Bloom

ASCEND USER TRAINING FOR CENTENE

WHAT IS ASCEND?

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Ascend Is

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

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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

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WHAT ASCEND WILL DO FOR YOU

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Ascend Will

- **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

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- **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

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GETTING FAMILIAR WITH ASCEND

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The Three Components of Ascend

ARM: Ascend Real-Time Manager

AMA: Ascend Mobile Application

AQE: Ascend Quote & Enrollment

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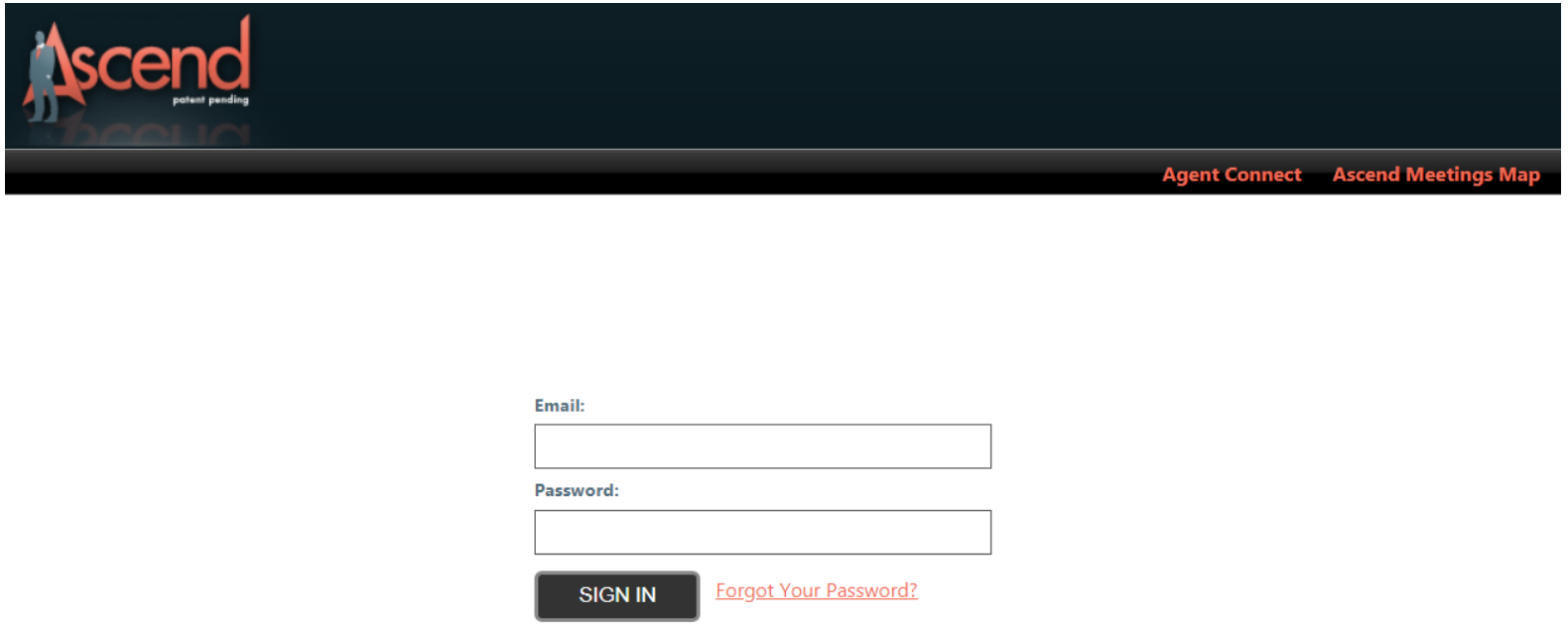
ARM: Ascend Real-Time Manager

- 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



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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

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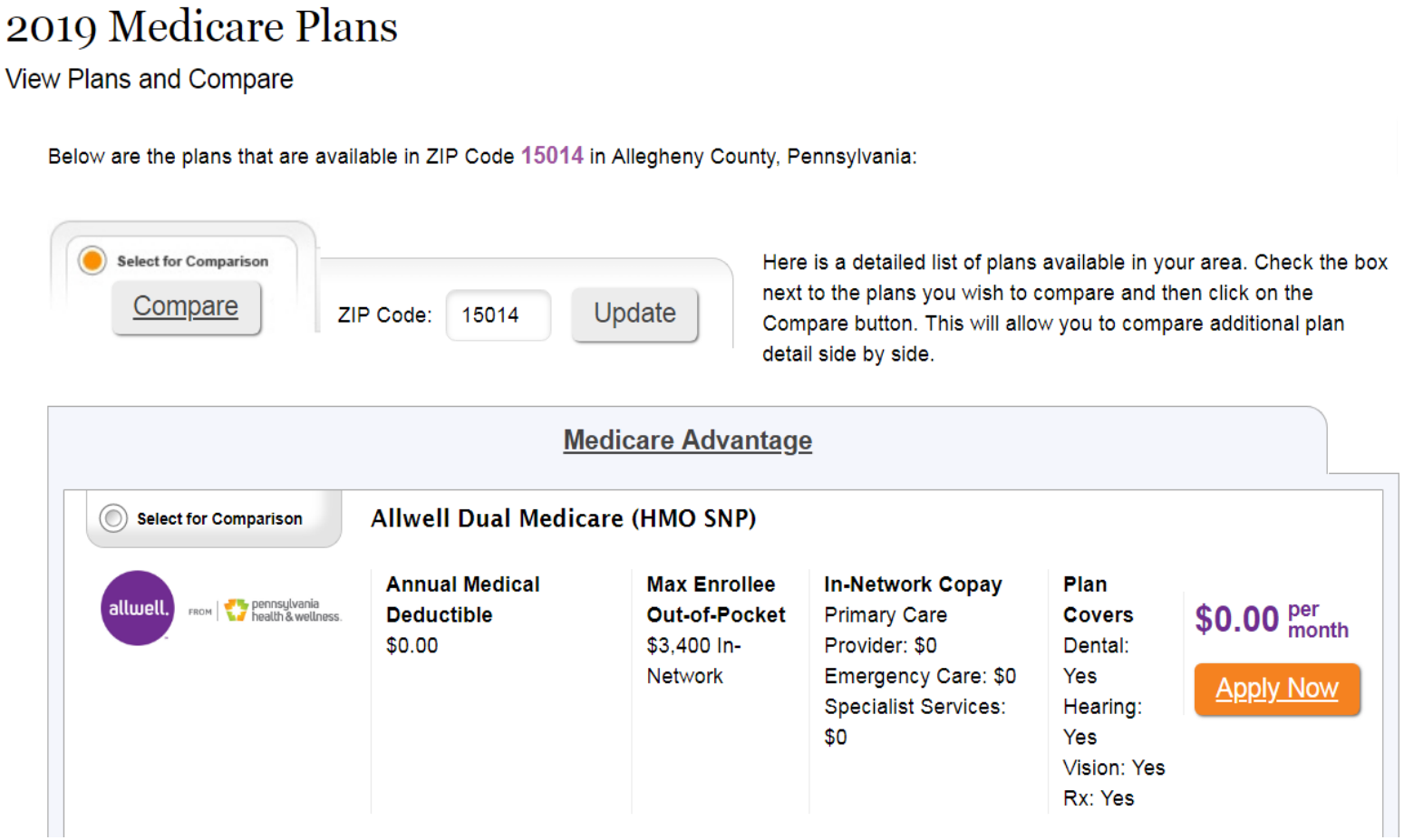
AQE: Ascend Quote & Enrollment

- 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



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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."

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ASCEND REAL-TIME MANAGER

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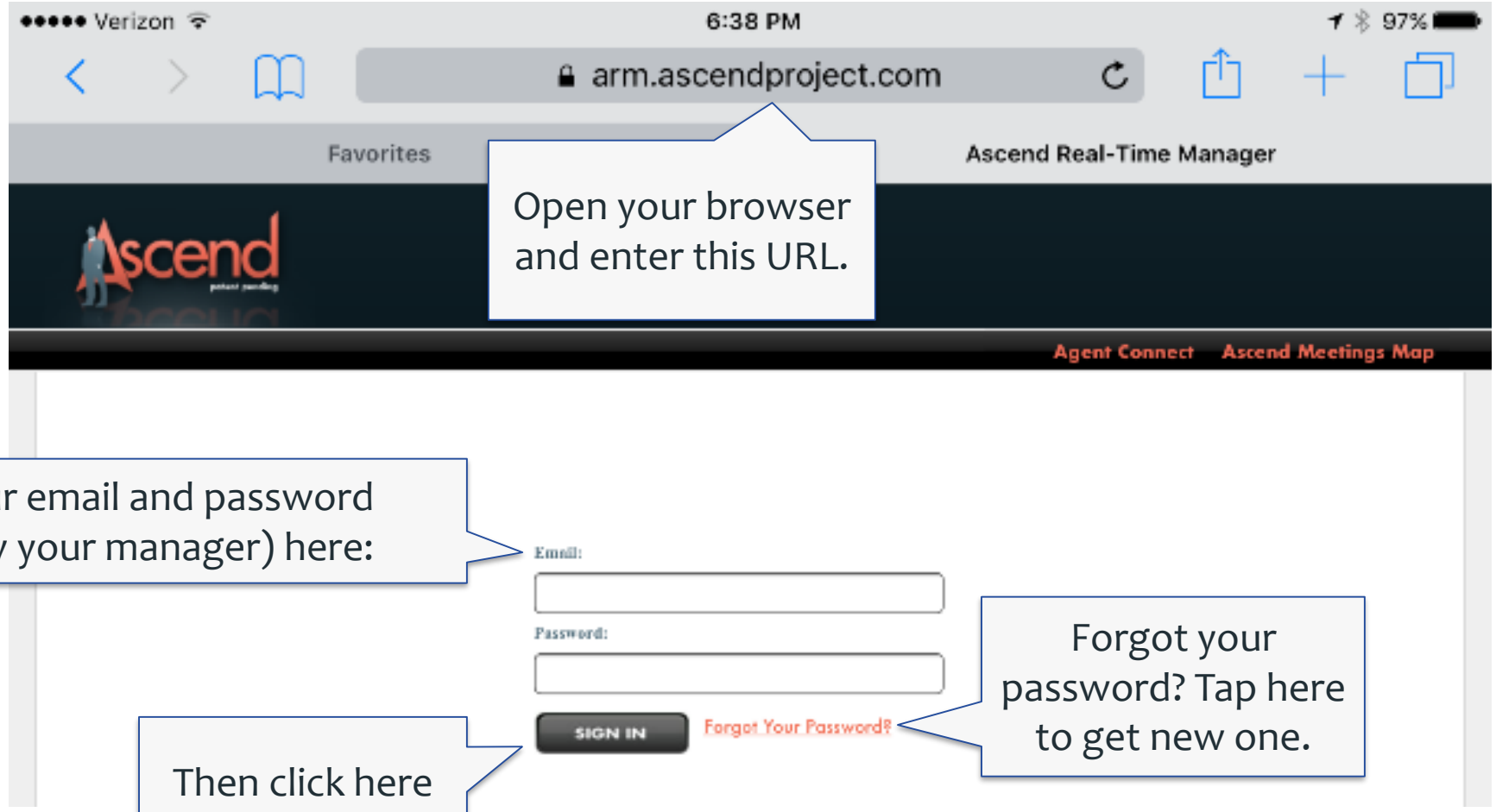
Logging Into ARM



Open your browser and enter this URL.

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

Forgot your password? Tap here to get new one.

Then click here to sign in

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Downloading AMA

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IOS ONLY INSTRUCTIONS

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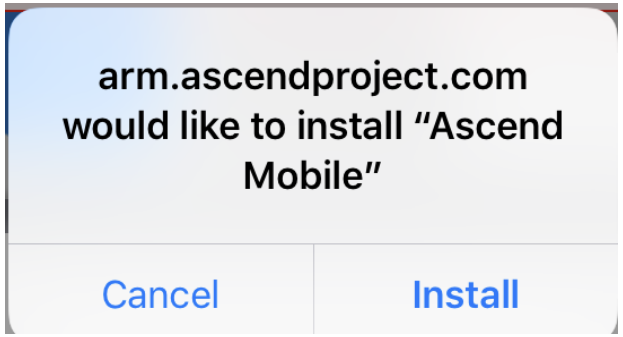
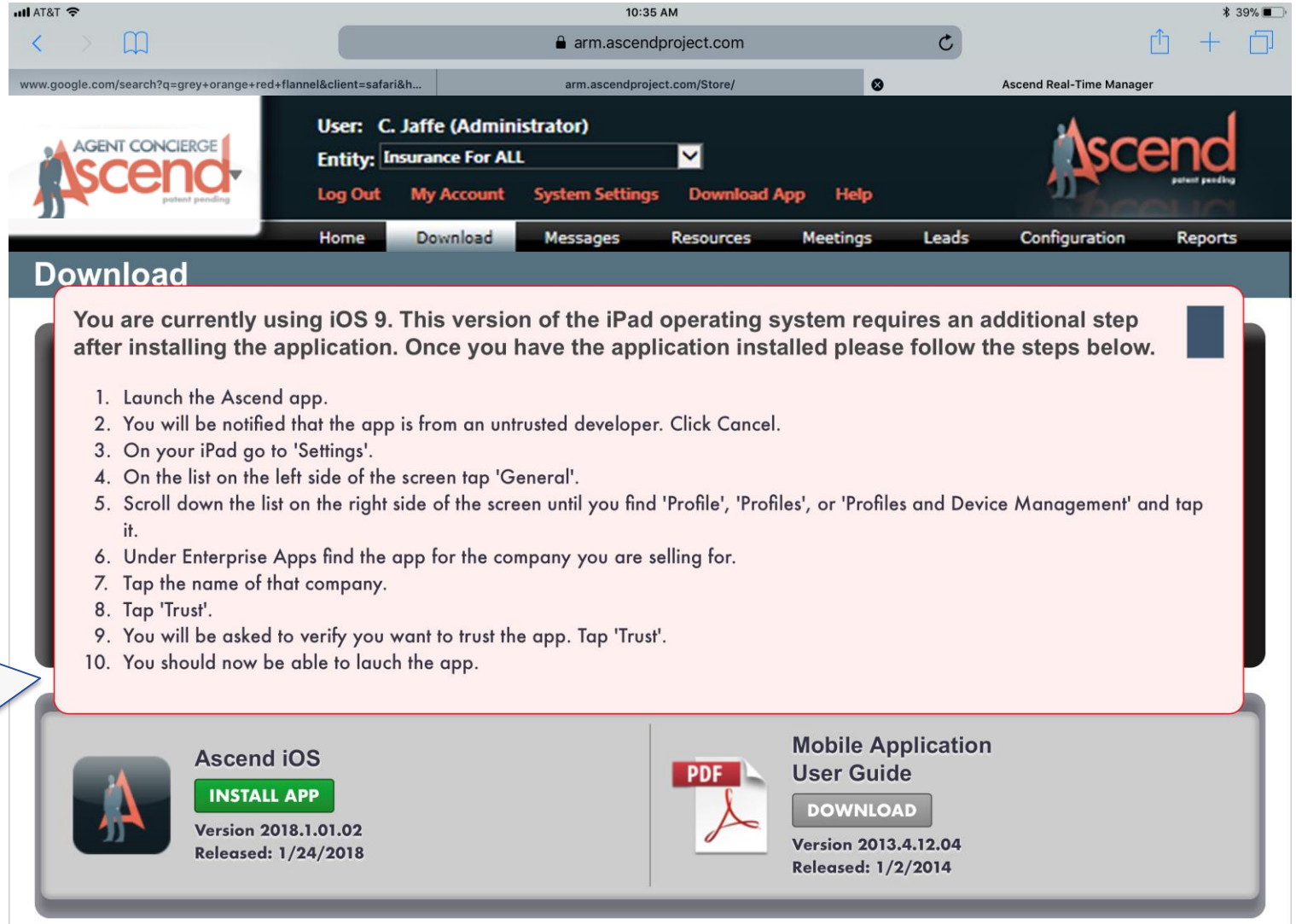
iOS Only Instructions



Click ‘Install’ to begin downloading the Ascend App

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



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1. Launch the Ascend App

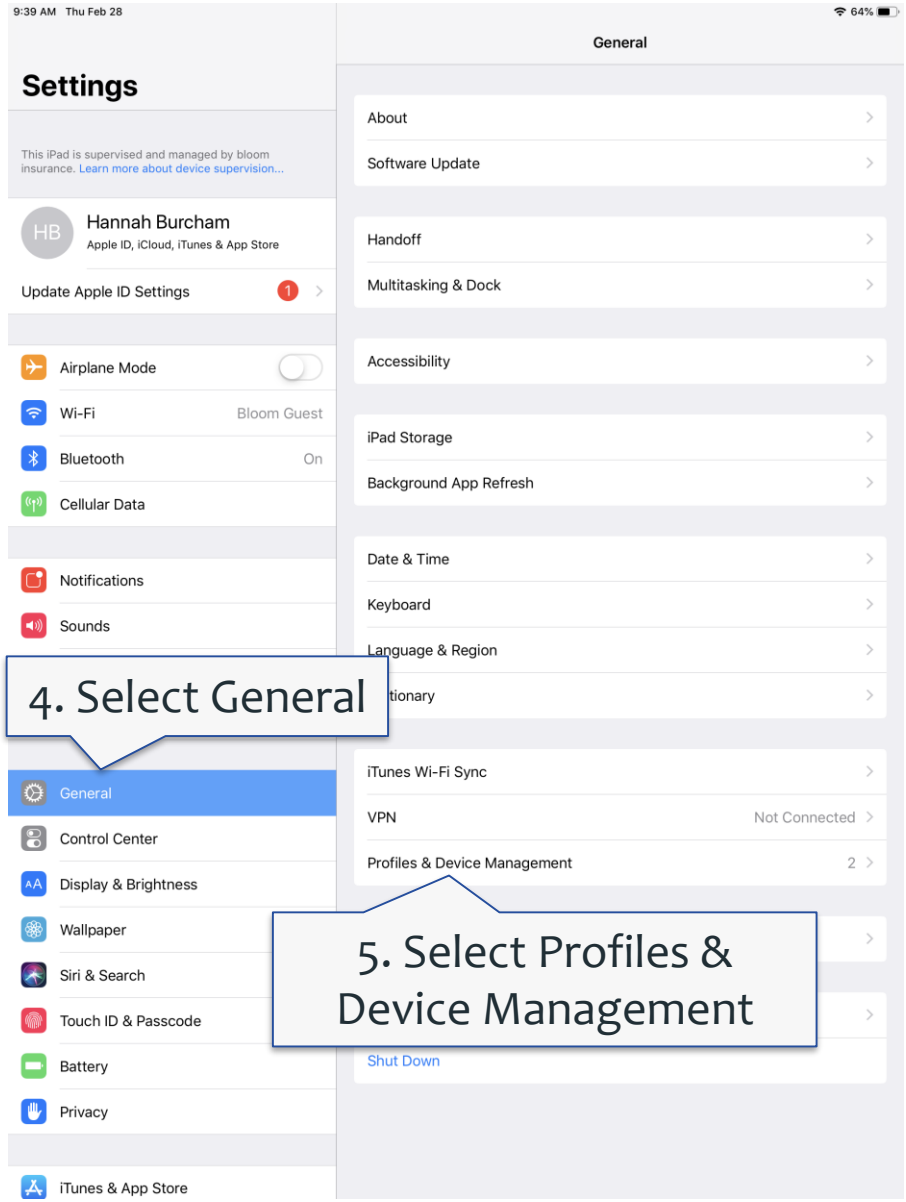
Untrusted Enterprise Developer

"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

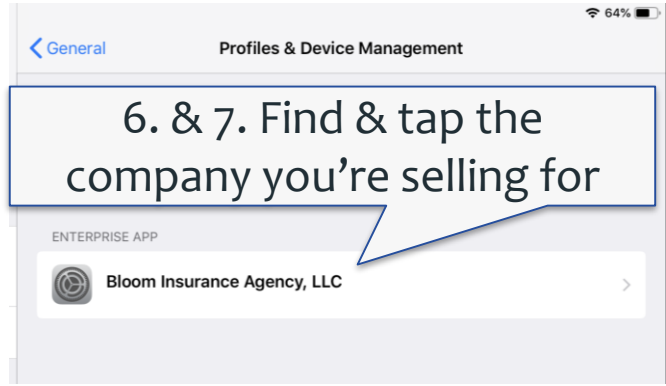
2. Click Cancel

3. Open Settings

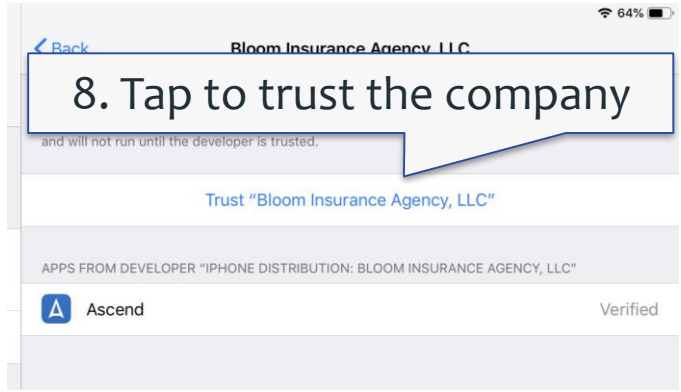


4. Select General

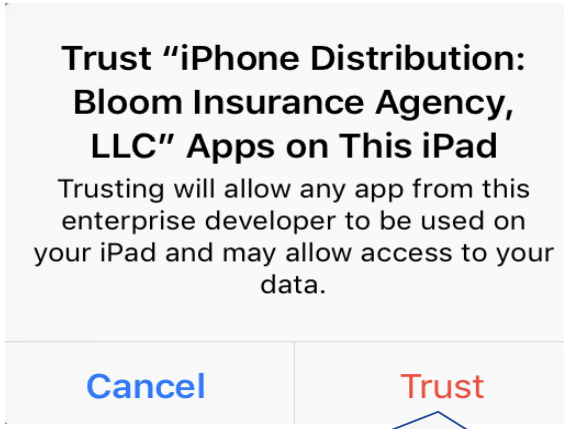
5. Select Profiles & Device Management



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



8. Tap to trust the company



9. Verify that you trust them

10. Launch the Ascend App and start using AMA

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ASCEND MOBILE APPLICATION

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LOGIN & NAVIGATION

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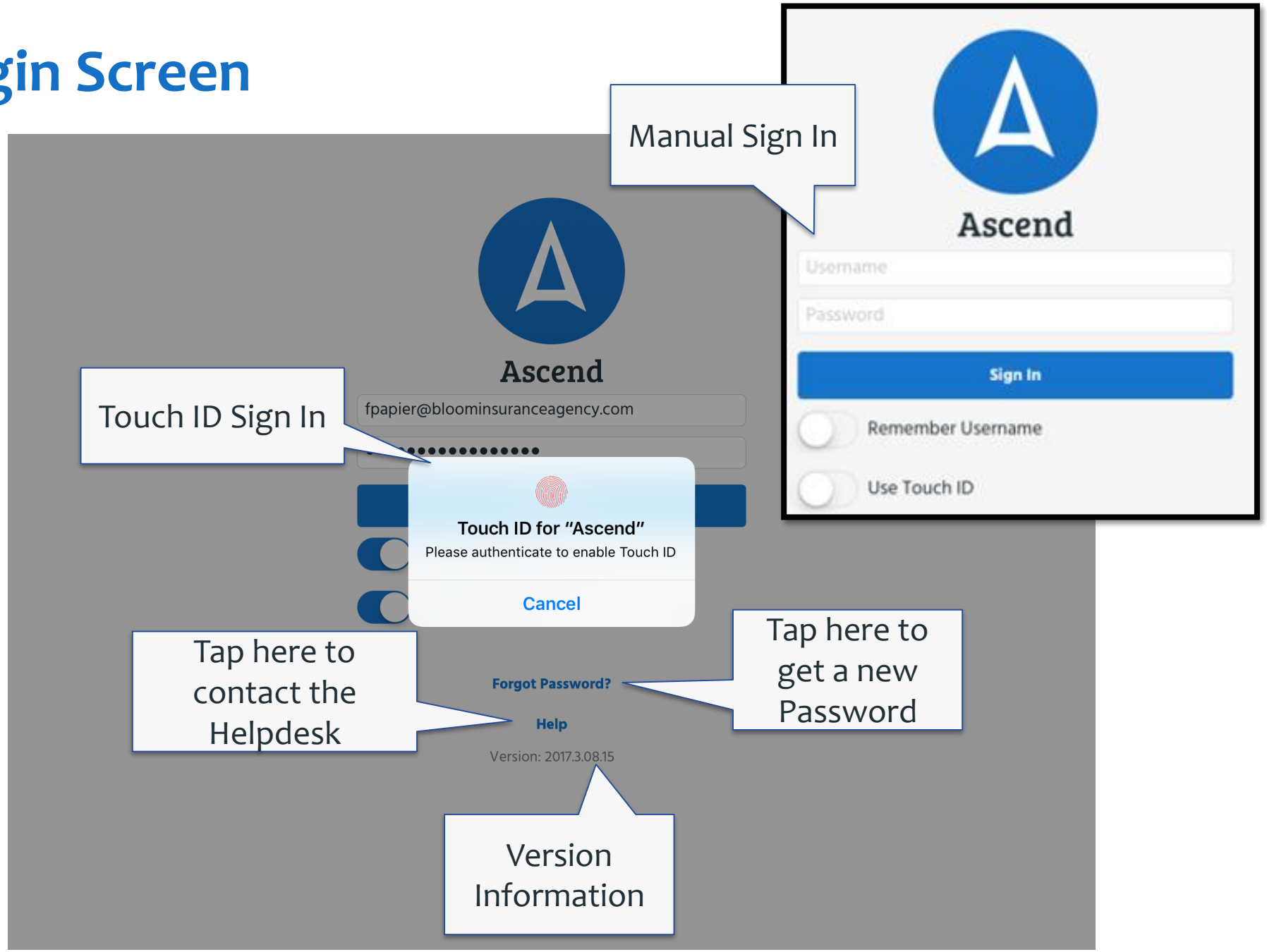
Login Screen



