

Accepting the Disclaimer



- Once the meeting has started, you will be asked to acknowledge that the meeting is being recorded
- Simply click 'Agree' to proceed with the meeting

Recording Disclaimer

I acknowledge this meeting will be recorded and used in addition to my application as proof of enrollment.

Agree

Do Not Agree

Entering the Zip Code



- The enrollment application will already list the lead you selected earlier in the process
- To proceed, you must type in the zip code that the beneficiary lives in
- Once entered, click 'Continue' to be taken to the next screen

The screenshot shows a web form with a light purple header. The title "Let's get started!" is in bold black text. Below it, the text "This health plan will cover:" is followed by a dropdown menu showing "Test Testy" in blue text with a small downward arrow. Below this, the text "Your current zip code is" is followed by an empty white input box with a blue border. At the bottom, there is a large blue button with the word "Continue" in white text. Red and blue rectangular boxes are drawn around the input box and the "Continue" button, respectively, to highlight them.

Selecting an Enrollment Form



- From the list, click on the enrollment form you would like to use

Select an Enrollment form for **Test Testy**

Enrollment Form

>

Completing and Submitting the Application



- Scroll through the enrollment application and fill in the missing information minding the * symbol indicating required fields. Once all the required fields are completed, click 'Submit' at the end of the application to submit it.

Enrollment Form for Test Testy [Go Back](#)

applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Please select the statement below that best describes your relationship to the person with Medicare listed on this enrollment form:

☐ I am the person listed on this enrollment form or I am simply helping to complete this enrollment form.

☐ I am the person authorized to act on behalf of the individual listed on this enrollment form under the laws of the State where the individual resides.

First Name:

Last Name:

Relationship to Enrollee:

Phone:

Address:

City:

State:

Zip:

County:

Submit

Ending the Meeting



- Once the form has been submitted, a confirmation page will appear saying the form was successfully saved
- Click 'End Meeting' in the upper right hand corner to end the meeting



Dispositioning the Meeting



- From the drop down list, select the disposition that best represents the outcome of your meeting
- Click 'Finish' once done

A screenshot of a web-based dialog box titled "How did the meeting go?". The dialog box has a light gray border and a close button (an 'X' icon) in the top right corner. Inside the dialog, there is a text input field with the placeholder text "Select Disposition" and a small blue downward arrow indicating a dropdown menu. Below the input field, there are two buttons: a blue button labeled "Finish" and a light gray button labeled "Cancel". The "Finish" button is highlighted with a thick blue border.

Returning Online



- While you are disconnected from the internet, it will say your enrollment is pending
 - You can find this status on your lead's profile under the Offline Enrollments section in AMA

| Offline Enrollments | | |
|--------------------------|---------|----|
| Meeting Time | Status | ID |
| Sep 27, 2018 01:14:05 PM | Pending | |

- Once you regain internet access, your application will automatically be faxed to the carrier's enrollment department for processing
- Your offline enrollment status will be updated once this is complete
- The time stamp will reflect the time you connect to internet

Confirming Lead Status



- Once the offline application has been submitted, return to the 'Leads' section of AMA
- Ensure that the 'Lead Status' has been updated accordingly to represent the application submission



SIGNING OUT

End the Meeting in AQE



Click 'End Meeting' in the top right corner of the screen to conclude the meeting

Tap here to enter the outcome of your meeting

A drop down box will then appear. Select the most appropriate meeting disposition.

Once you have selected the best disposition, tap 'Finish' to end the meeting and the recording

How did the meeting go?


Select Disposition

- TEST MEETING
- Cancelled prior to meeting
- No show
- Rescheduled
- Application Submitted
- Not interested - shopping
- Not interested - premium
- Not interested - benefits

Finish Cancel

Sign Out of AMA





Bryan Holland 1
Unavailable Not Accepting Calls

My Number: -

Available ☐

Accepting Calls ☐

Action Items

Lead Alerts

Messages

Change Password

Sign Out

Welcome Bryan

What would you like to do today?

Sales Presentation

Electronic Scope of Appointment

New Leads

| Name | Date Modified | Source | Status |
|--|---------------|--------|--------|
| You have no new leads. Any new leads will appear here. | | | |

Click the down arrow to bring up the dropdown menu

Click here to Sign Out of AMA



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