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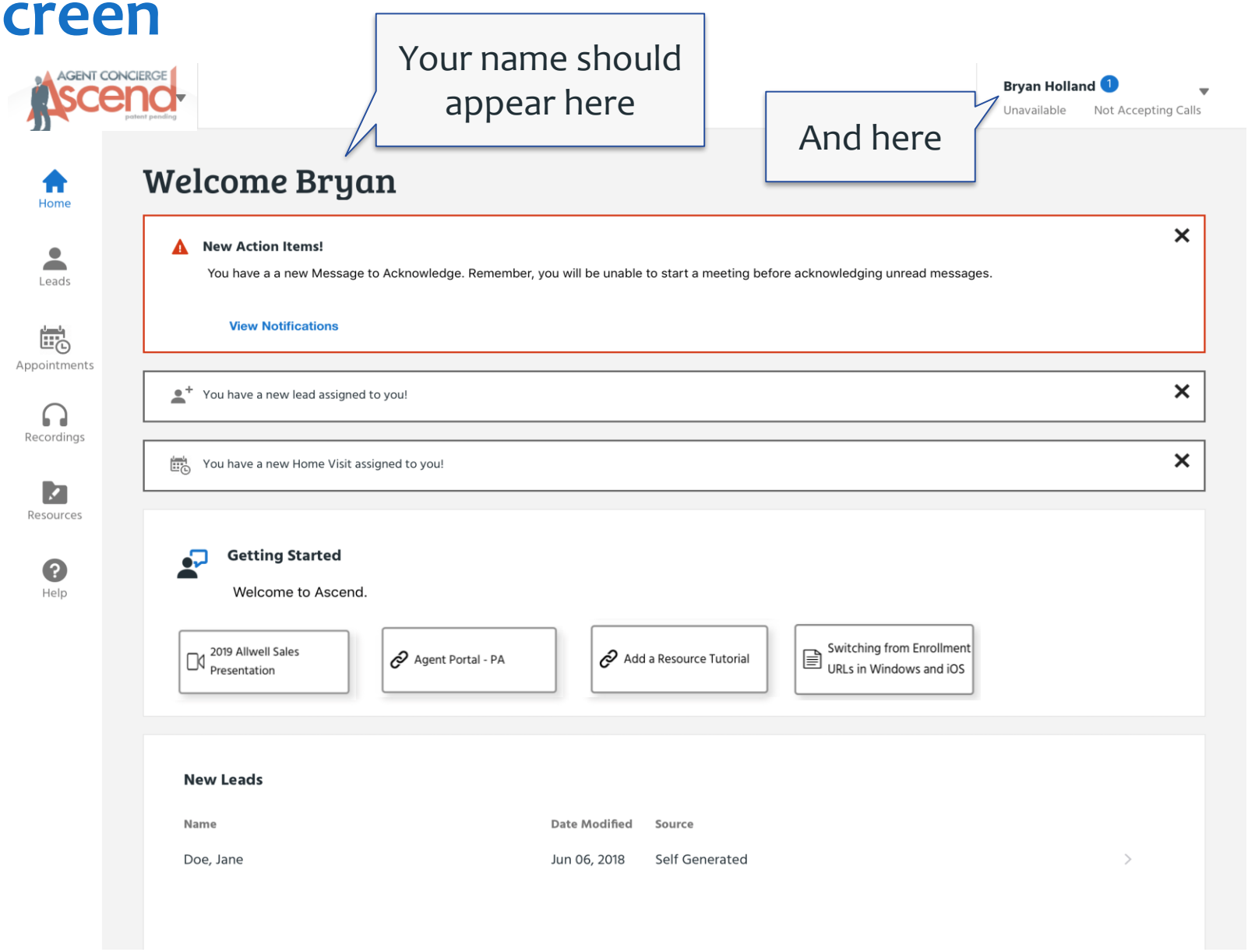
Home Screen



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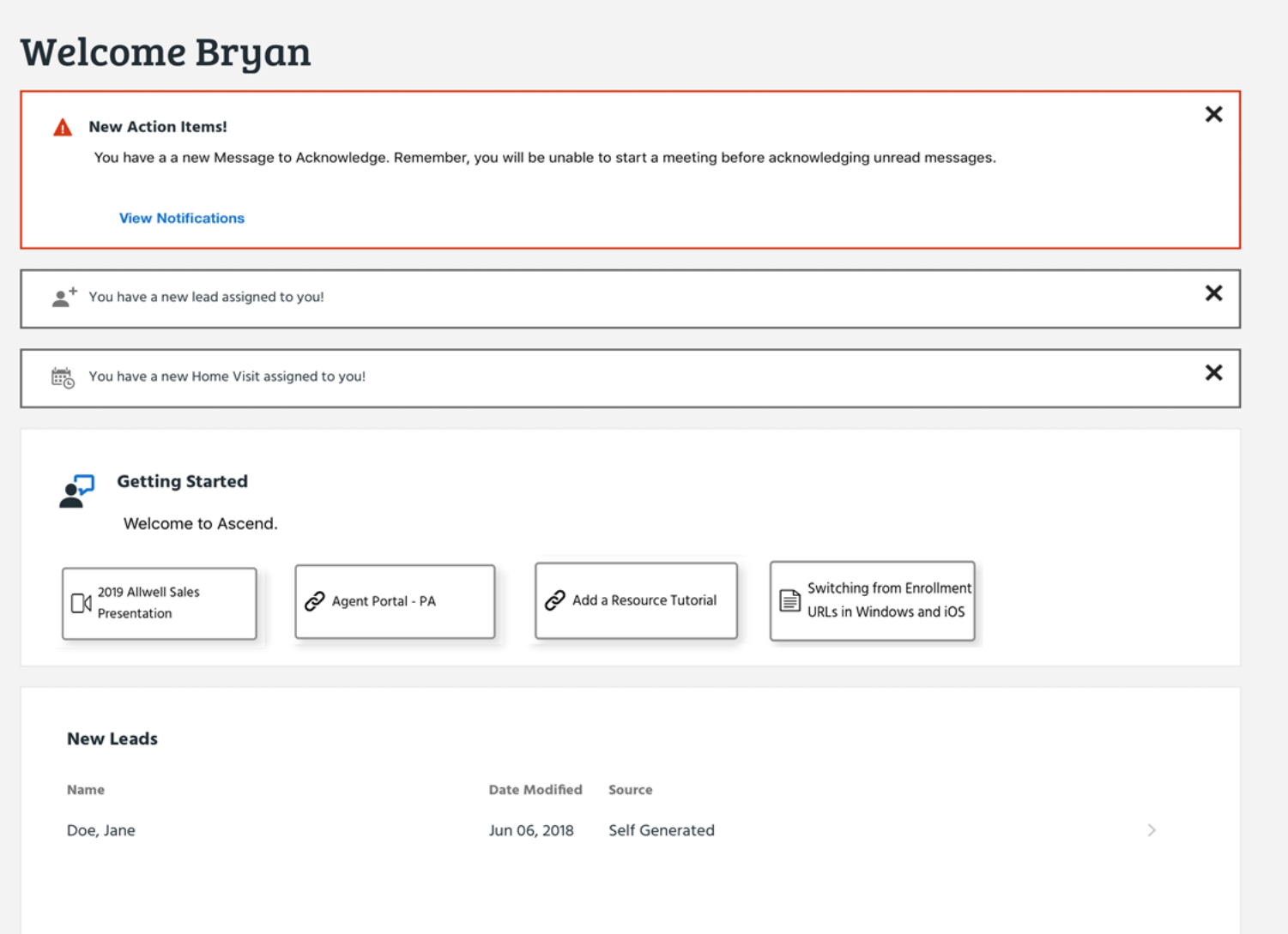
Main Window



- 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**

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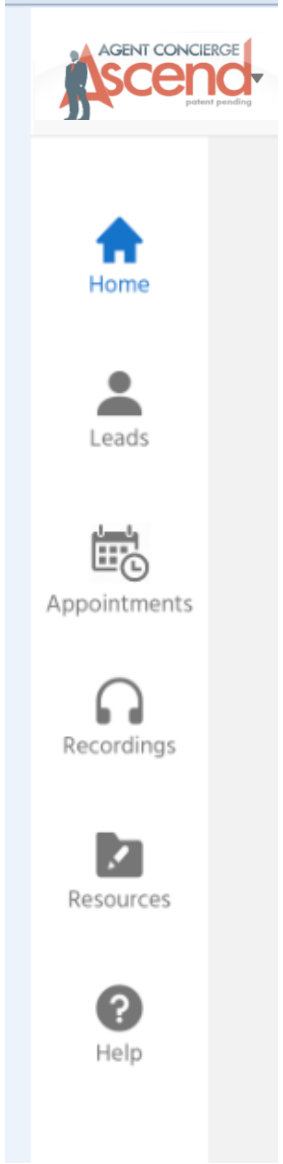
Navigation Bar



- The Navigation Bad 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

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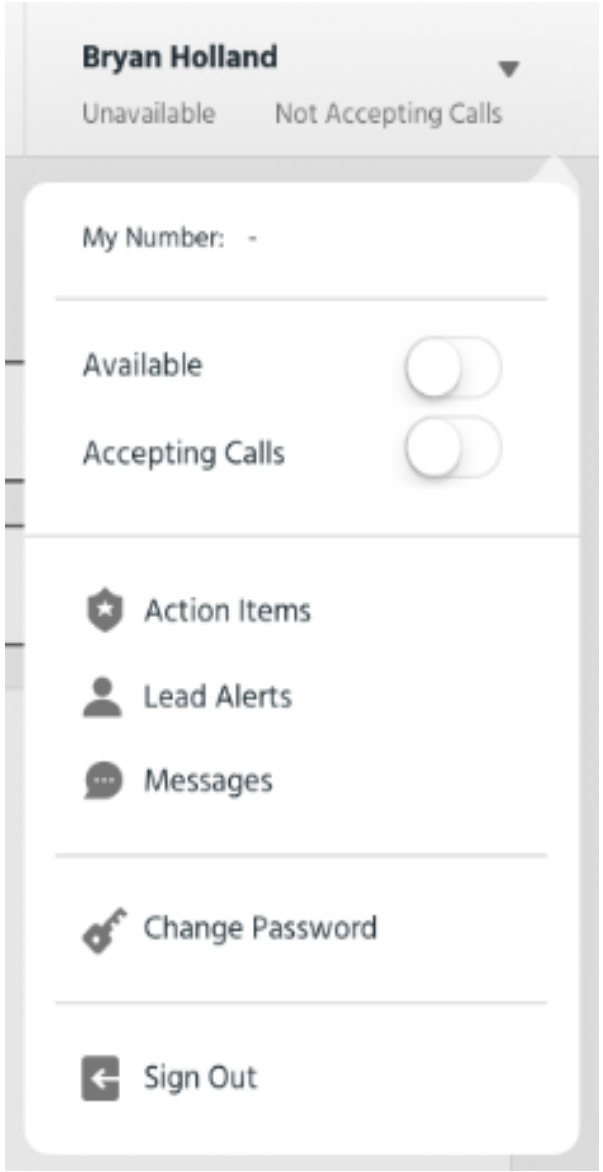
Dropdown Menu



- 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

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HOME

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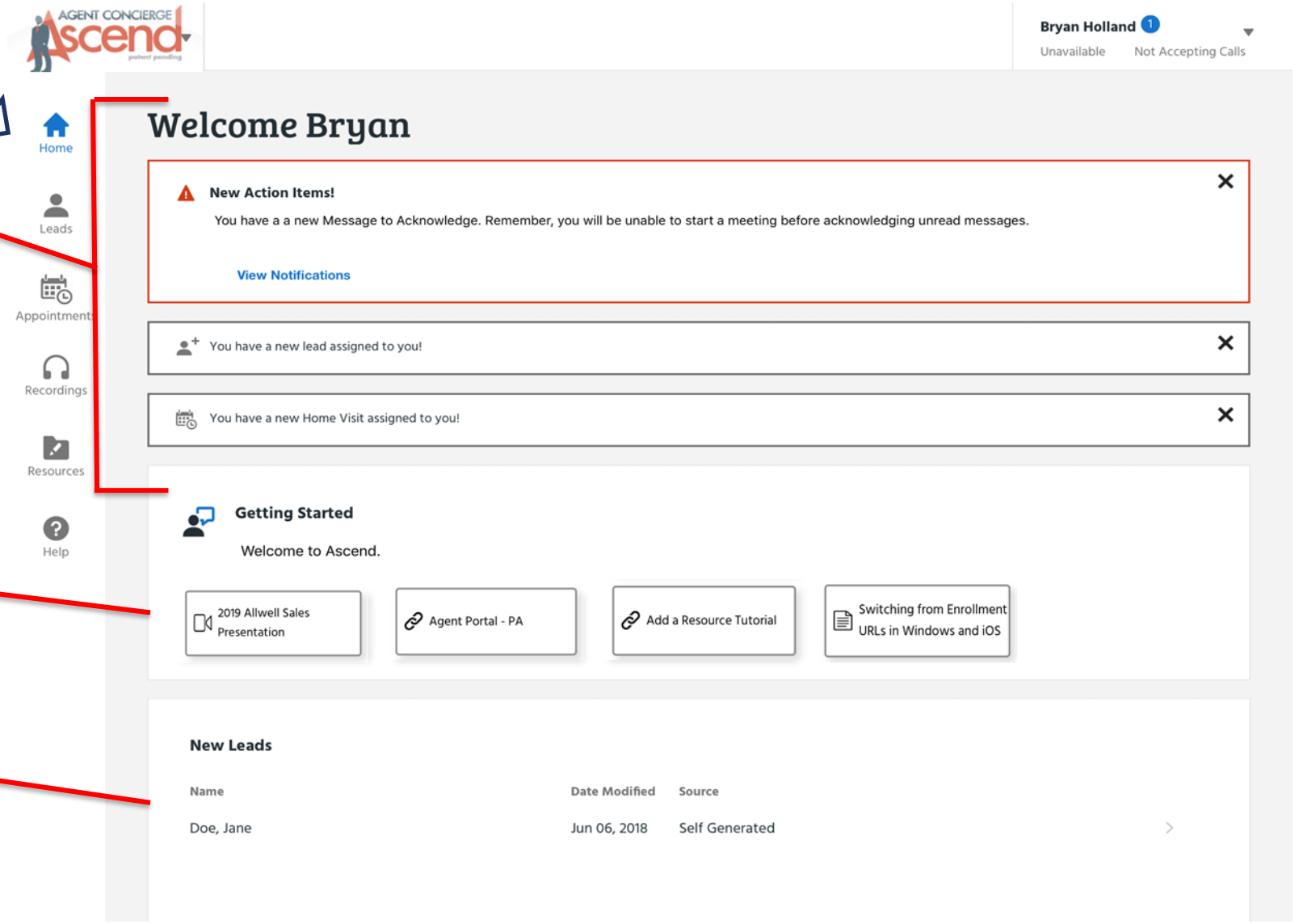
Home Screen

Home

Notifications

Resource Quick Links

New Leads



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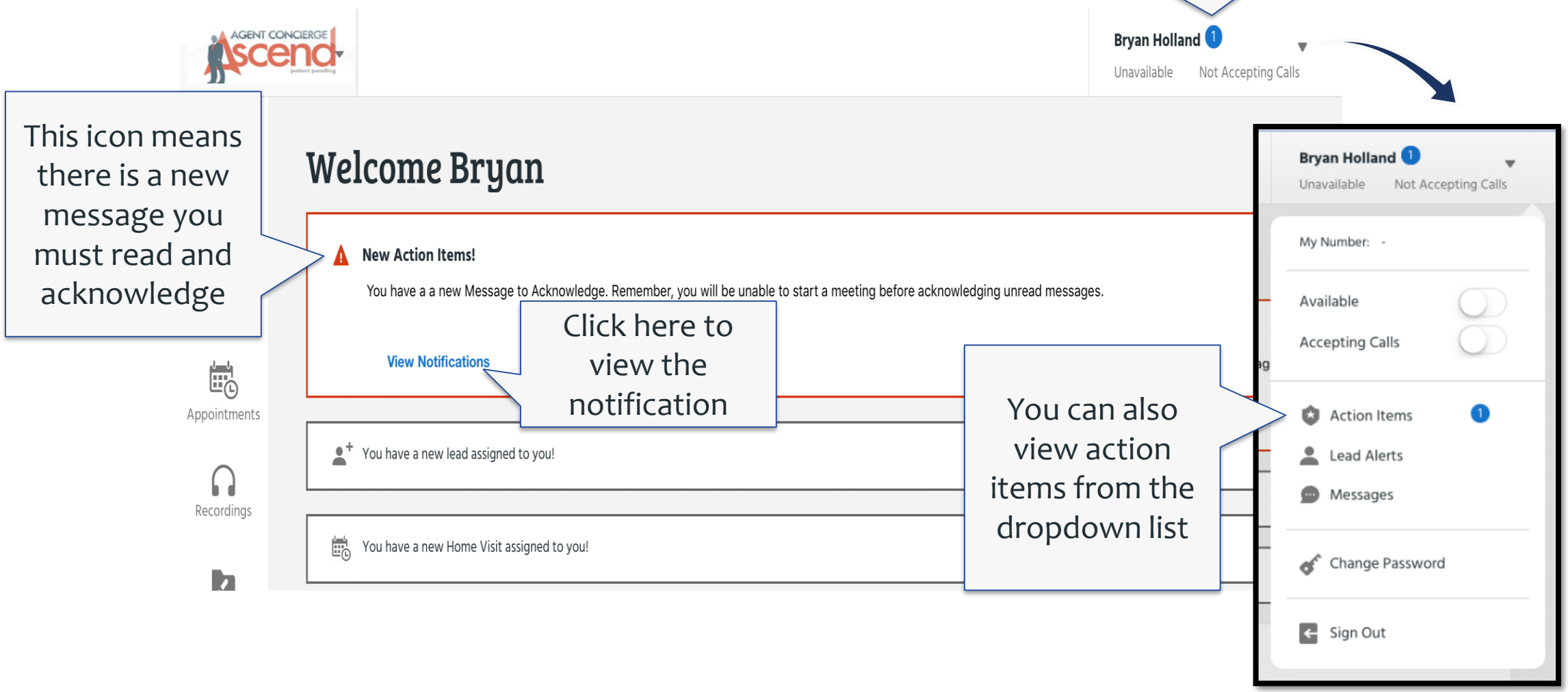
New Action Item

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



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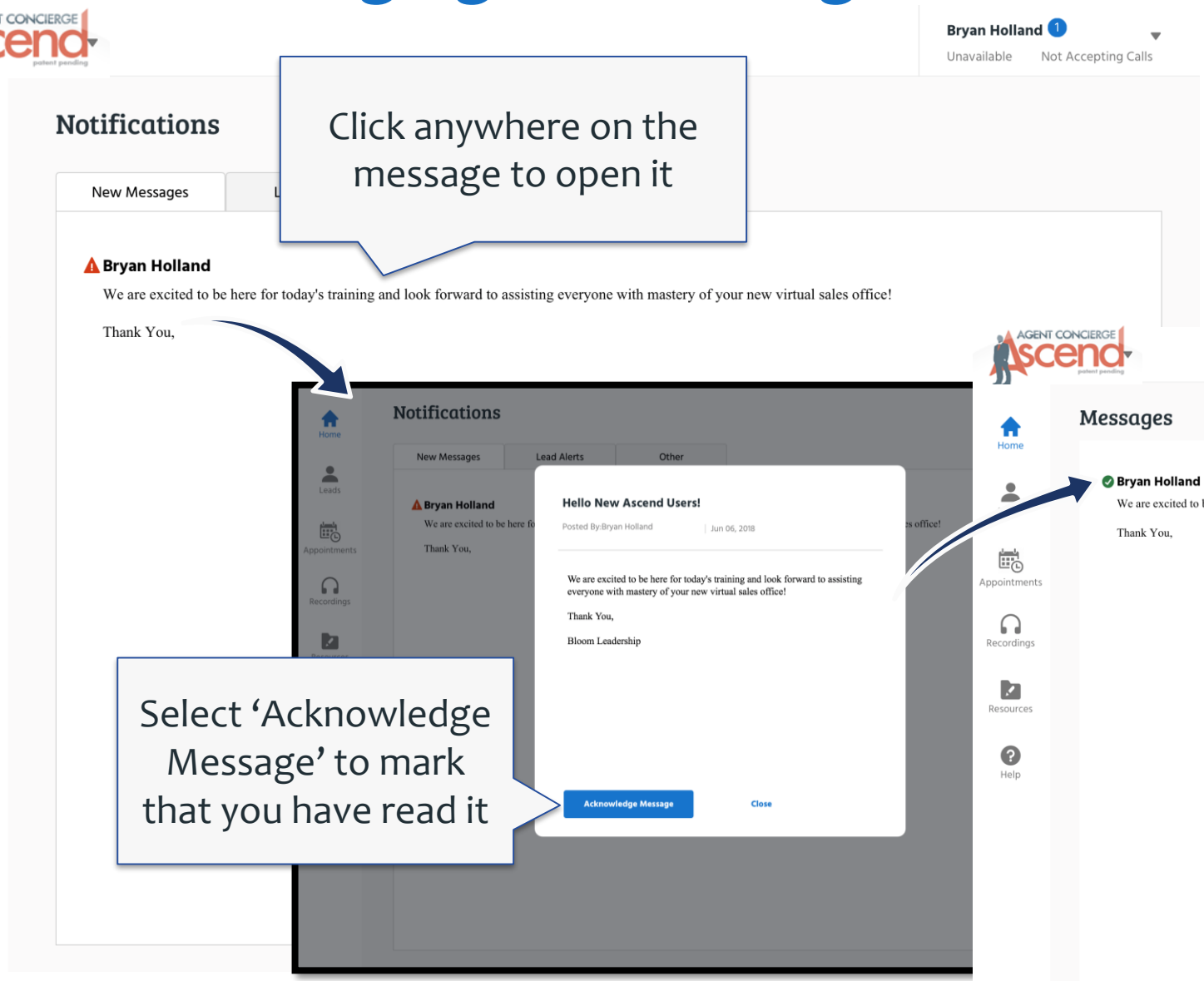
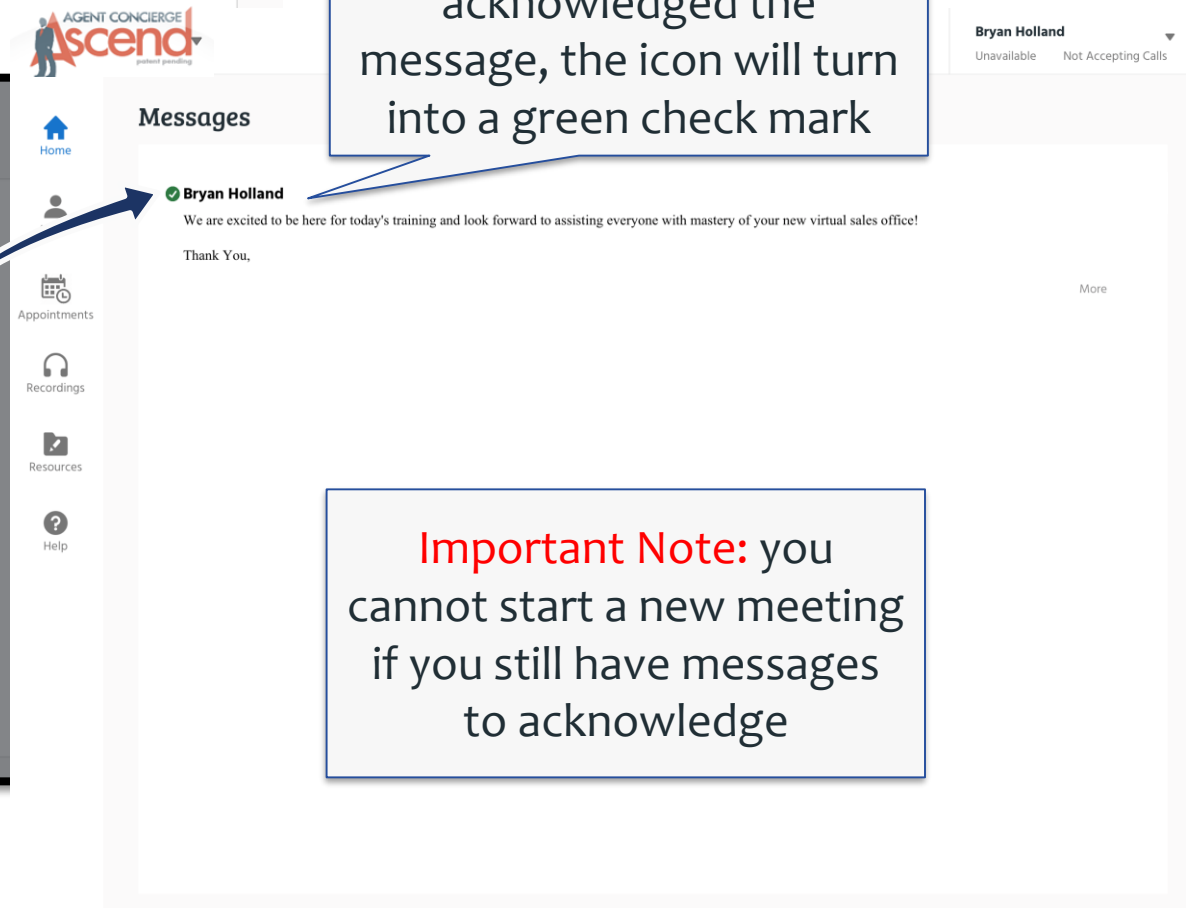
Acknowledging the Message

Click anywhere on the message to open it



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

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

LEADS

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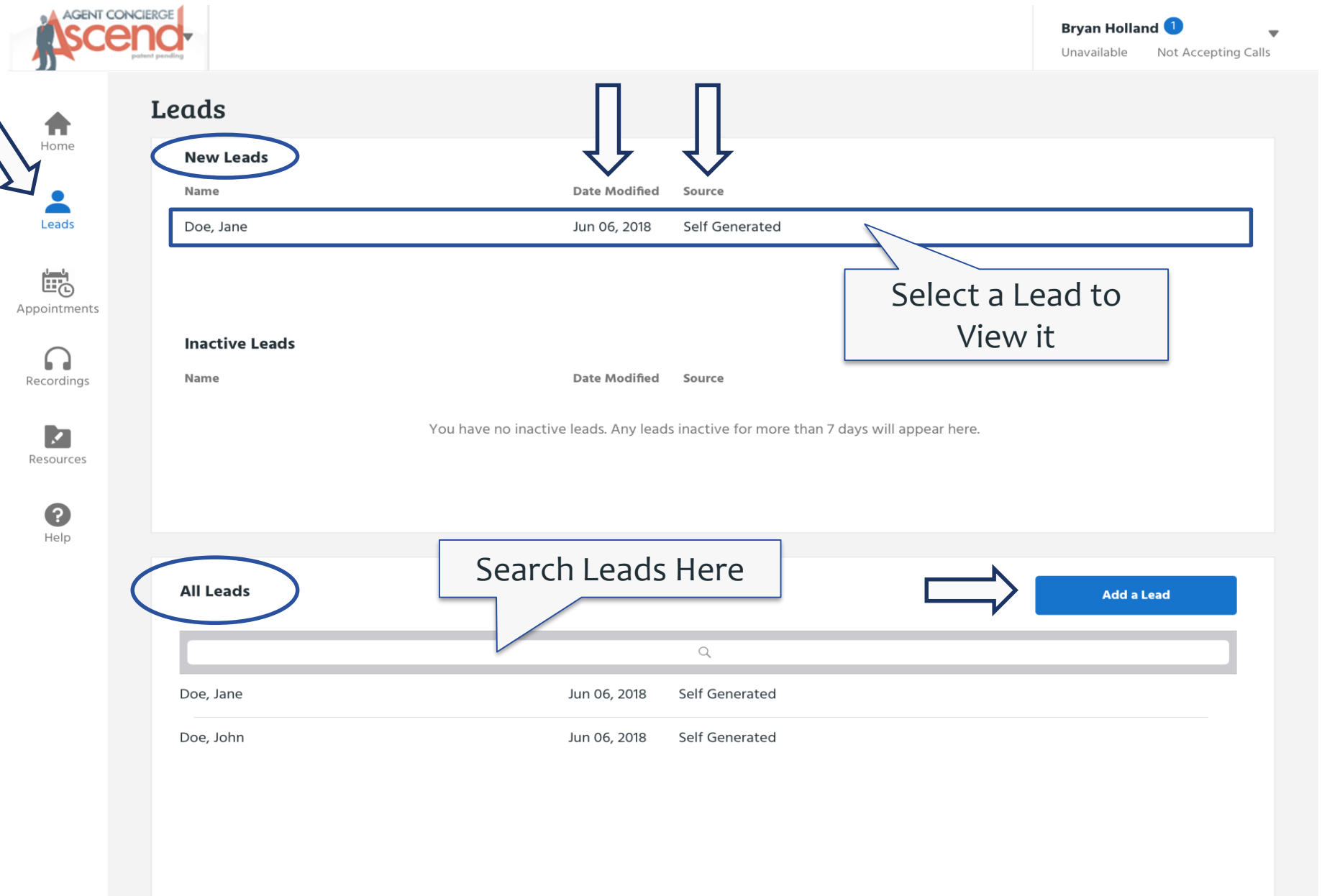
Leads Screen



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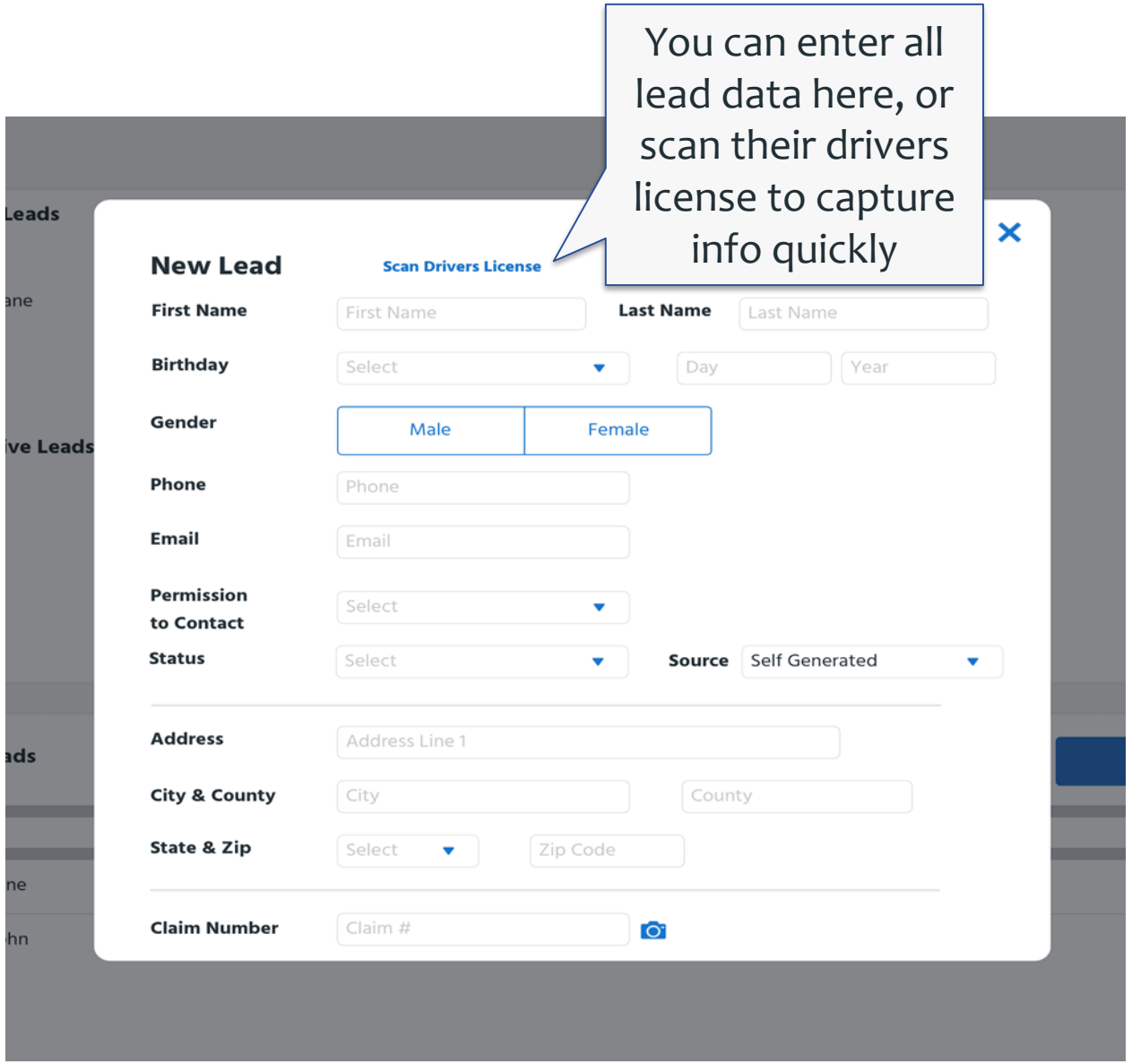
Add a Lead



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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.

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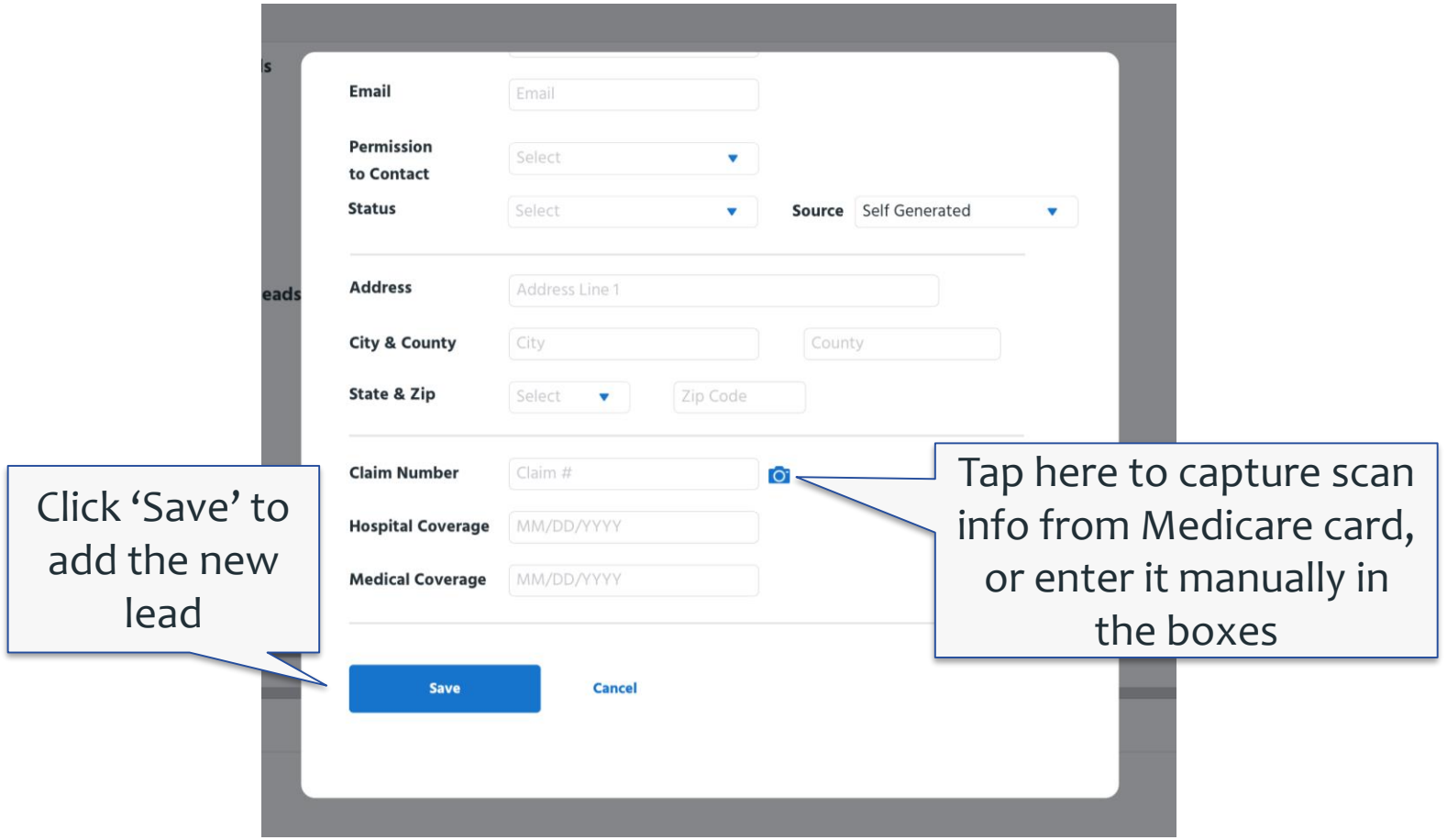
Finish Collecting Lead Info



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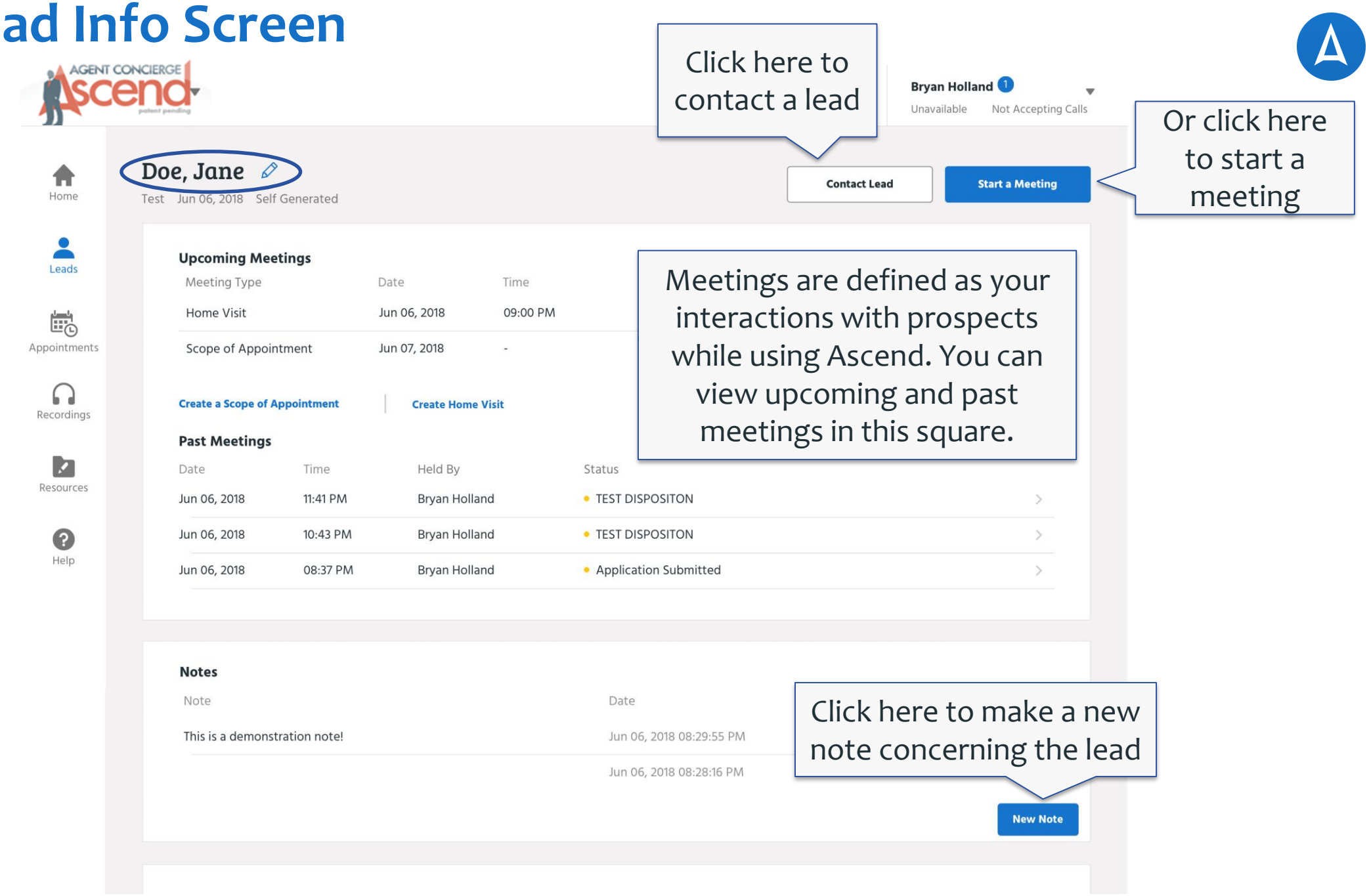
Lead Info Screen



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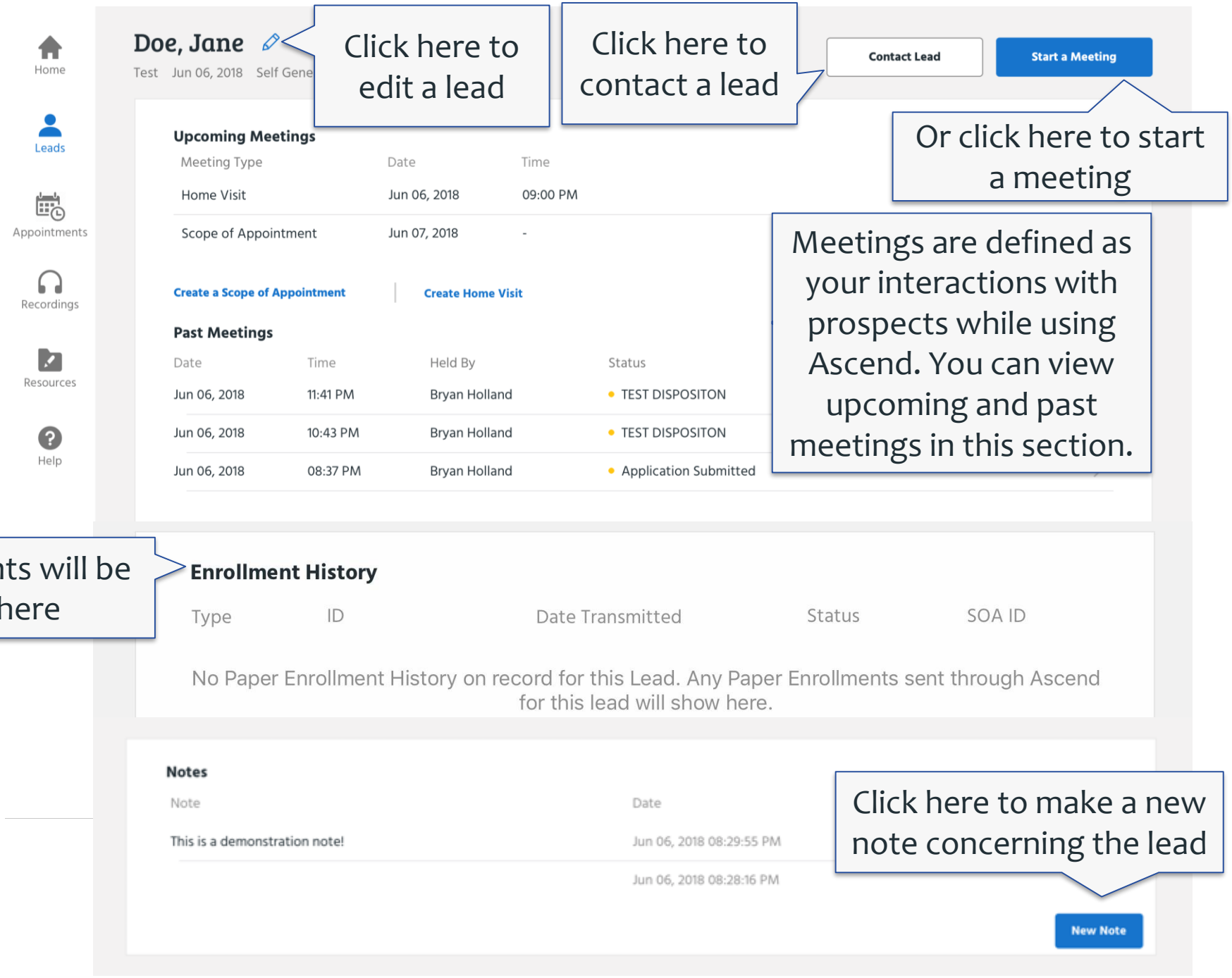
Lead Info



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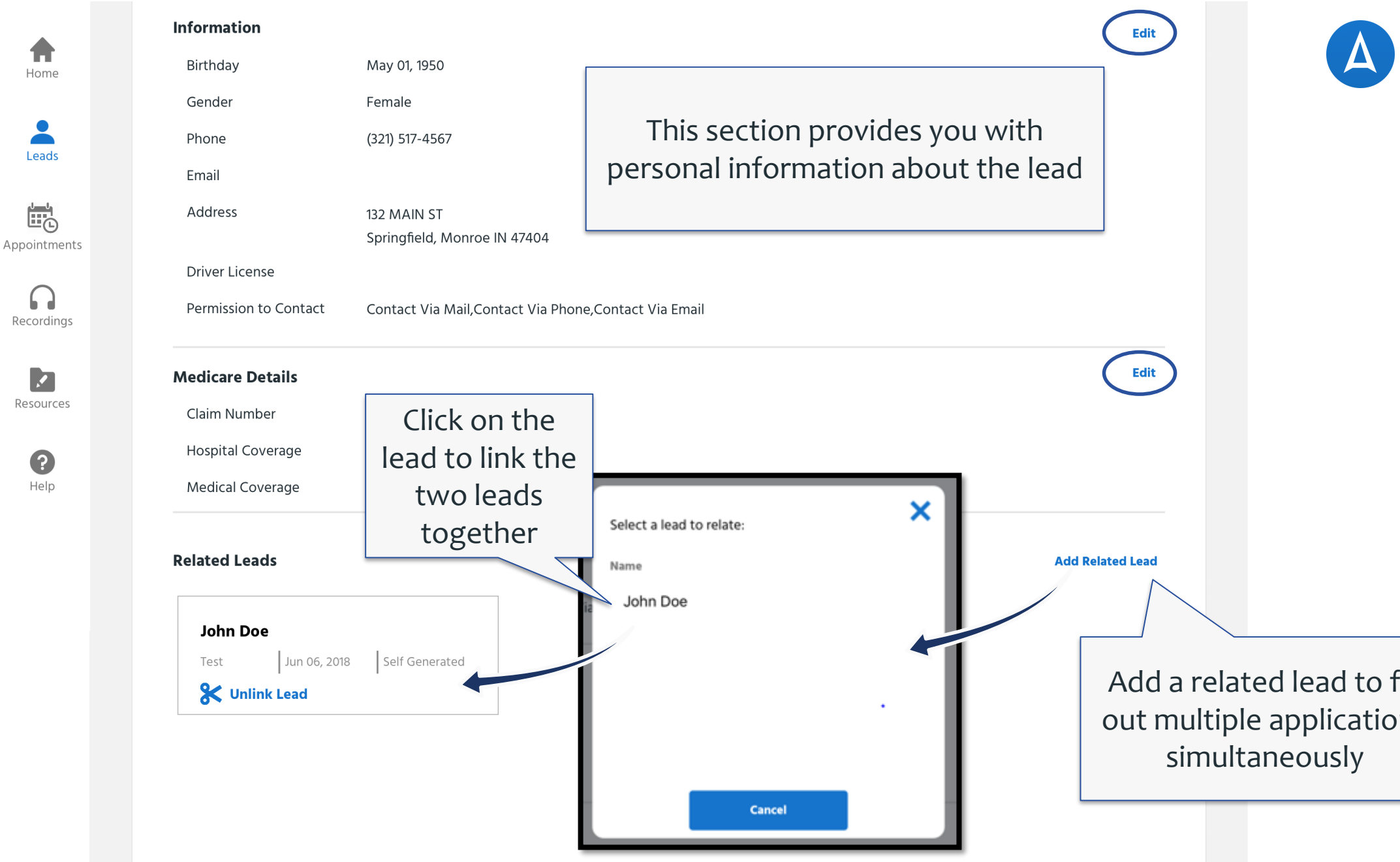
Home
Leads
Appointments
Recordings
Resources
Help
Information
Edit
Birthday
May 01, 1950
Gender
Female
Phone
(321) 517-4567
Email
Address
132 MAIN ST
Springfield, Monroe IN 47404
Driver License
Permission to Contact
Contact Via Mail,Contact Via Phone,Contact Via Email
This section provides you with personal information about the lead
Medicare Details
Edit
Claim Number
Hospital Coverage
Medical Coverage
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
Cancel
Add Related Lead
Add a related lead to fill out multiple applications simultaneously

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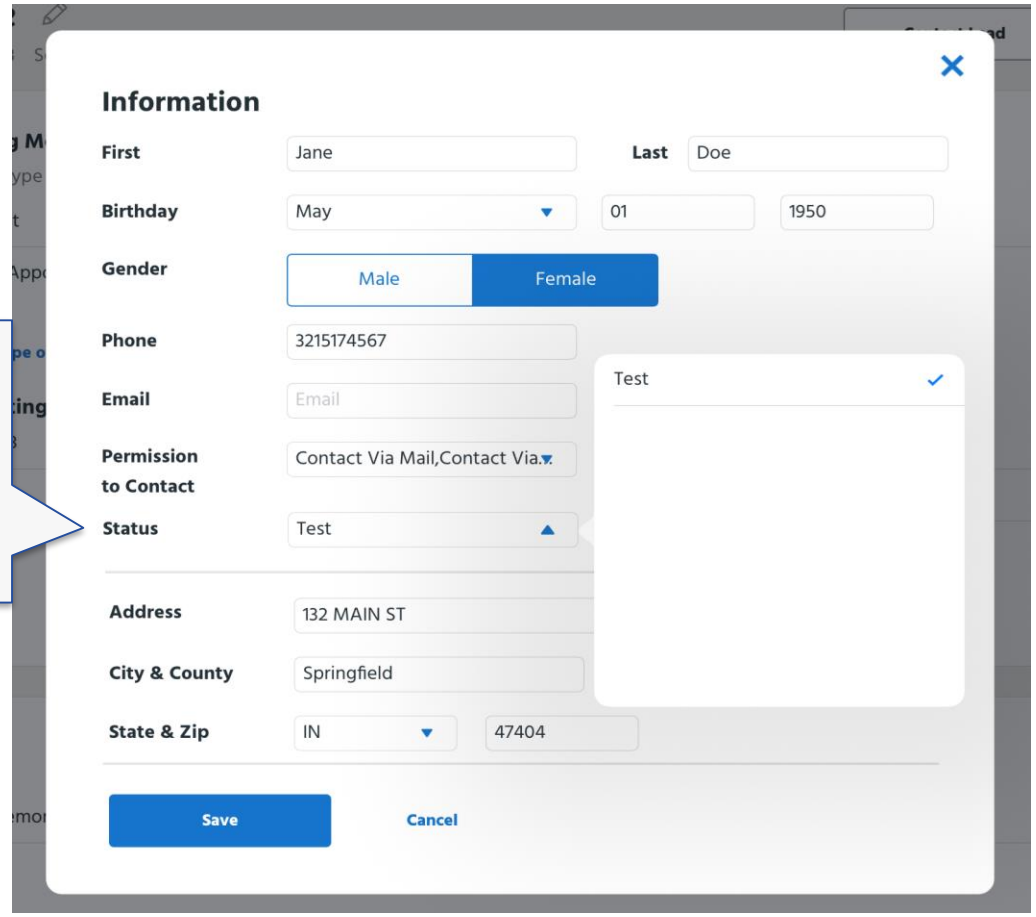
Edit a Lead

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



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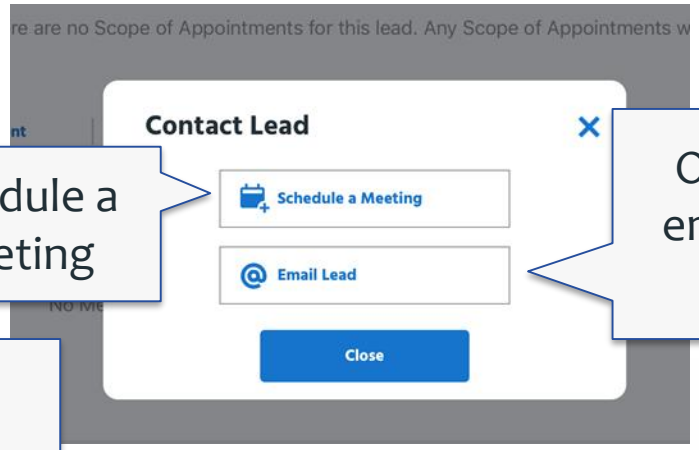
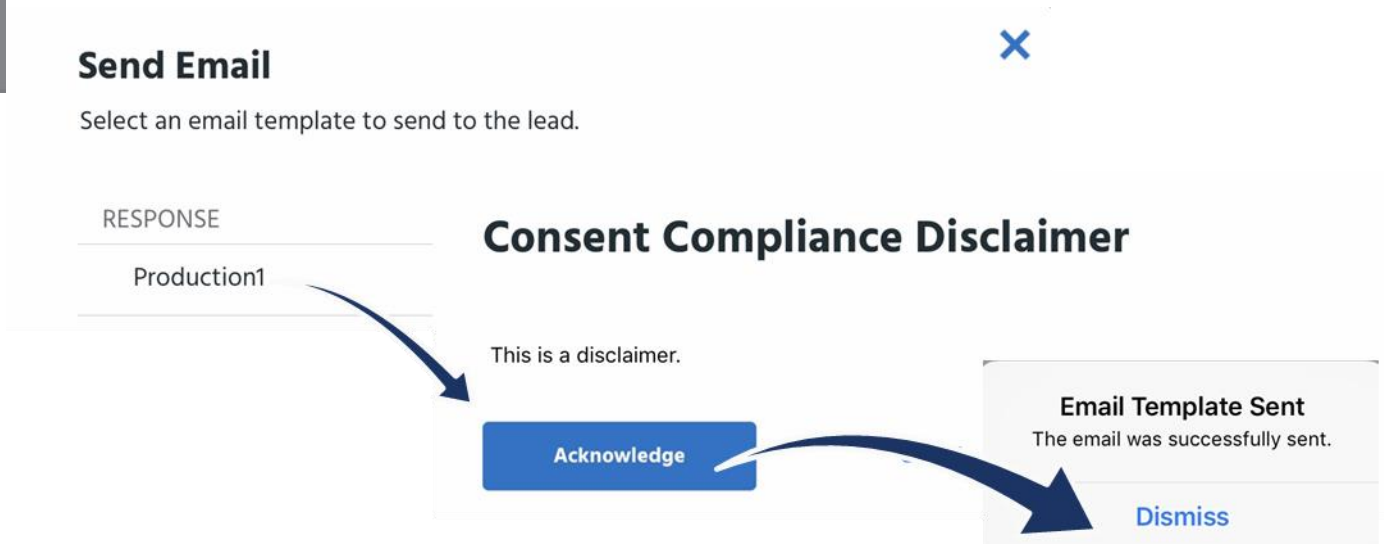
Contact a Lead



Schedule a Meeting

Or send a preset email template to the prospect

Scheduling a Meeting will prompt you to create a Scope of Appointment



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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

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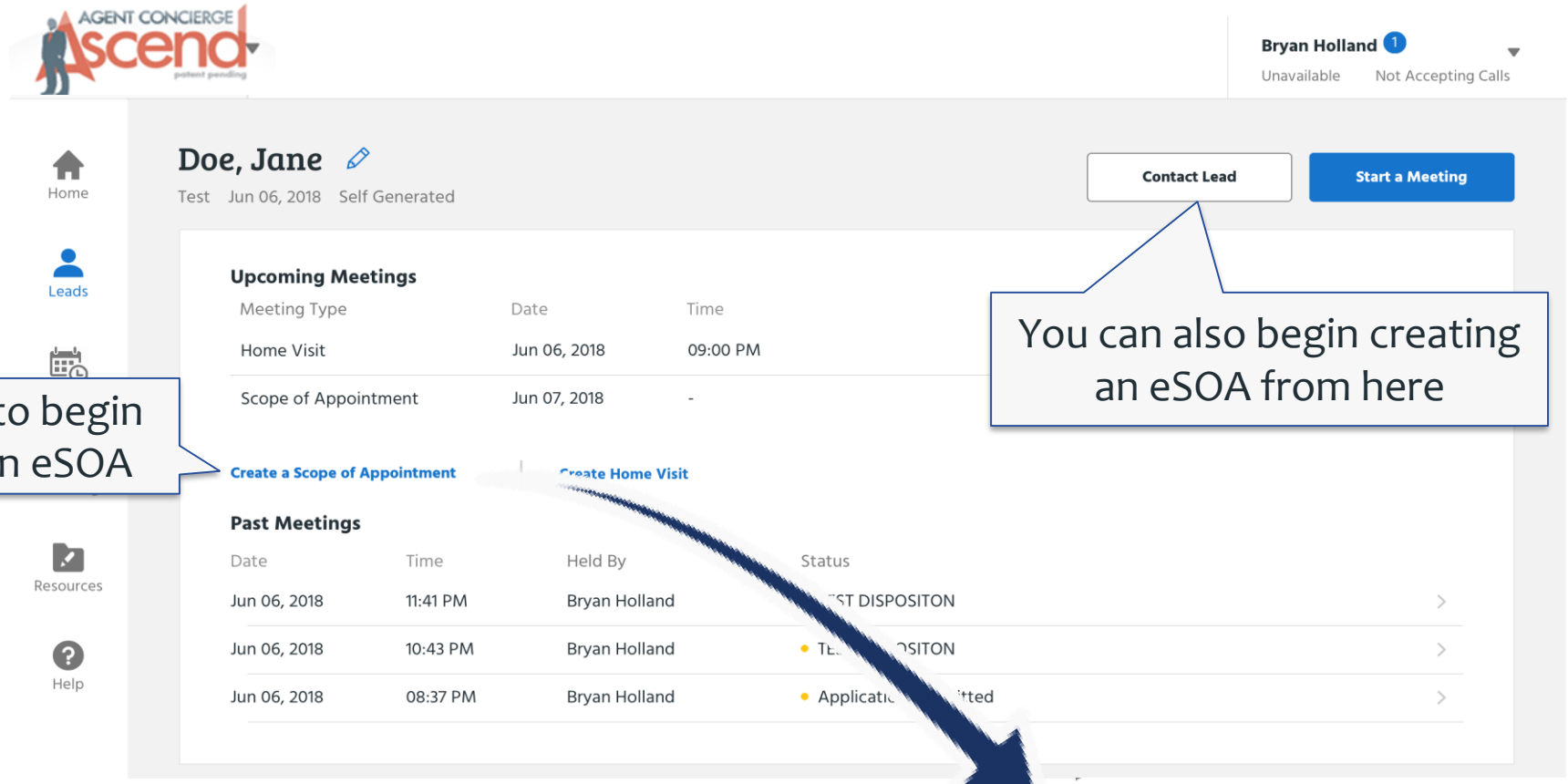
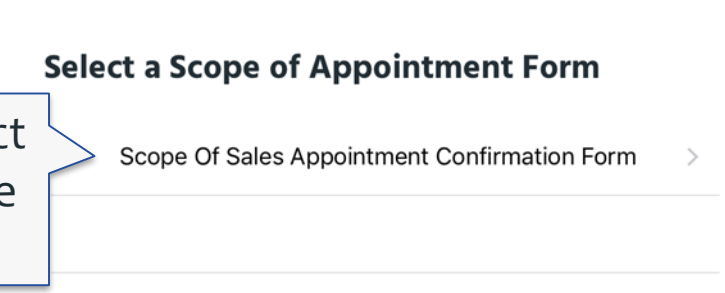
Creating an eSOA



Click here to begin creating an eSOA

You can also begin creating an eSOA from here



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

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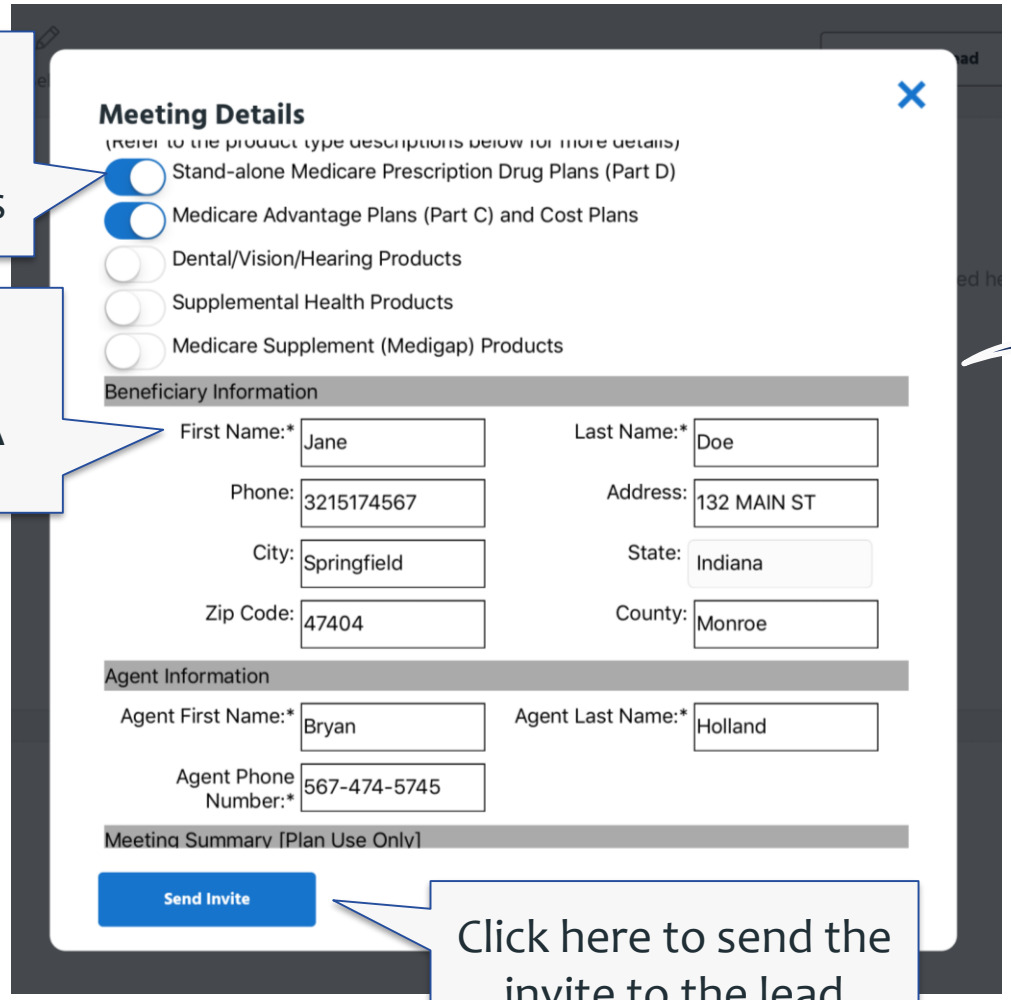
Filling Out the eSOA

Select the products you plan to discuss

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



Click here to send the invite to the lead

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.

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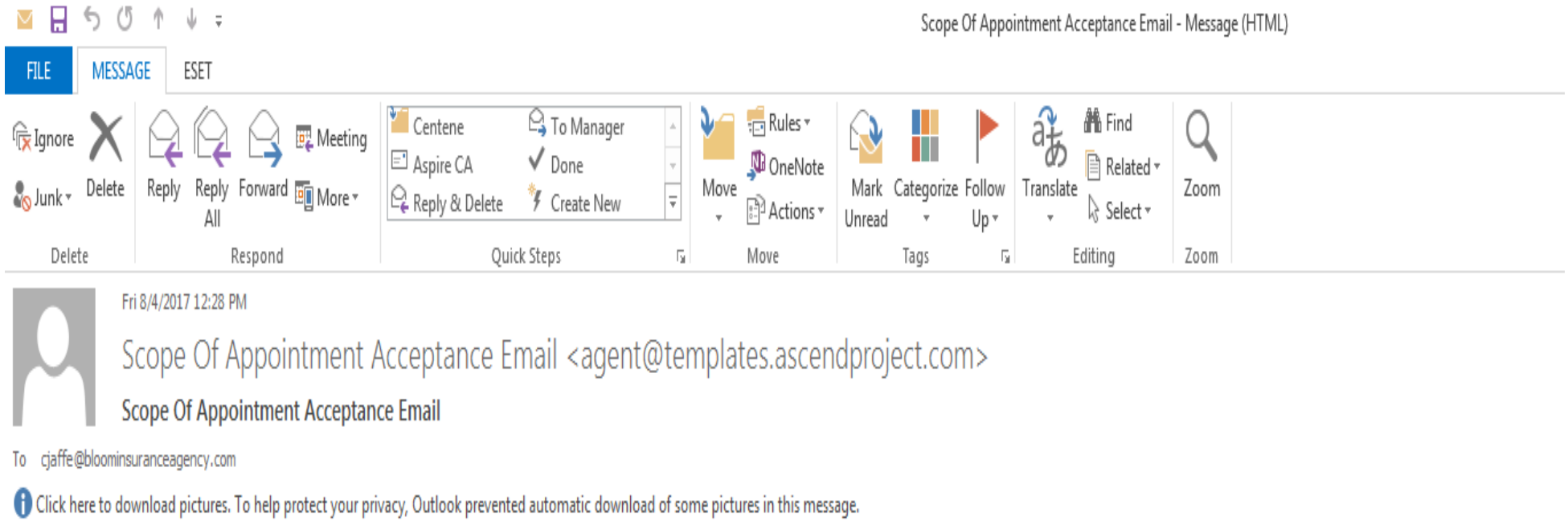
Prospect Email



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

Ascend ©2019

Prospect View of 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	Last Name:	Prospect
Phone:	8123334567	Address:	
City:		State:	
Zip Code:	47401	County:	

Agent Information

Agent First Name:	Chris	Agent Last Name:	Jaffe
Agent Phone Number:	812-821-2121	Agent Email:	cjaffe@bloominsuranceagency.com
Address:	2410 N Industrial	City:	Bloomington
State:	Indiana	Zip Code:	47403

Meeting Summary [Plan Use Only]

Inital 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

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 Medicar 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

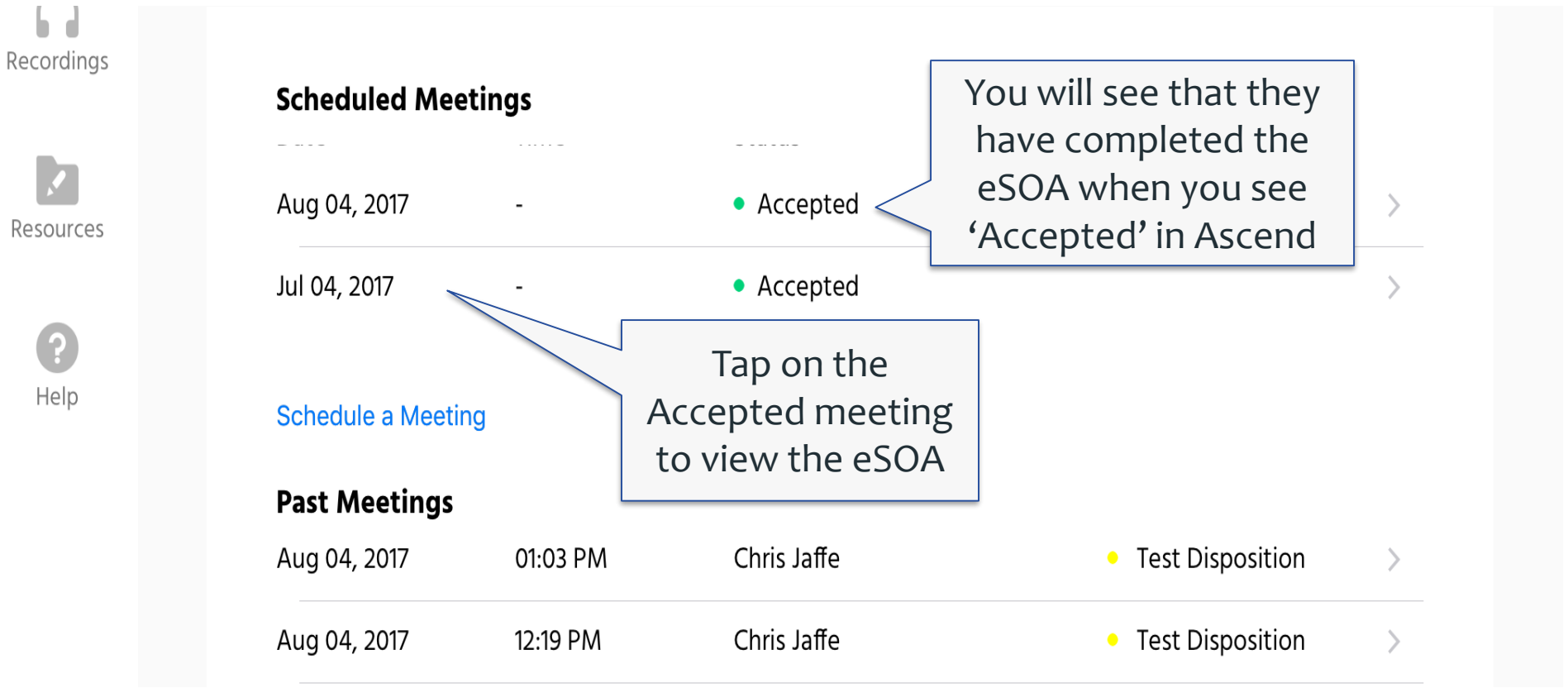
Created Date:
8/4/2017 12:23:08 PM

Scope of Appointment Approved

They will get a confirmation of the meeting approval

Ascend ©2019

Viewing an Accepted eSOA

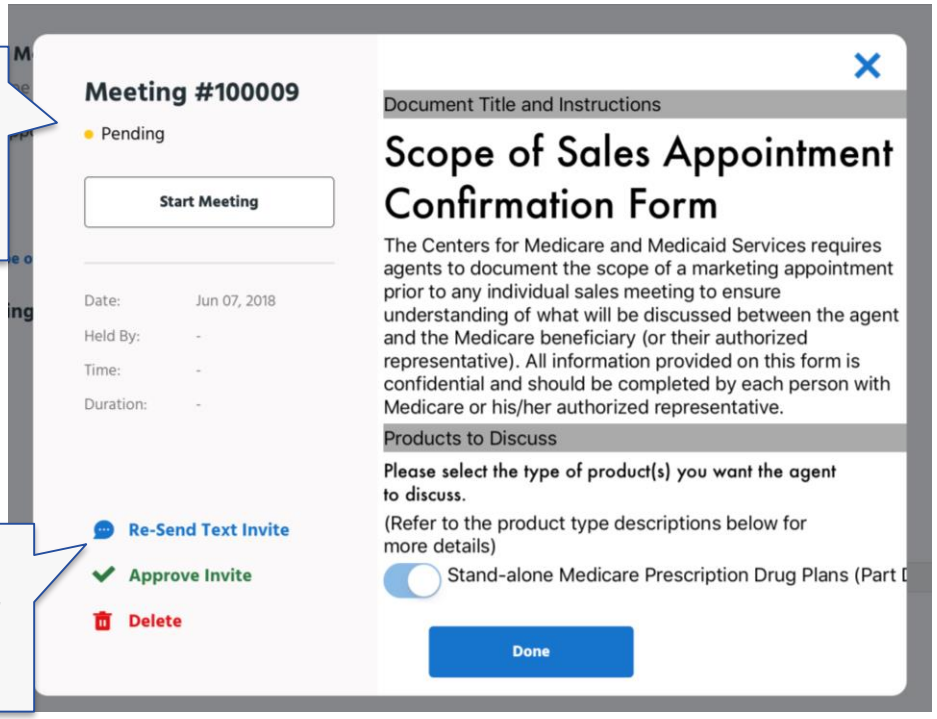


Ascend ©2019

eSOA Status

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

Tap here if you want to resend the eSOA



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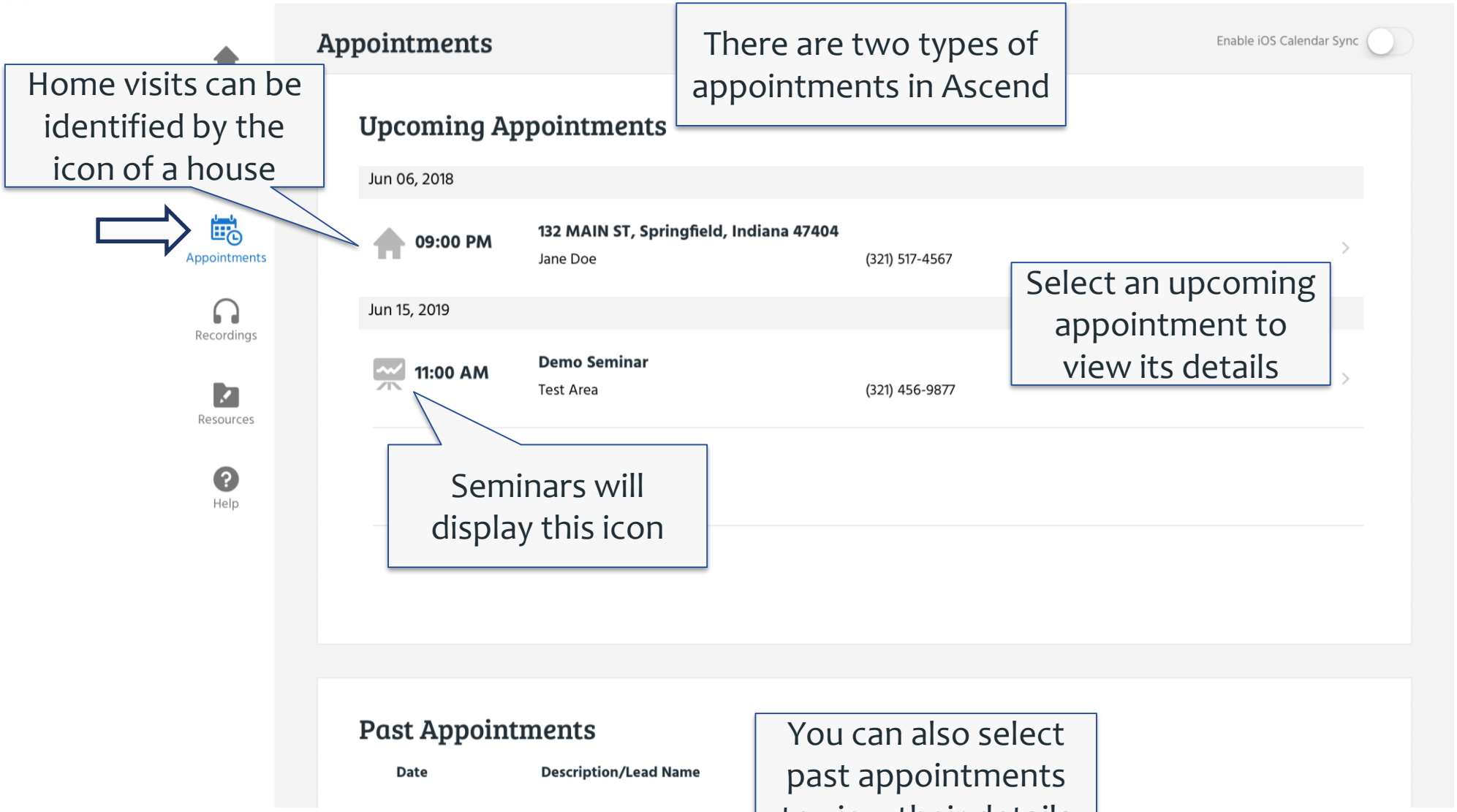
APPOINTMENTS

Ascend ©2019

Appointments Screen



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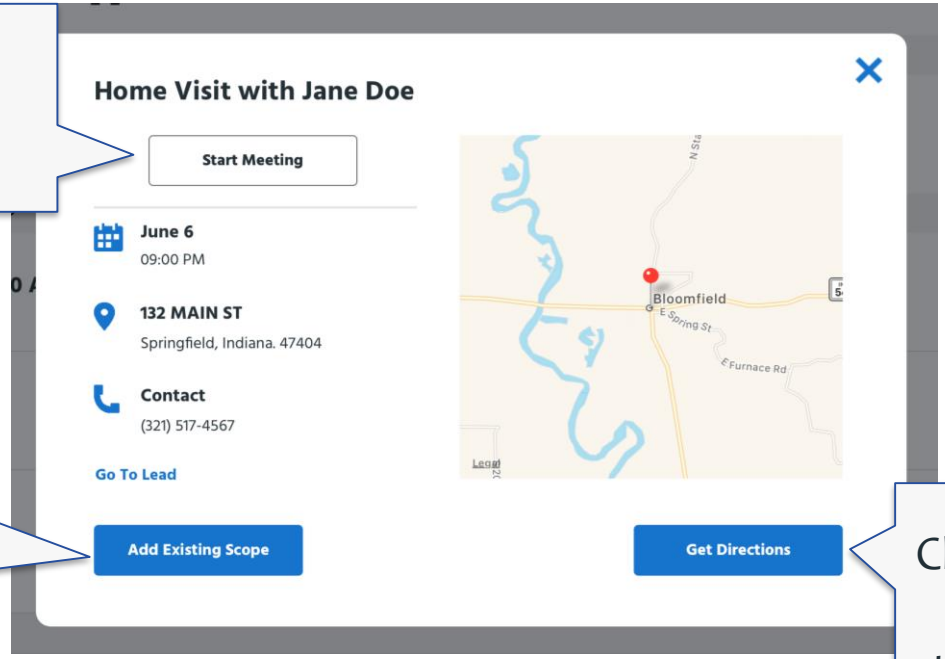
Home Visit Info Screen

You can start a meeting from the Home Visit screen

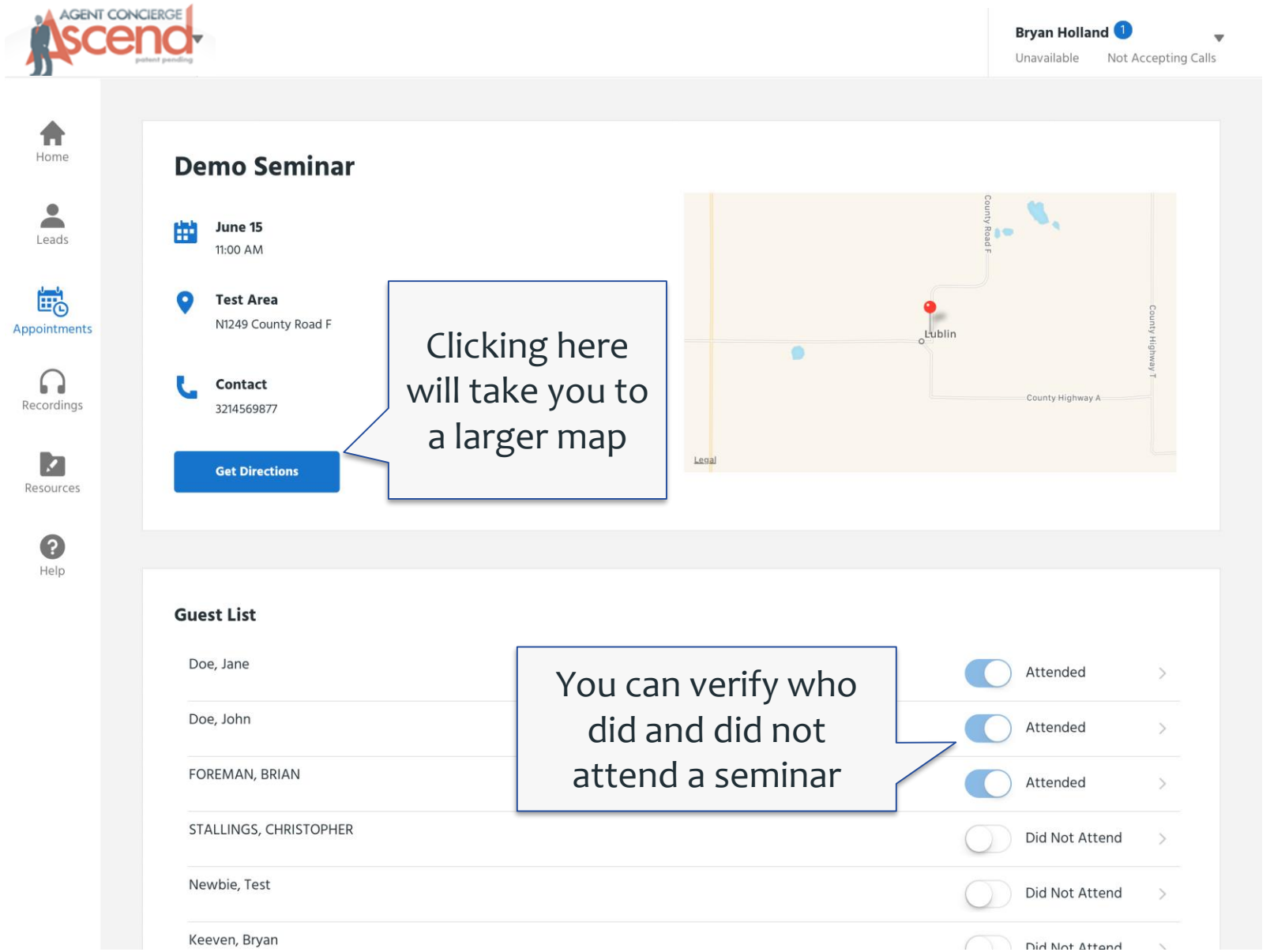


You can also associate an existing Scope of Appointment with the visit

Click here to get directions to the Home Visit

Ascend ©2019

Seminar Info Screen



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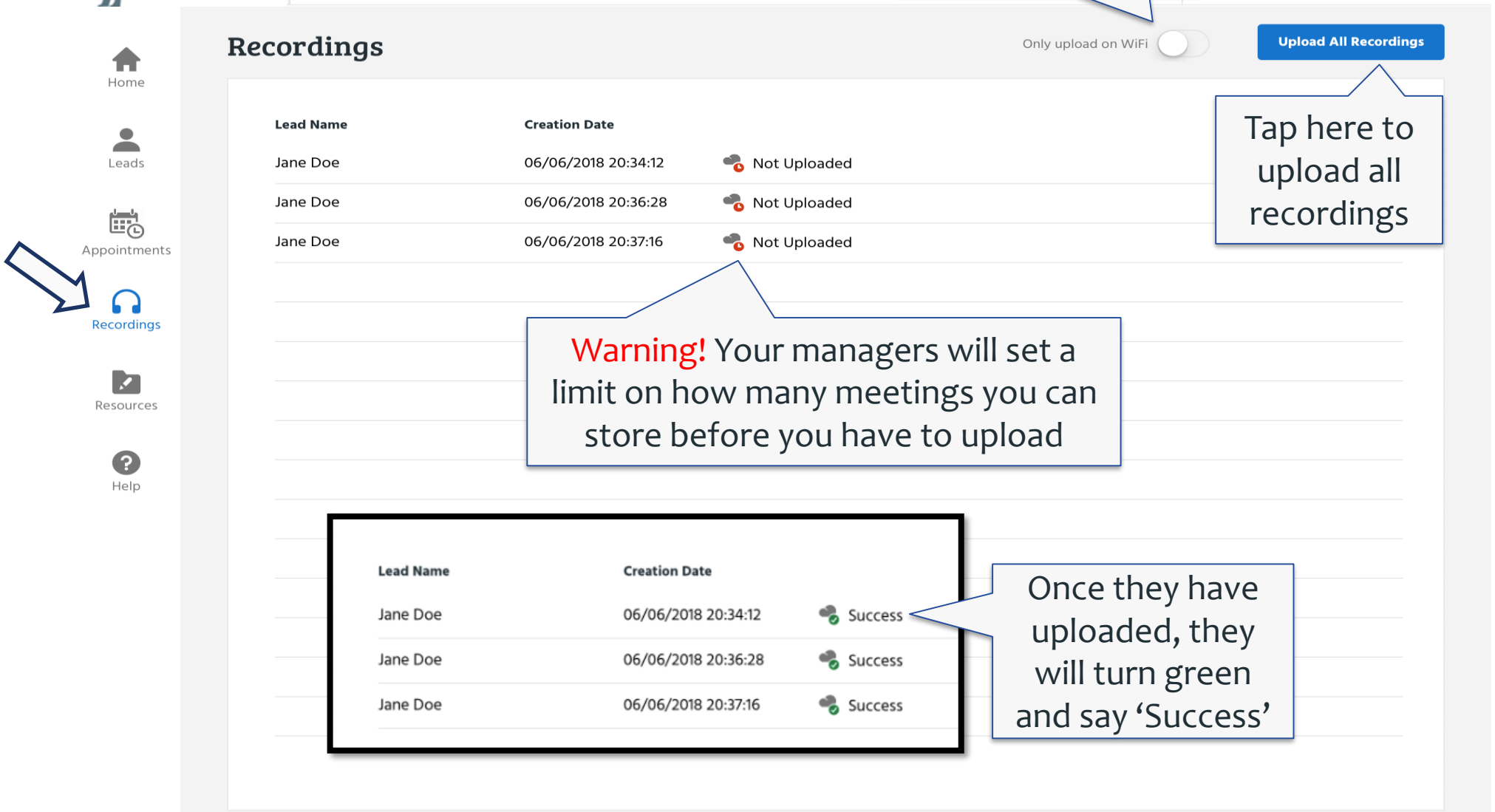
RECORDINGS

Ascend ©2019

Recordings

Recordings Screen

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



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

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

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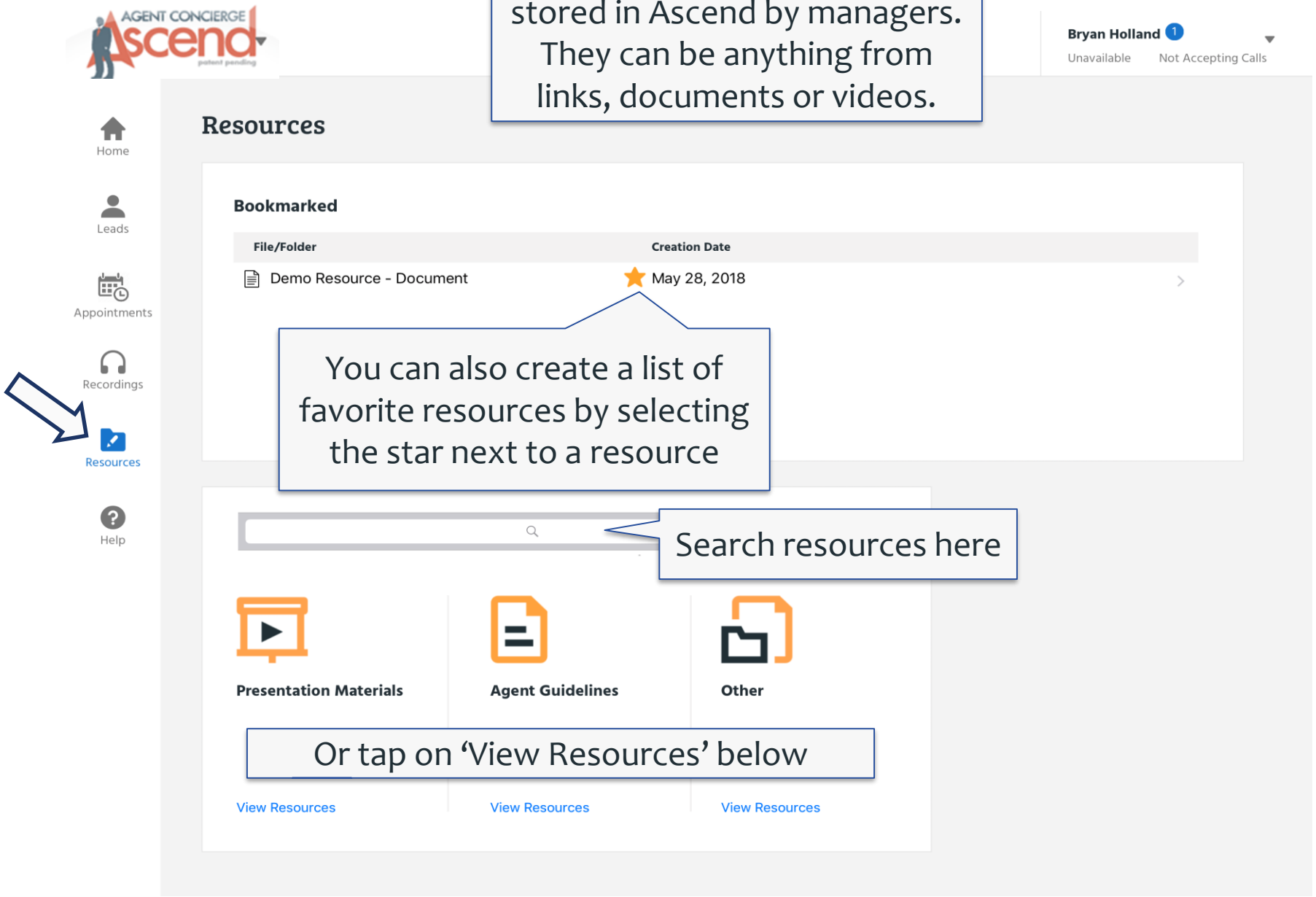
RESOURCES

Ascend ©2019

Resources Screen

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

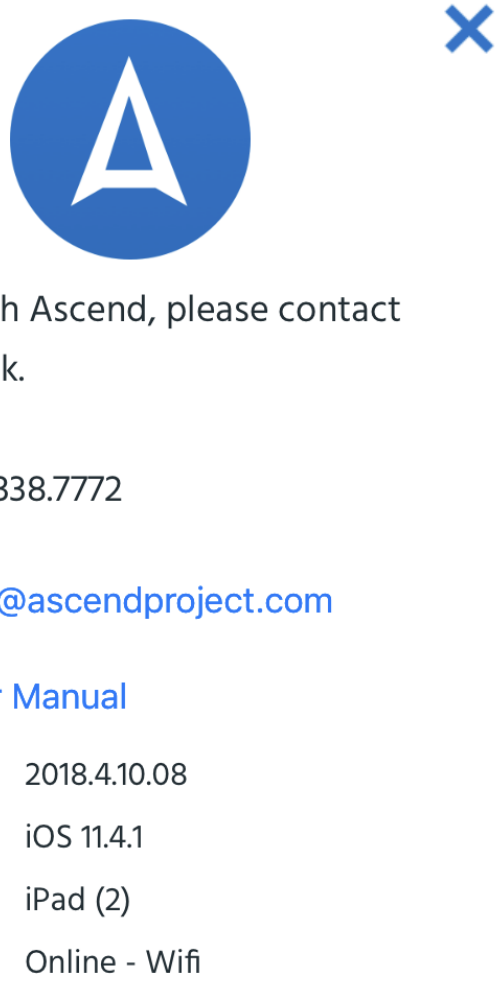


Ascend ©2019

HELP

Ascend ©2019

Help Screen



- 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!

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RATE

Ascend ©2019

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

Ascend ©2019

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

Ascend ©2019

HOW DOES IT WORK?

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Step 1

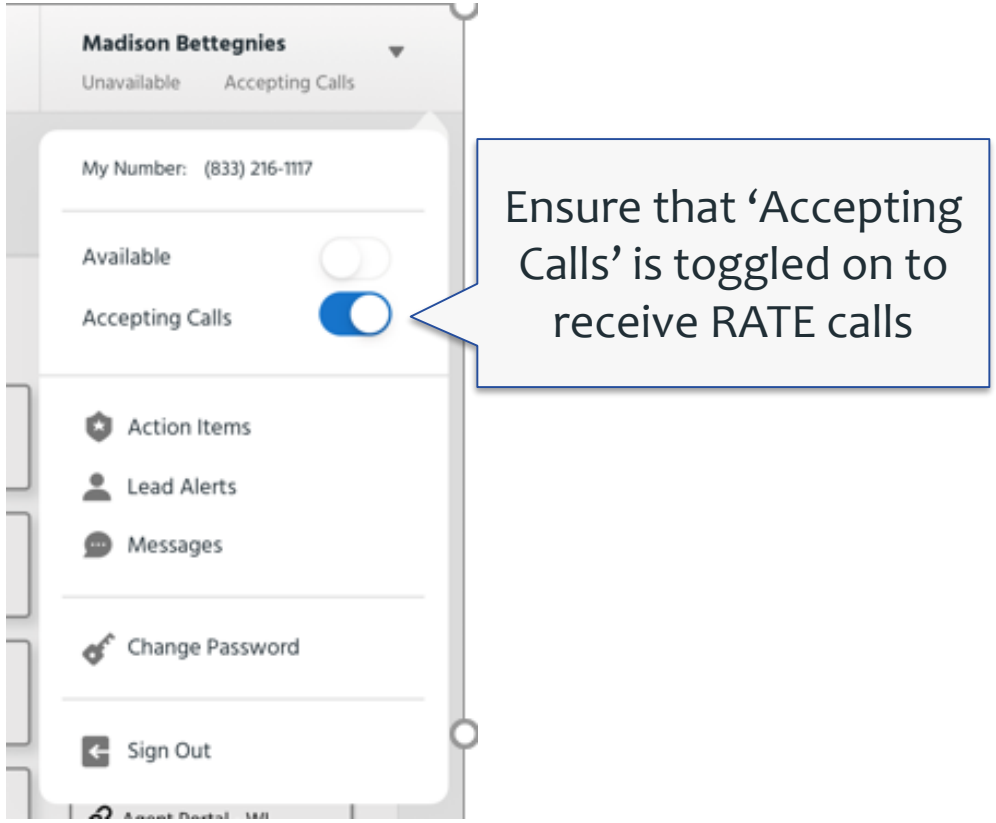
- Meet with your client and provide the required sales presentation and materials
  - RATE does not replace your one-on-one client appointments. If your client decides to enroll at a later date, you can schedule an appointment to complete the enrollment via RATE.

- You cannot receive a RATE call if you are already in a meeting

Ascend ©2019

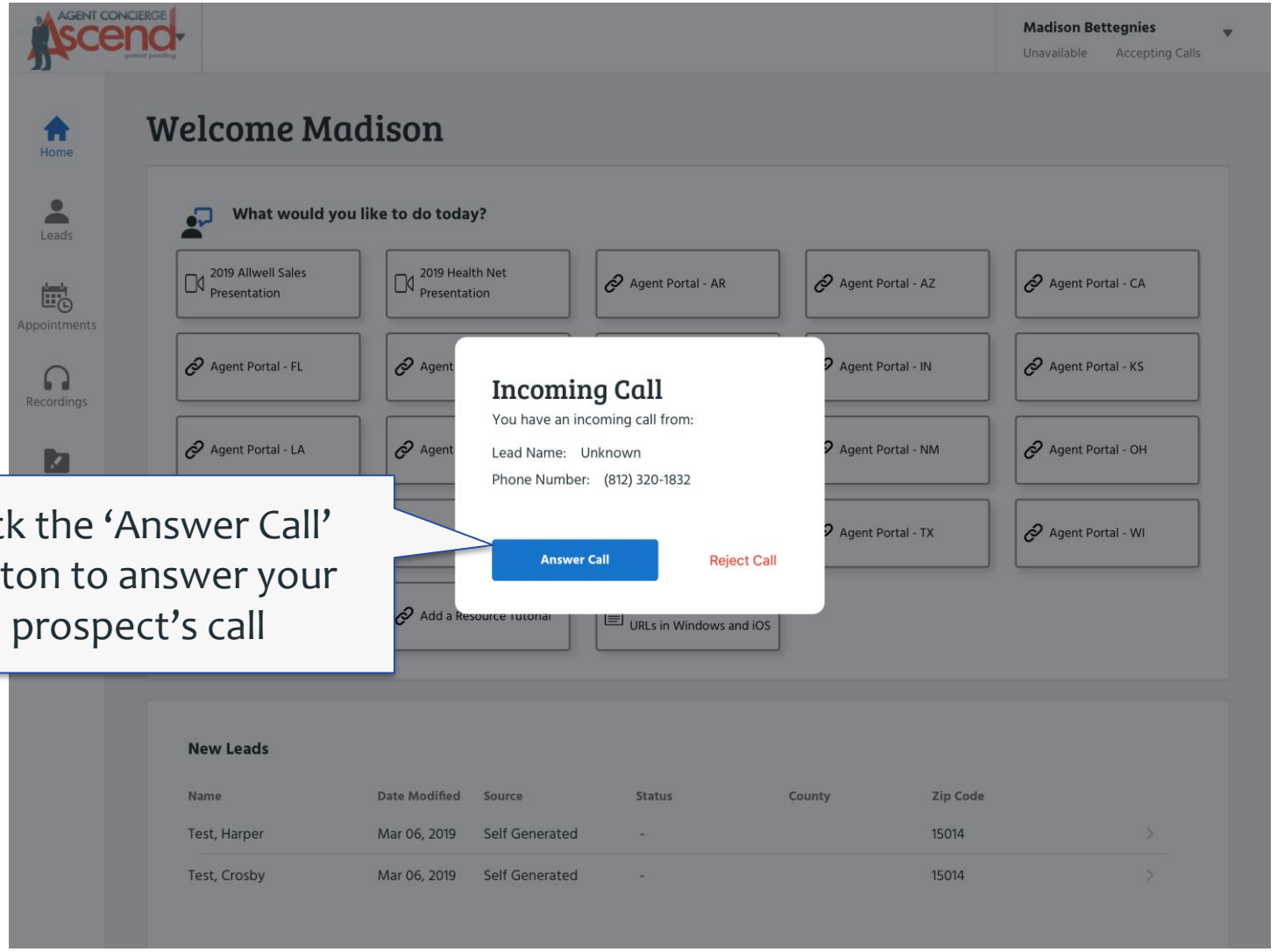
Step 2

- 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.



Ascend ©2019

Receiving the Call



Click the 'Answer Call' button to answer your prospect's call

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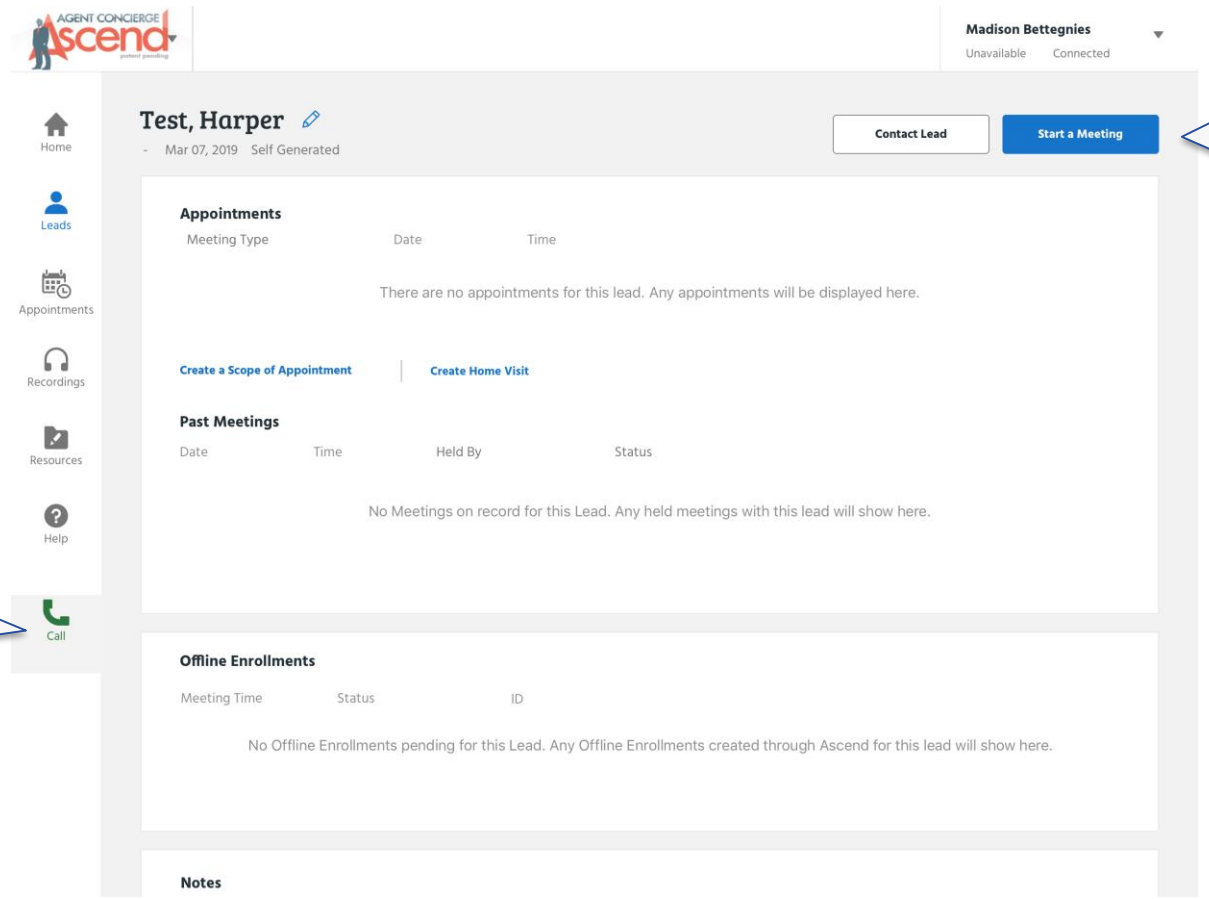
Lead Screen

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



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

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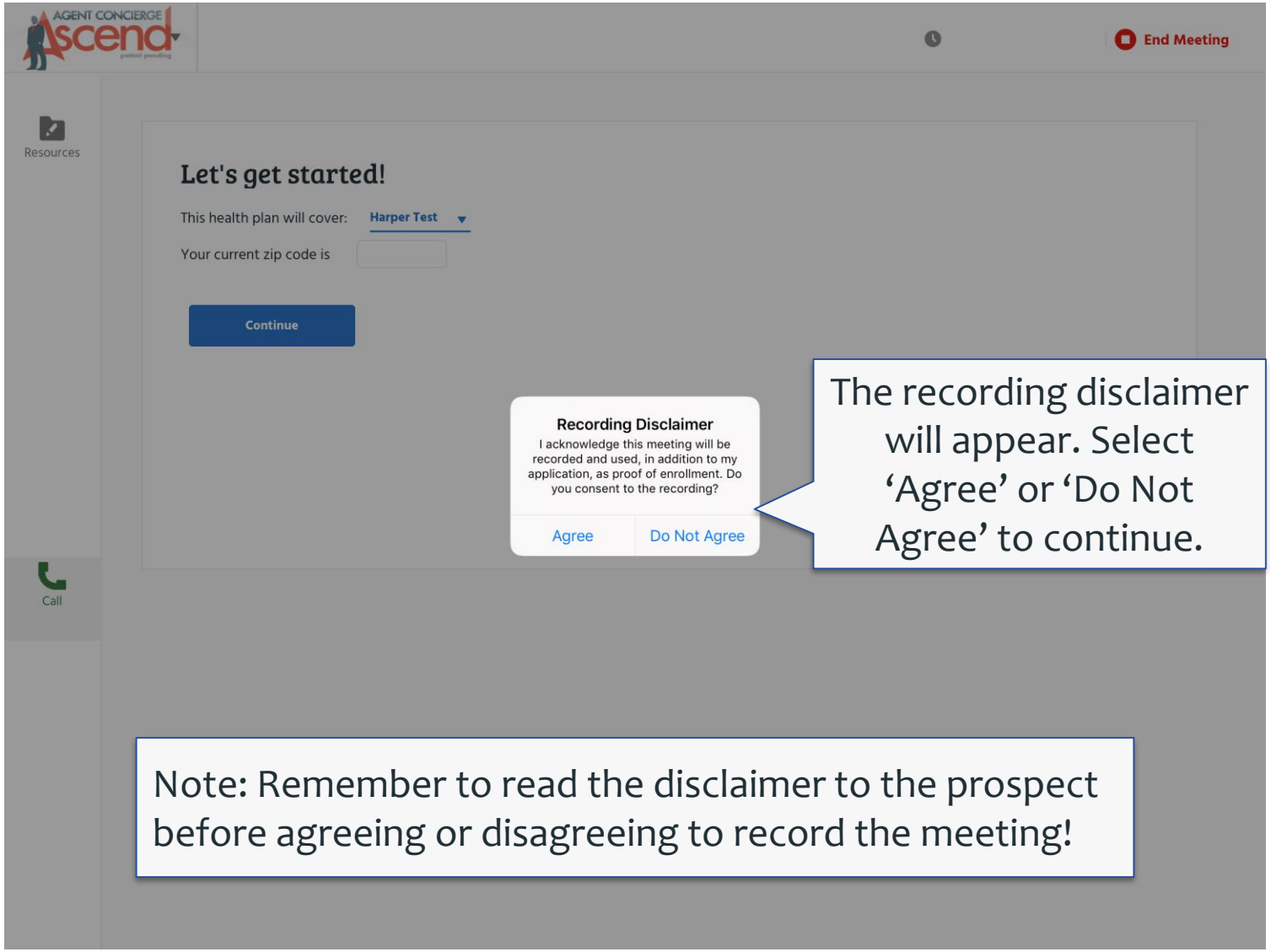
Start a Meeting



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!

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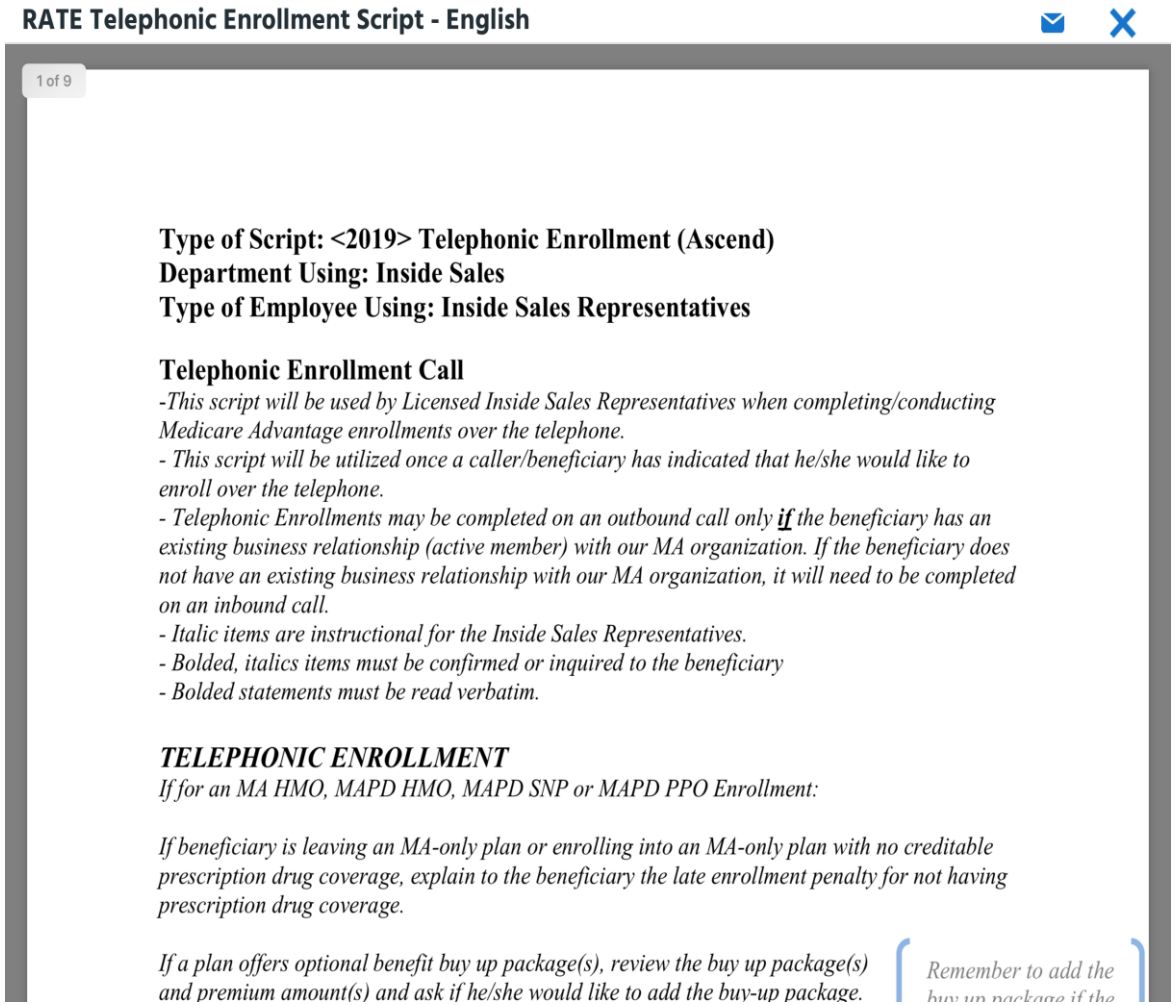
Step 3

- 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

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ASCEND QUOTE & ENROLLMENT

Ascend ©2019

GETTING STARTED

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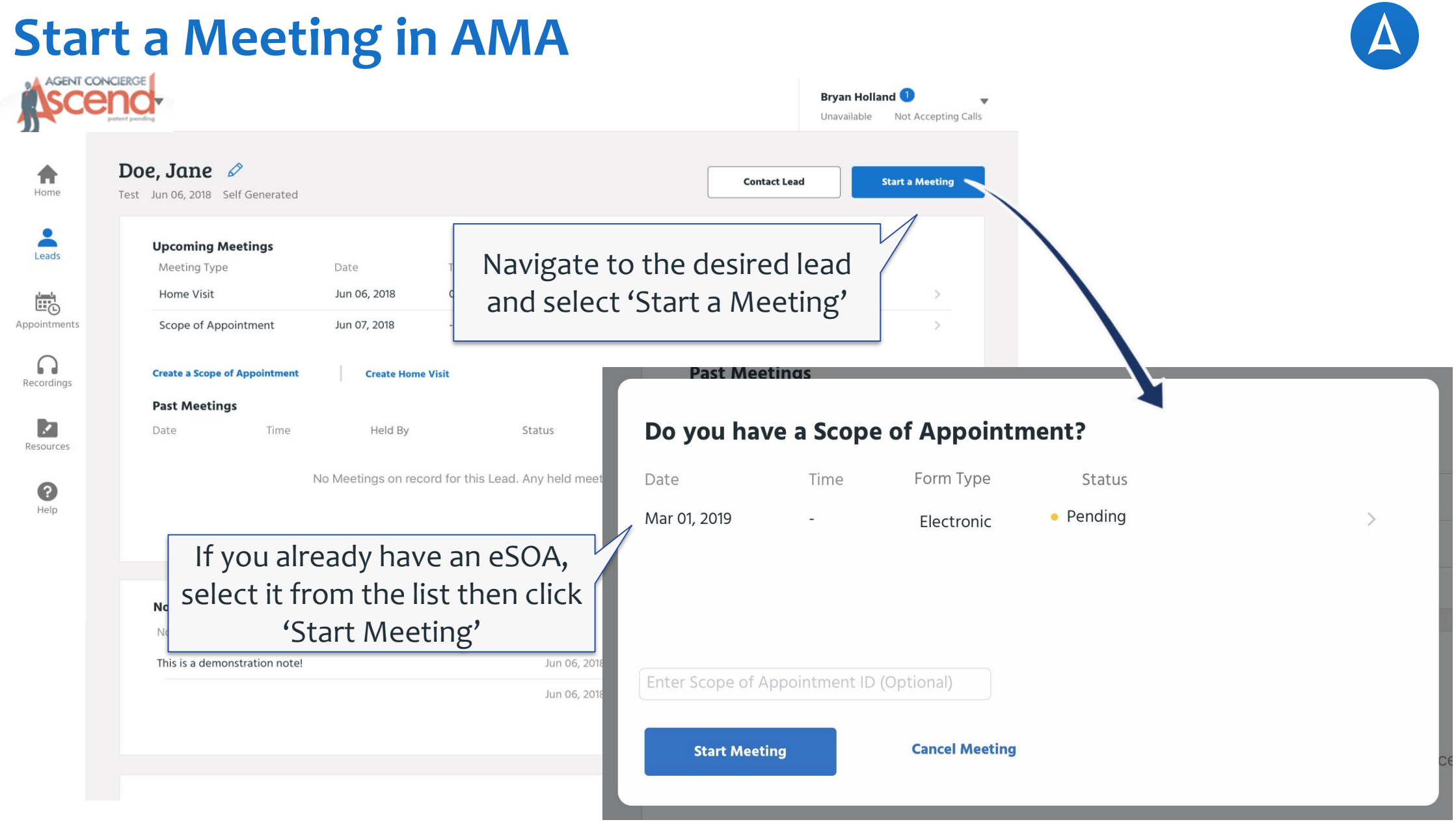
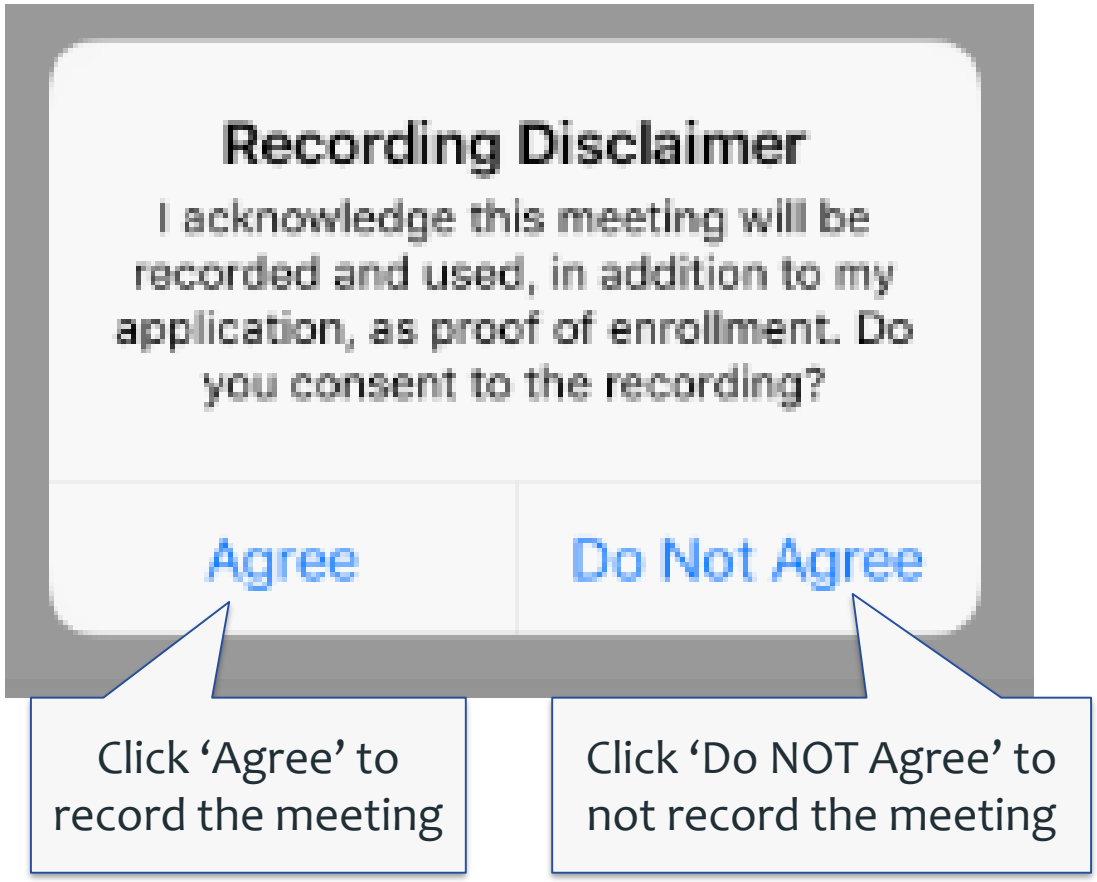
Start a Meeting in AMA



Ascend ©2019

Recording Disclaimer



- 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!

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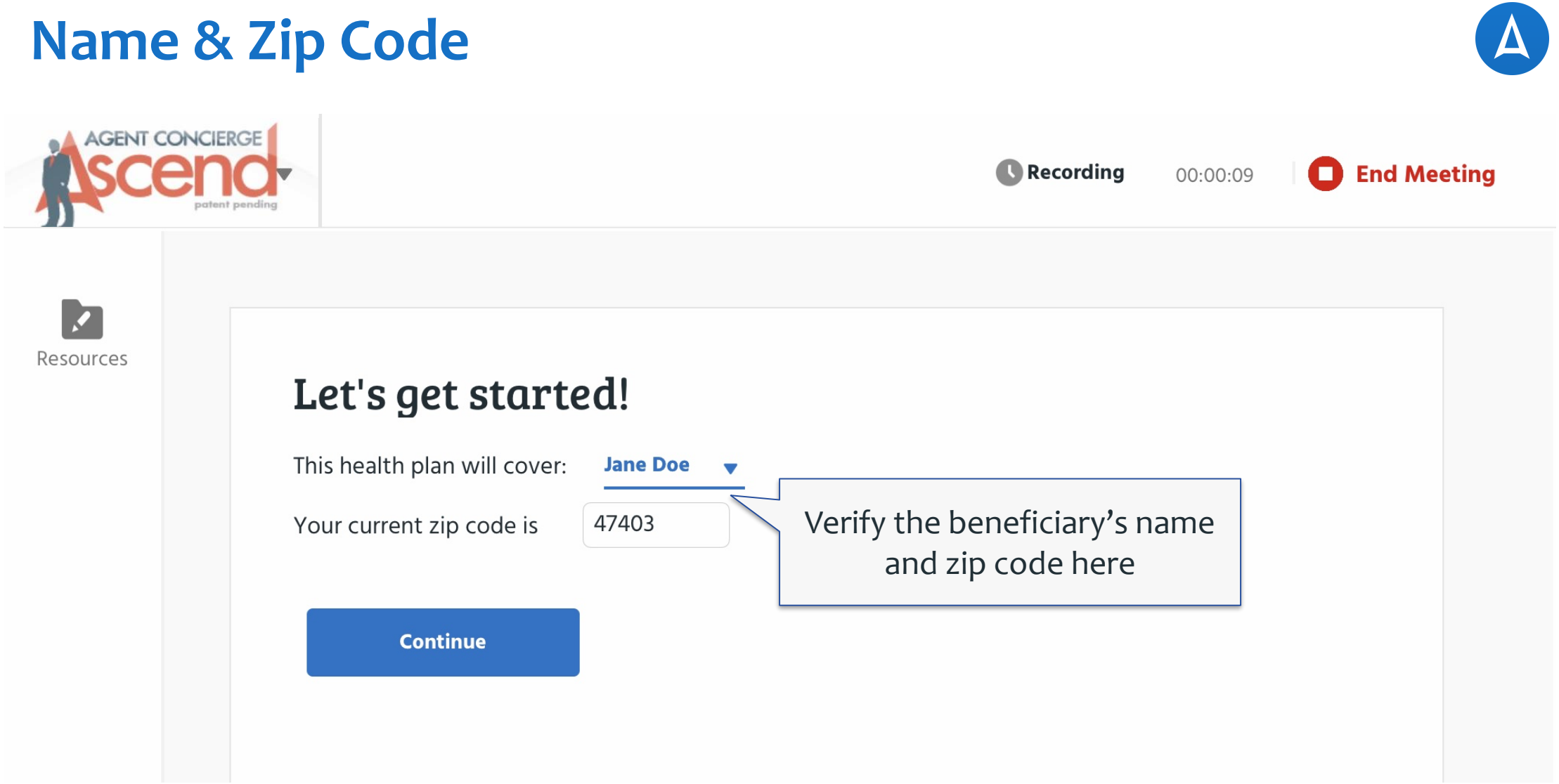
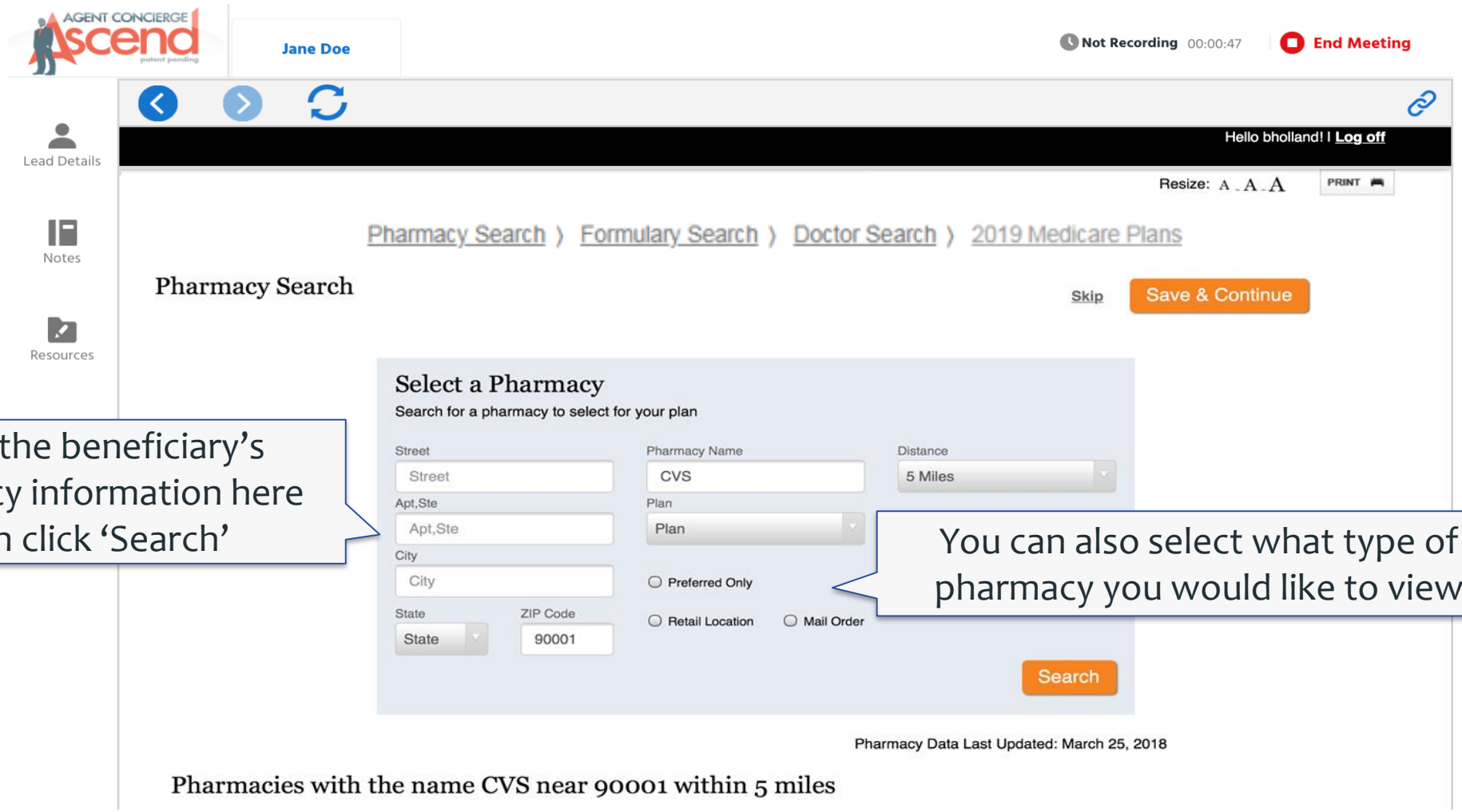
Name & Zip Code



Ascend ©2019

PHARMACY SEARCH

Ascend ©2019



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

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

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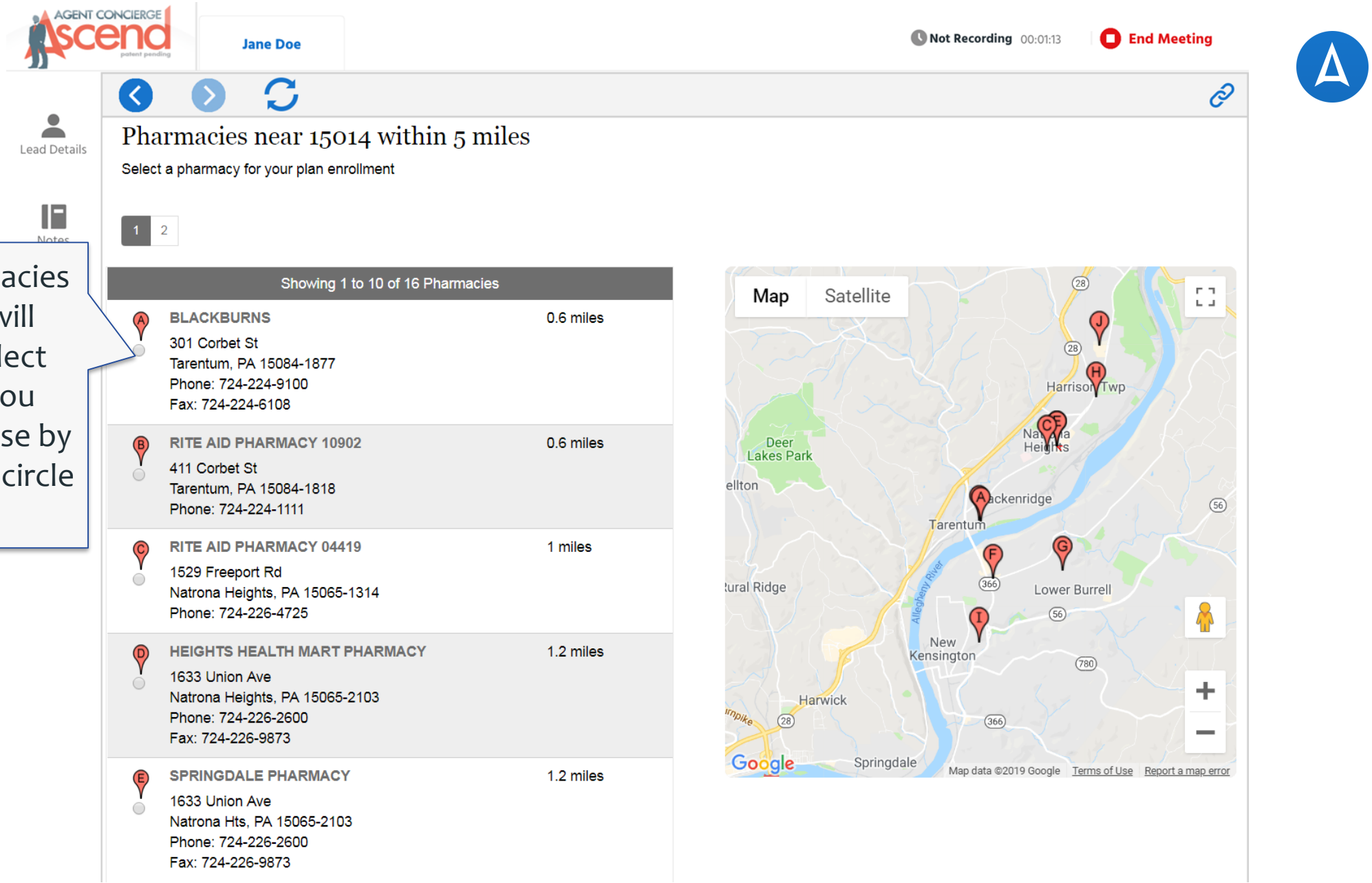

A list of pharmacies in the area will populate. Select which one you would like to use by clicking on the circle next to it.

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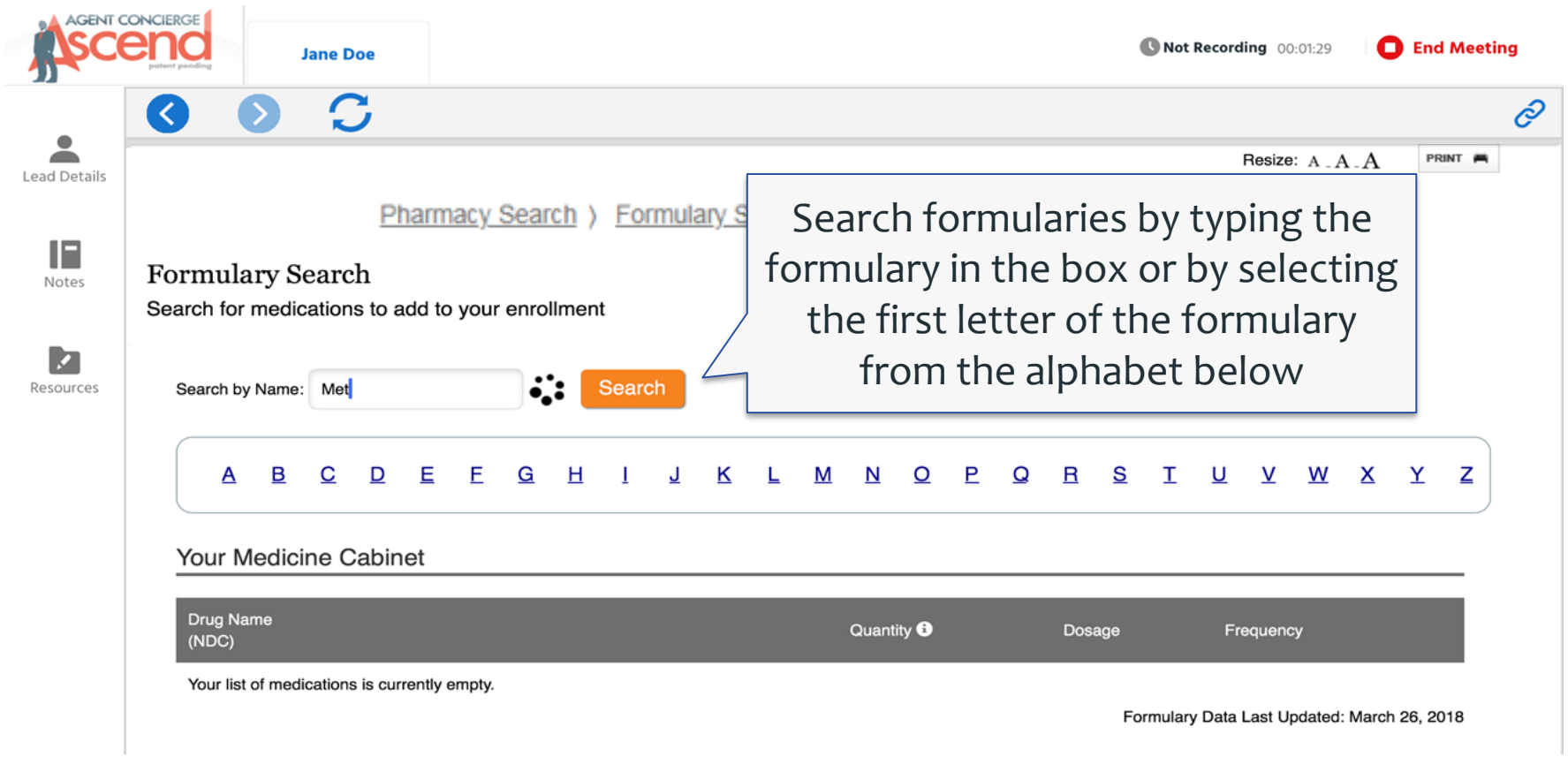
FORMULARY SEARCH

Ascend ©2019


AGENT CONCIERGE
Ascend
Jane Doe
Not Recording 00:01:29
End Meeting
Lead Details
Notes
Resources
Resize: A A A
PRINT
Pharmacy Search
Formulary Search
Search for medications to add to your enrollment
Search by Name: Met
Search
Search formularies by typing the formulary in the box or by selecting the first letter of the formulary from the alphabet below
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

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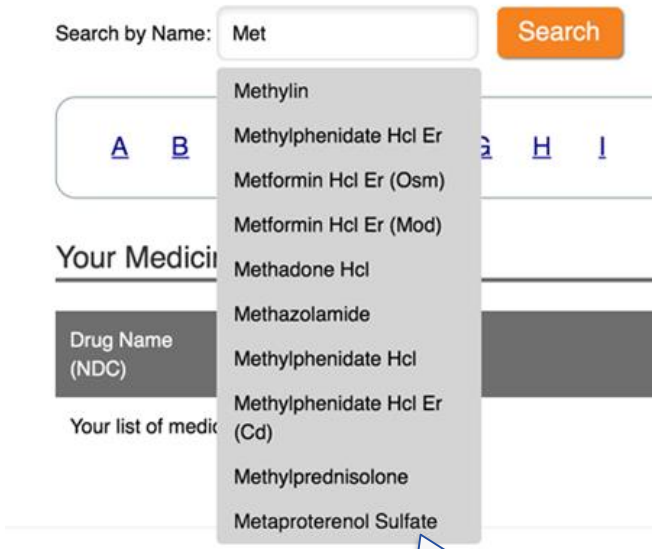
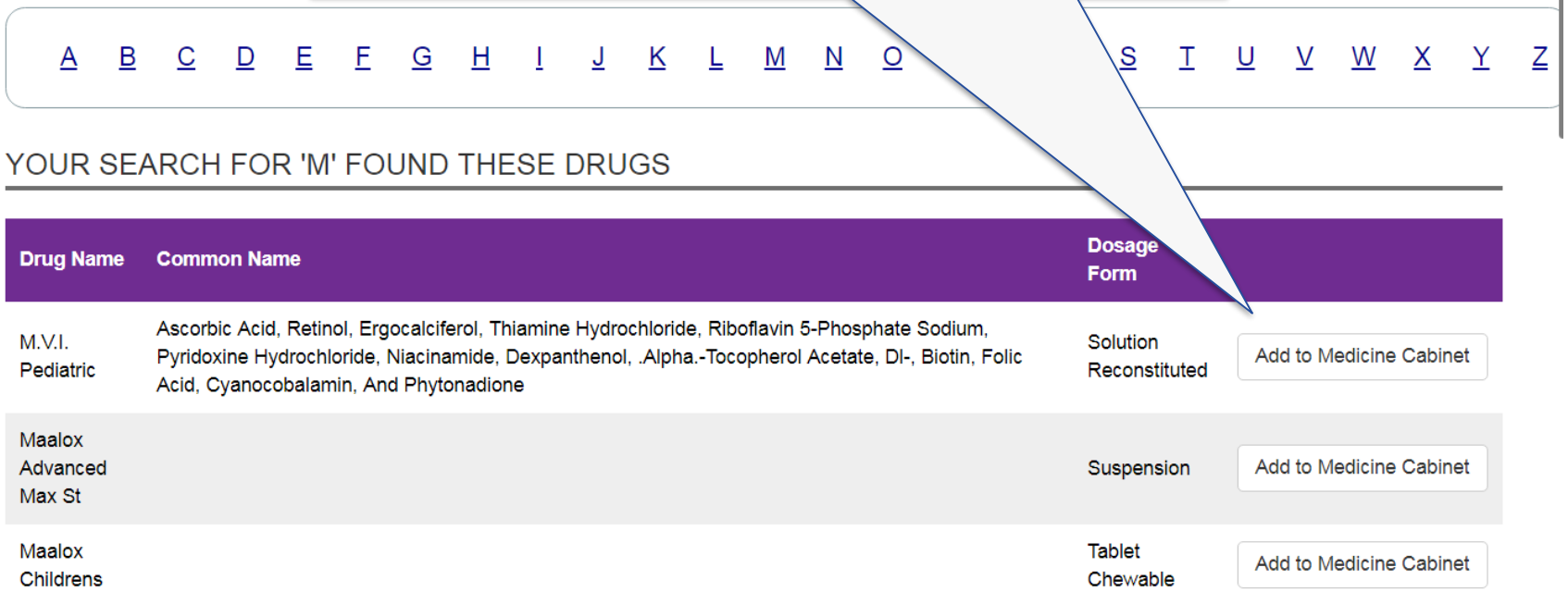
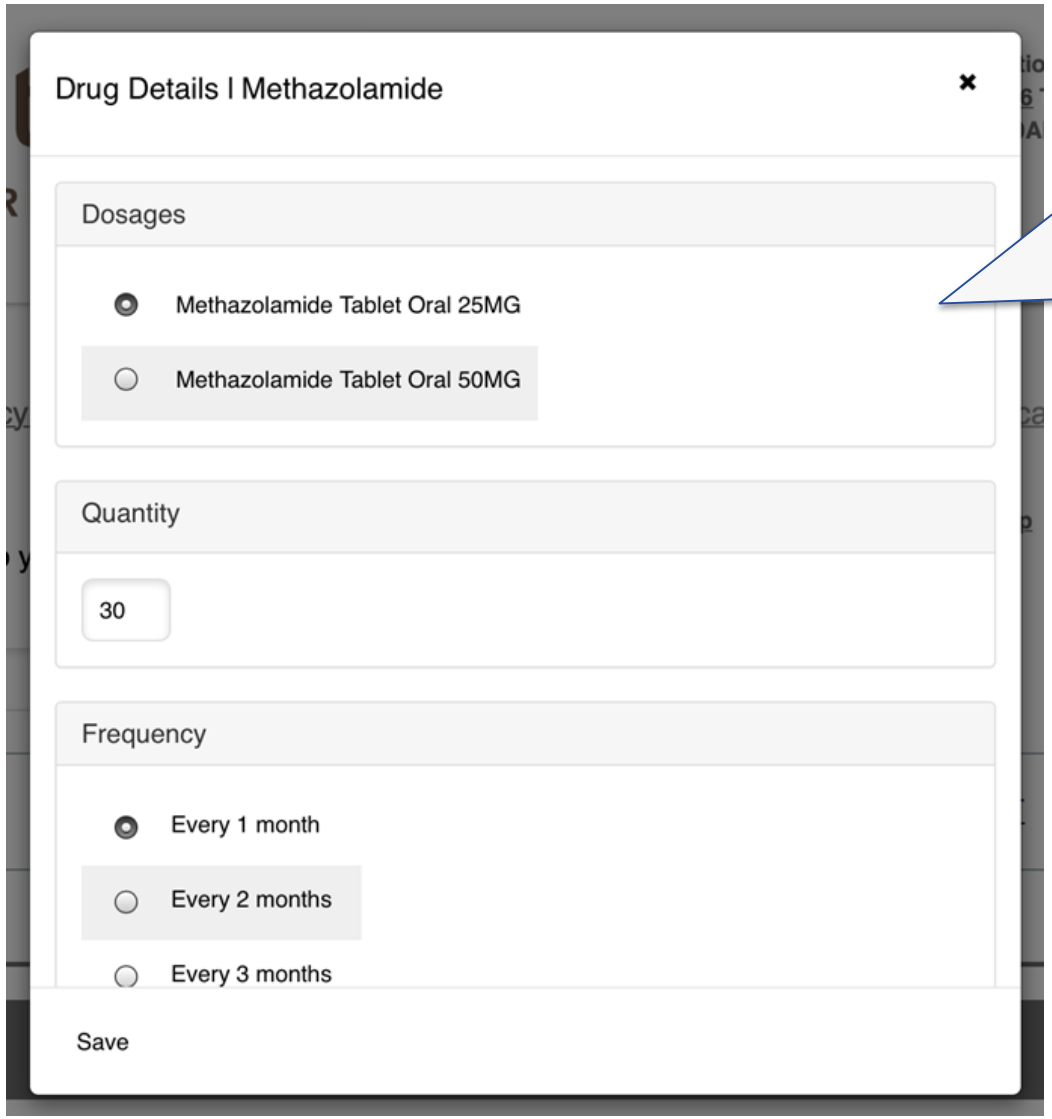


A drop down list of suggested formularies will populate if you start typing in the search box. If you select one from the list, you will be taken directly to the Drug Details screen.

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.



Ascend ©2019



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.

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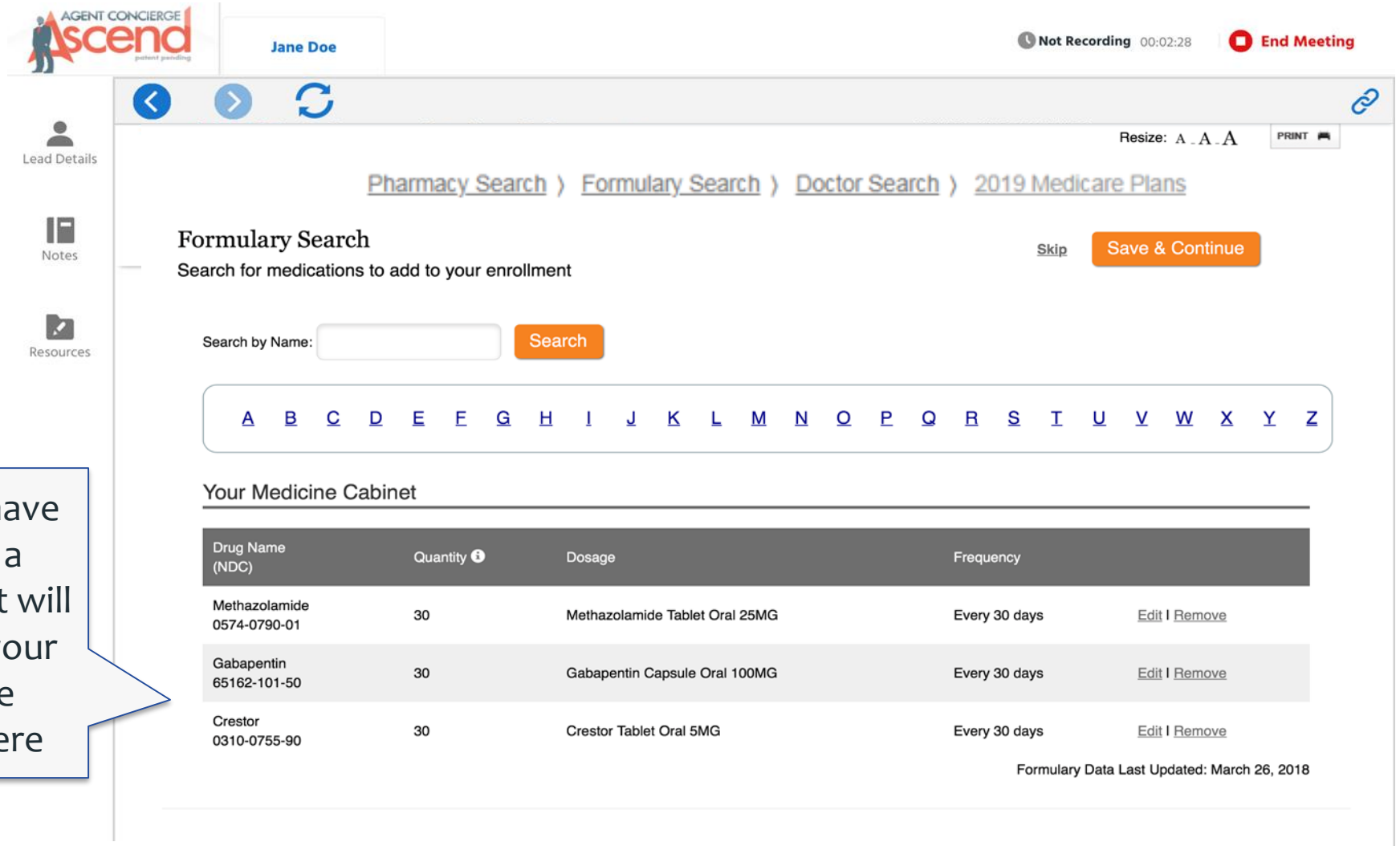
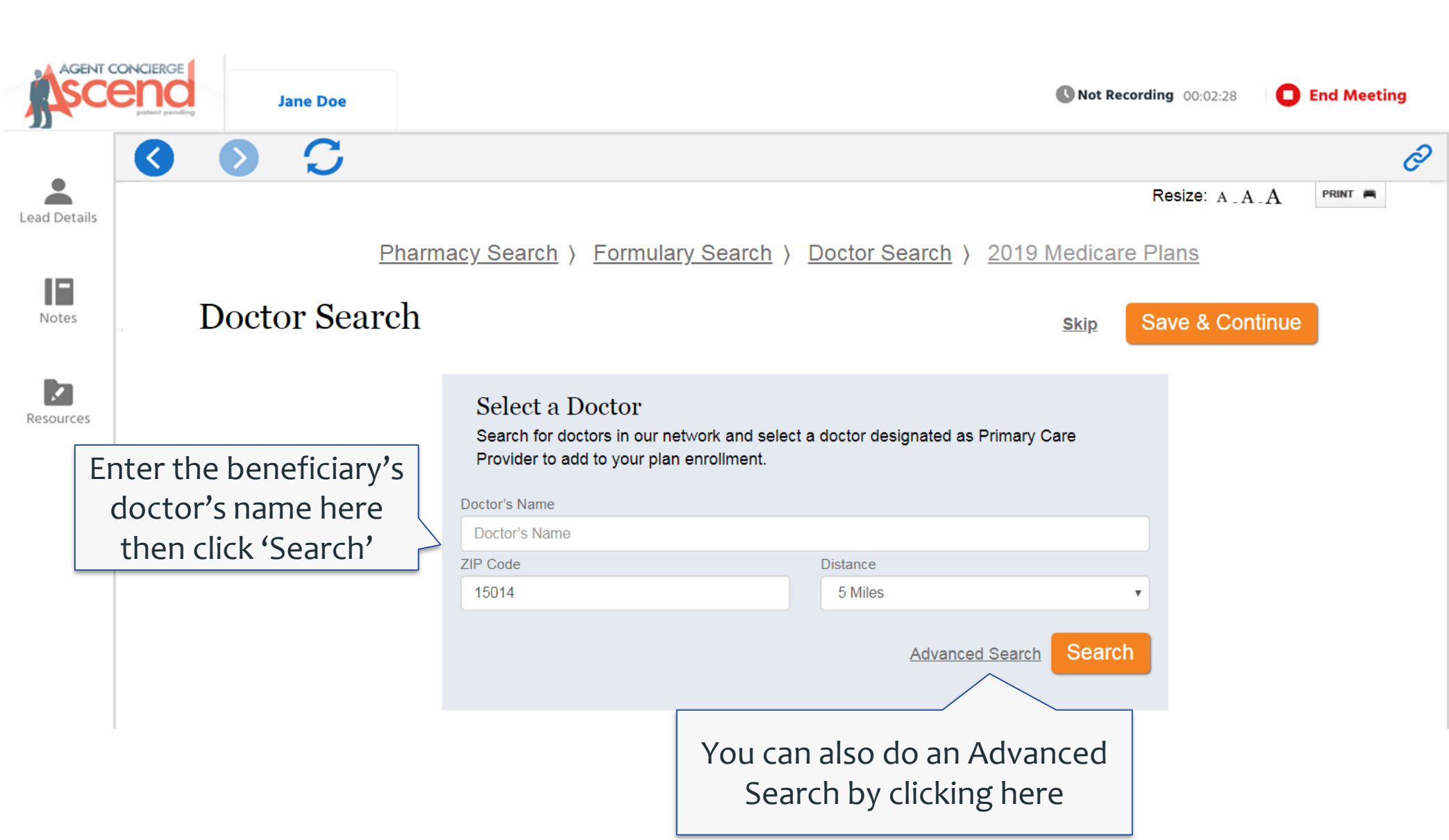


Once you have selected a formulary, it will appear in your Medicine Cabinet here

Ascend ©2019

DOCTOR SEARCH

Ascend ©2019


AGENT CONCIERGE
Ascend
Jane Doe
Not Recording 00:02:28
End Meeting
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.
Doctor's Name
Doctor's Name
ZIP Code
15014
Distance
5 Miles
Advanced Search
Search
Enter the beneficiary's doctor's name here then click 'Search'
You can also do an Advanced Search by clicking here

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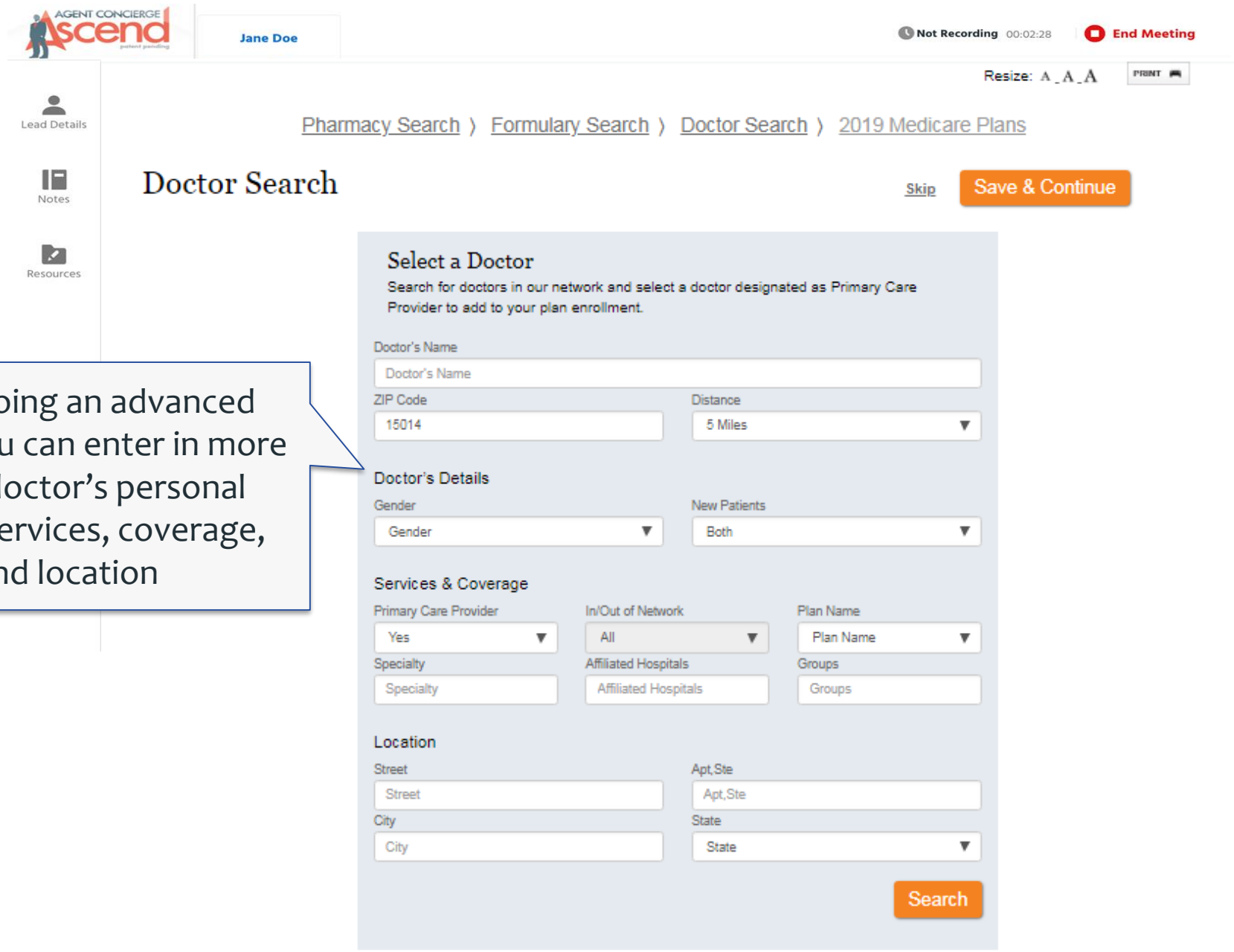
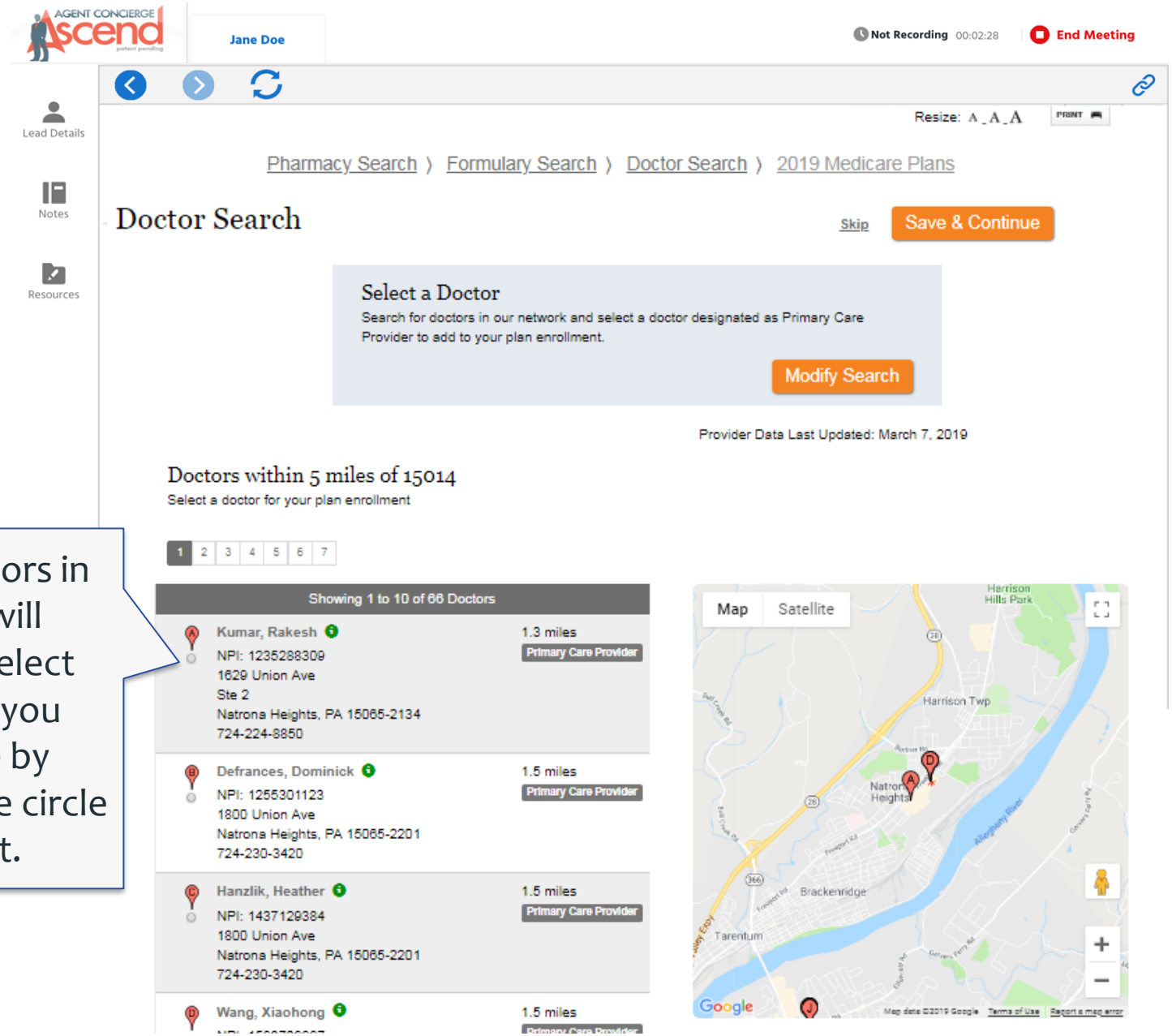
When doing an advanced search, you can enter in more of the doctor's personal details, services, coverage, and location



Ascend ©2019



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

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EXTRA HELP ELIGIBILITY

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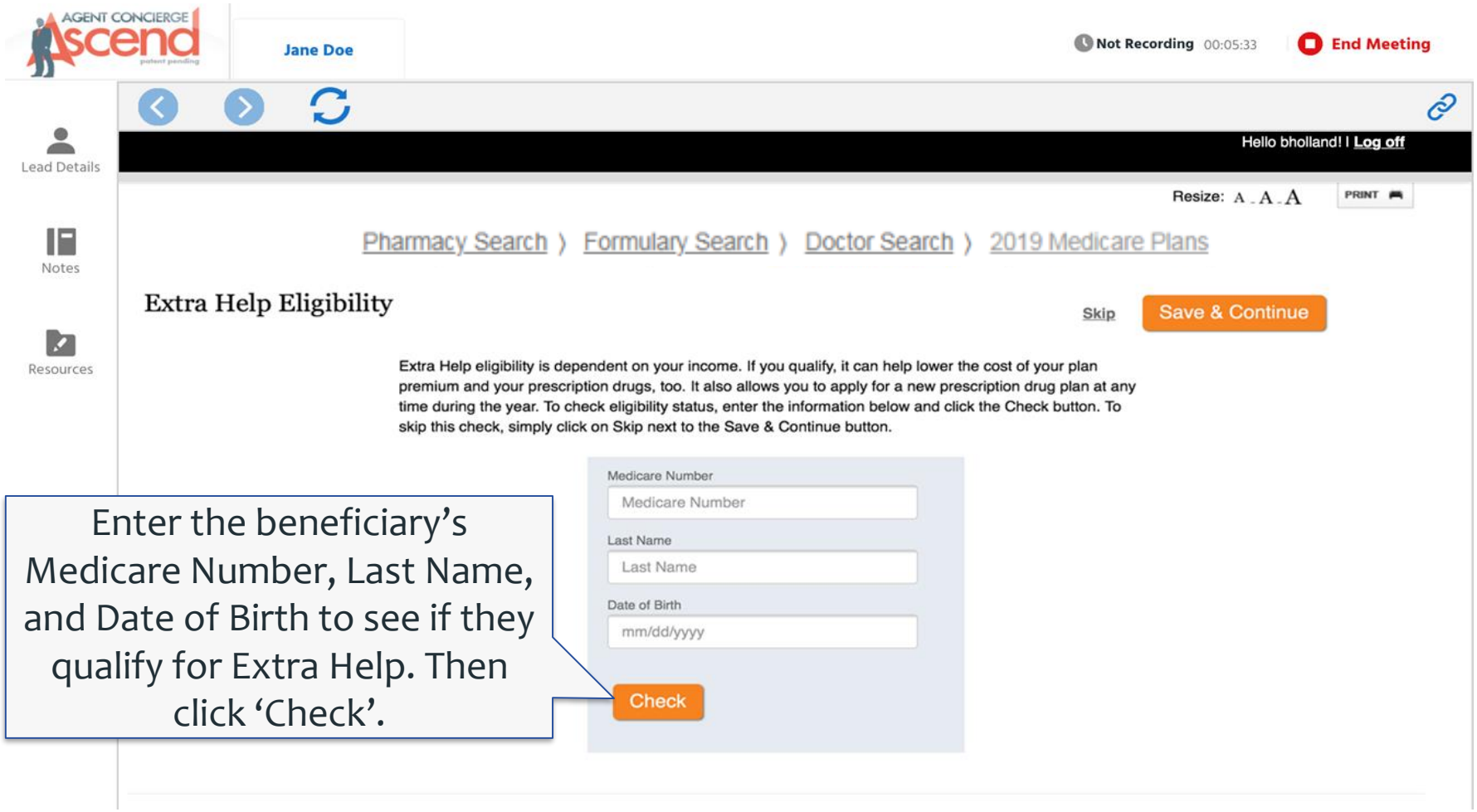

Enter the beneficiary's Medicare Number, Last Name, and Date of Birth to see if they qualify for Extra Help. Then click 'Check'.

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SELECTING A PLAN

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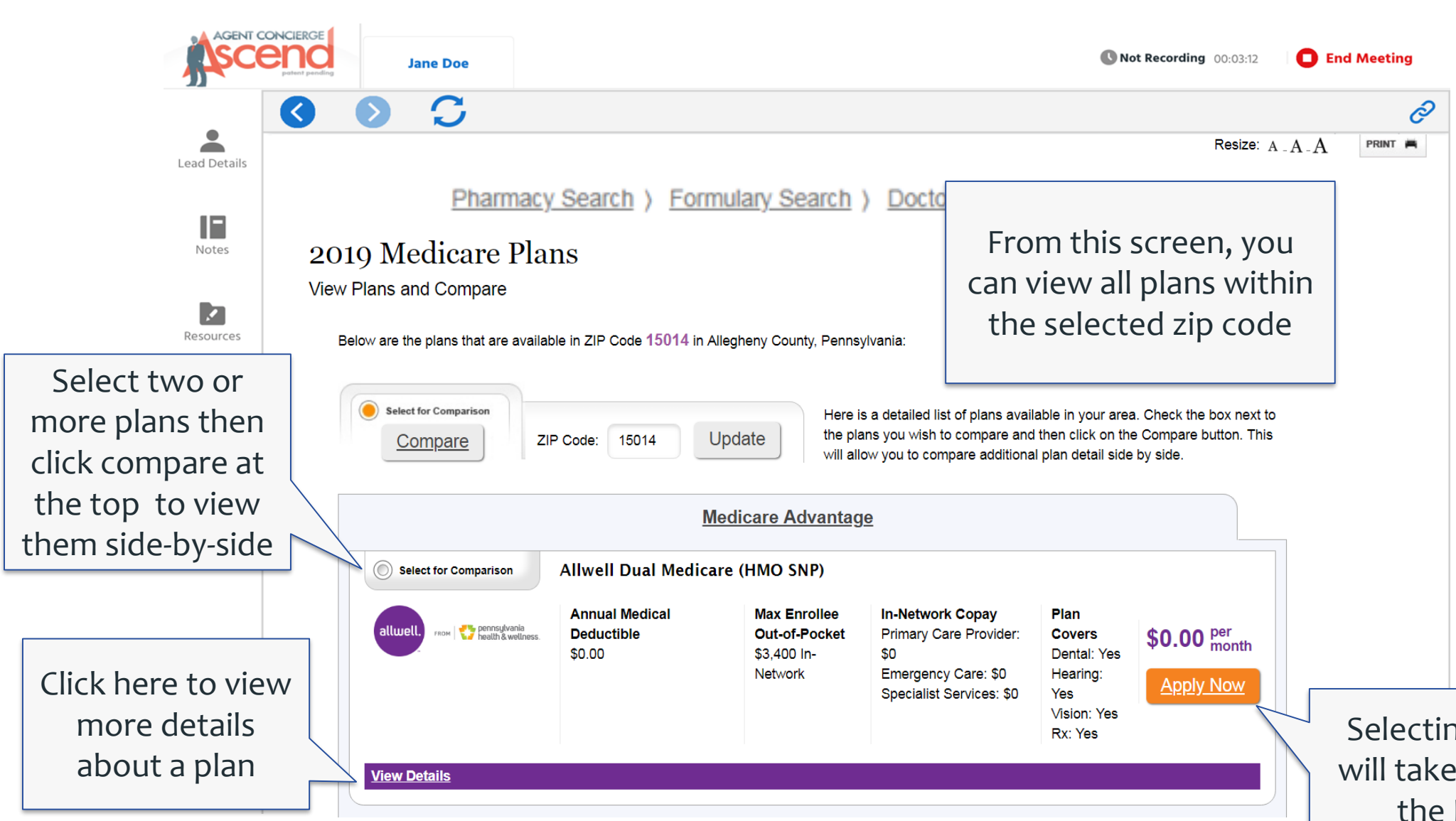

From this screen, you can view all plans within the selected zip code

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

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

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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 - E

Other Helpful Informatio

Star Ratings 2019

Medicare-Covered Medical Benefits

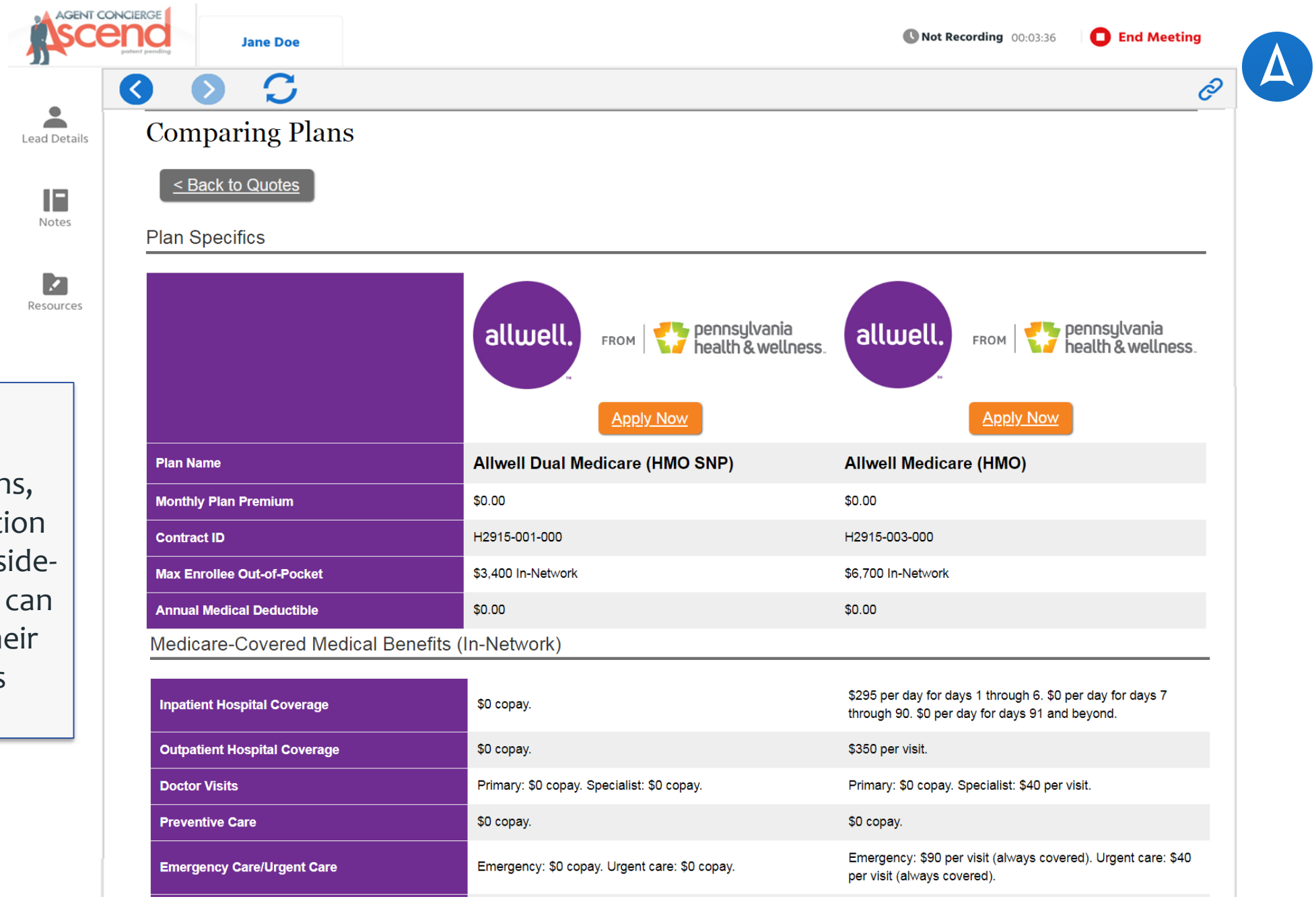
	In-Network
Inpatient Hospital Coverage	$0 copay.
Outpatient Hospital Coverage	$0 copay.
Doctor Visits	Primary: $0 copay. Specialist: $0 copay.
Preventive Care	$0 copay.
Emergency Care/Urgent Care	Emergency: $0 copay. Urgent care: $0 copay.
Diagnostic Procedures/Lab Services/Imaging	Diagnostic tests and 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

Ascend ©2019



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

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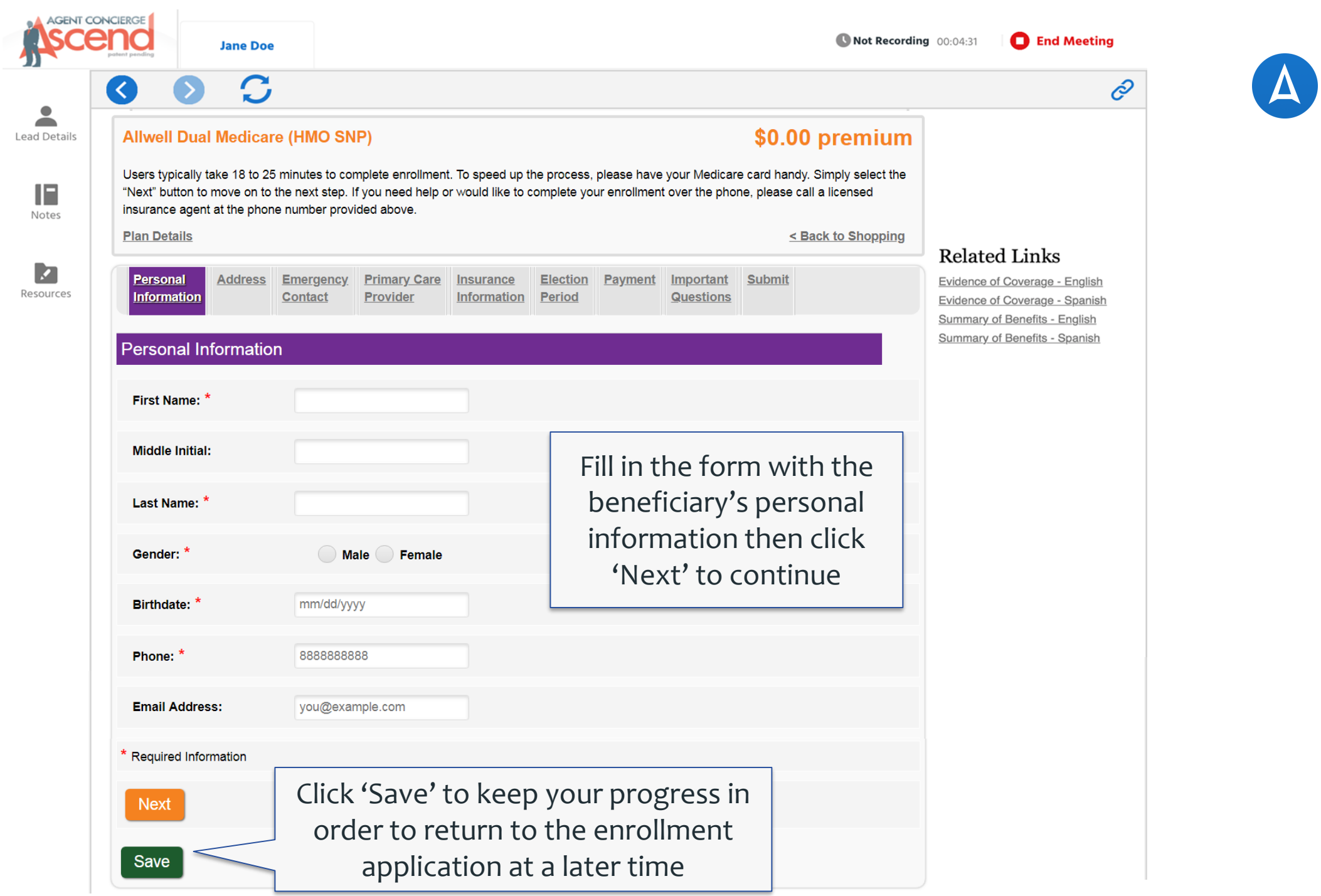
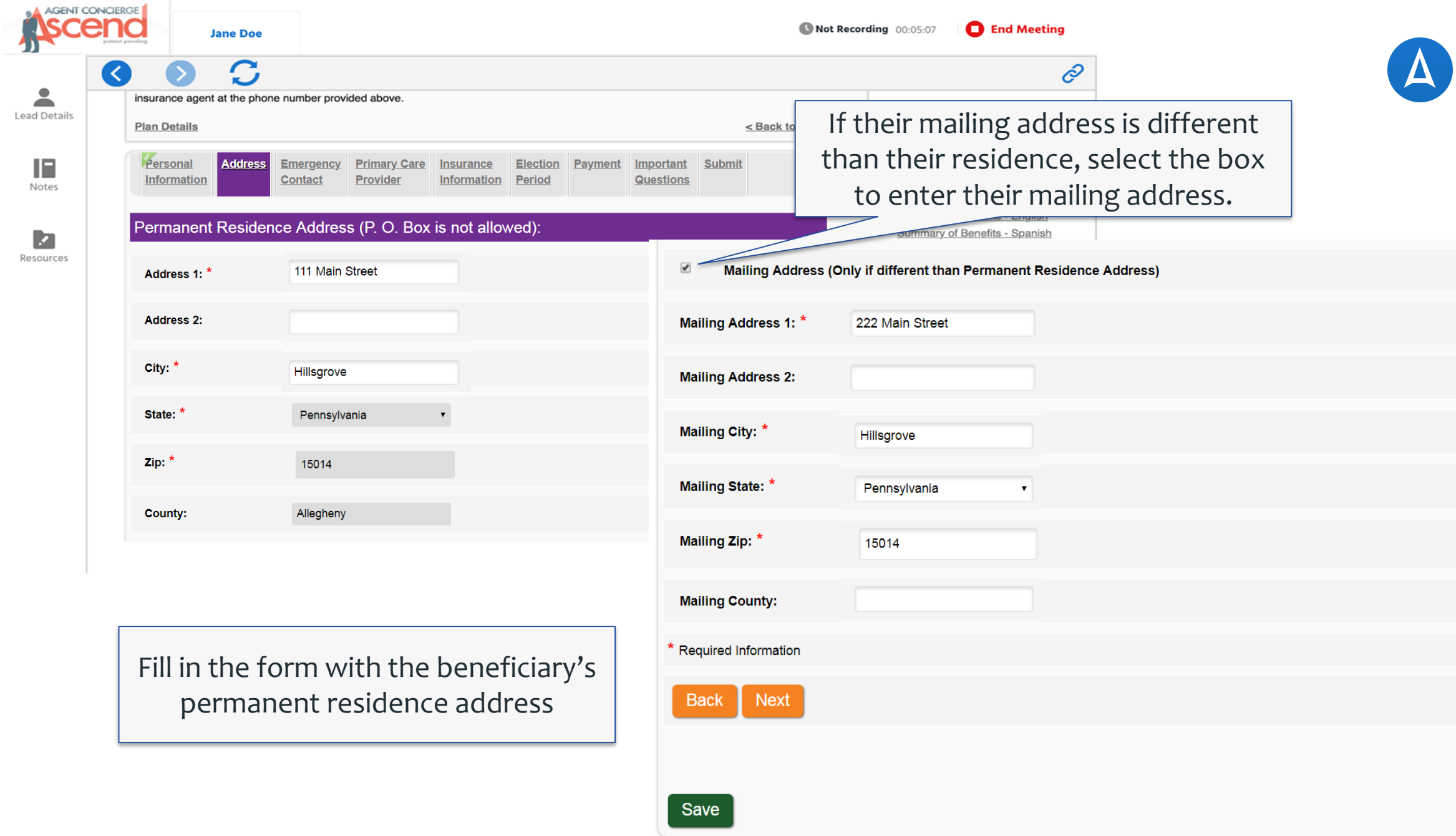
THE ENROLLMENT APPLICATION

Ascend ©2019


AGENT CONCIERGE
Ascend
Jane Doe
Not Recording 00:04:31
End Meeting
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: * mm/dd/yyyy
Phone: * 8888888888
Email Address: you@example.com
* Required Information
Next
Save
Related Links
Evidence of Coverage - English
Evidence of Coverage - Spanish
Summary of Benefits - English
Summary of Benefits - Spanish
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

Ascend ©2019



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

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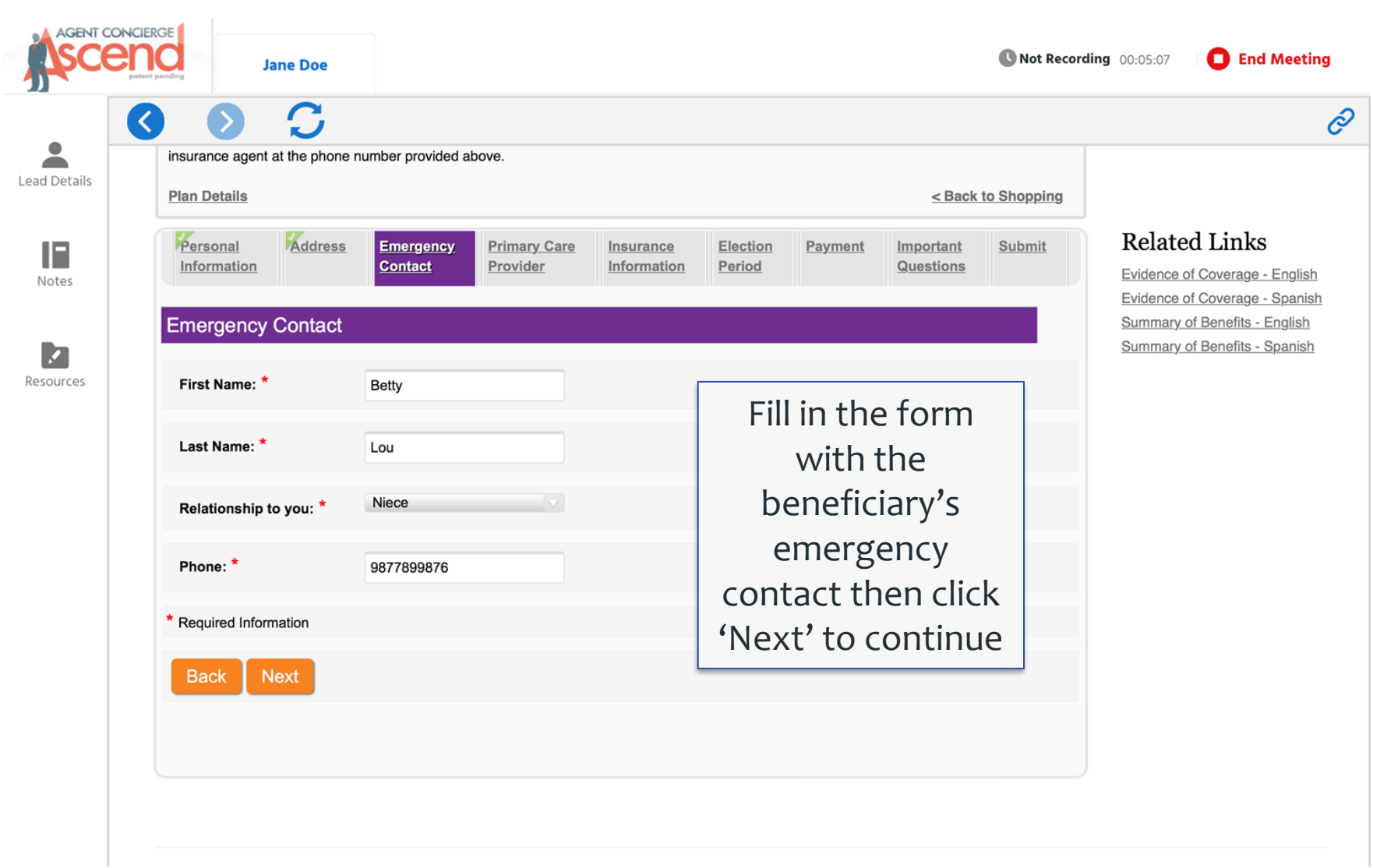
AGENT CONCIERGE
Ascend
Jane Doe
Not Recording 00:05:07
End Meeting
Lead Details
Notes
Resources
insurance agent at the phone number provided above.
Plan Details
< Back to Shopping
Personal Information
Address
Emergency Contact
Primary Care Provider
Insurance Information
Election Period
Payment
Important Questions
Submit
Emergency Contact
First Name: *
Betty
Last Name: *
Lou
Relationship to you: *
Niece
Phone: *
9877899876
* Required Information
Back
Next
Related Links
Evidence of Coverage - English
Evidence of Coverage - Spanish
Summary of Benefits - English
Summary of Benefits - Spanish
Fill in the form with the beneficiary's emergency contact then click 'Next' to continue

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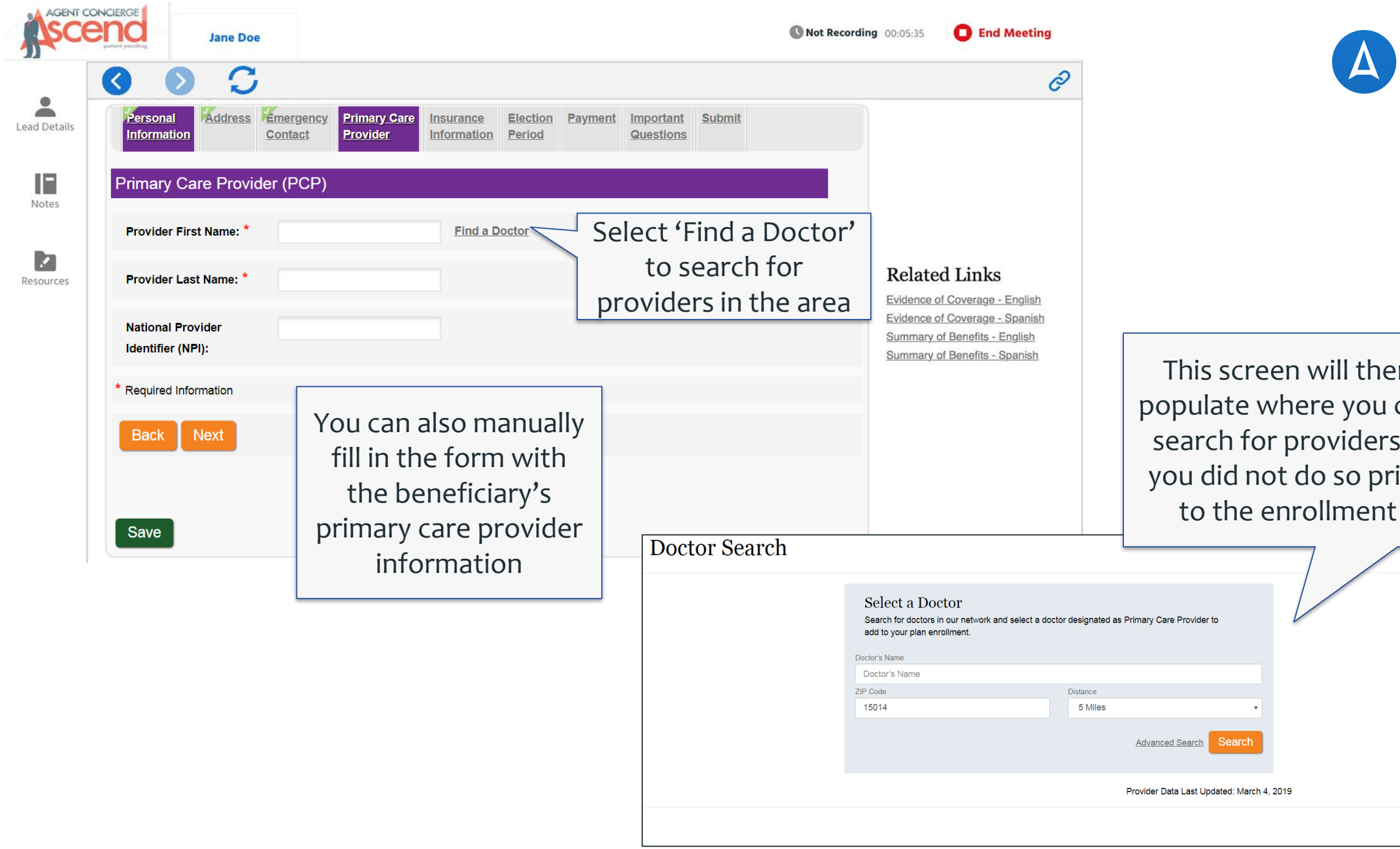
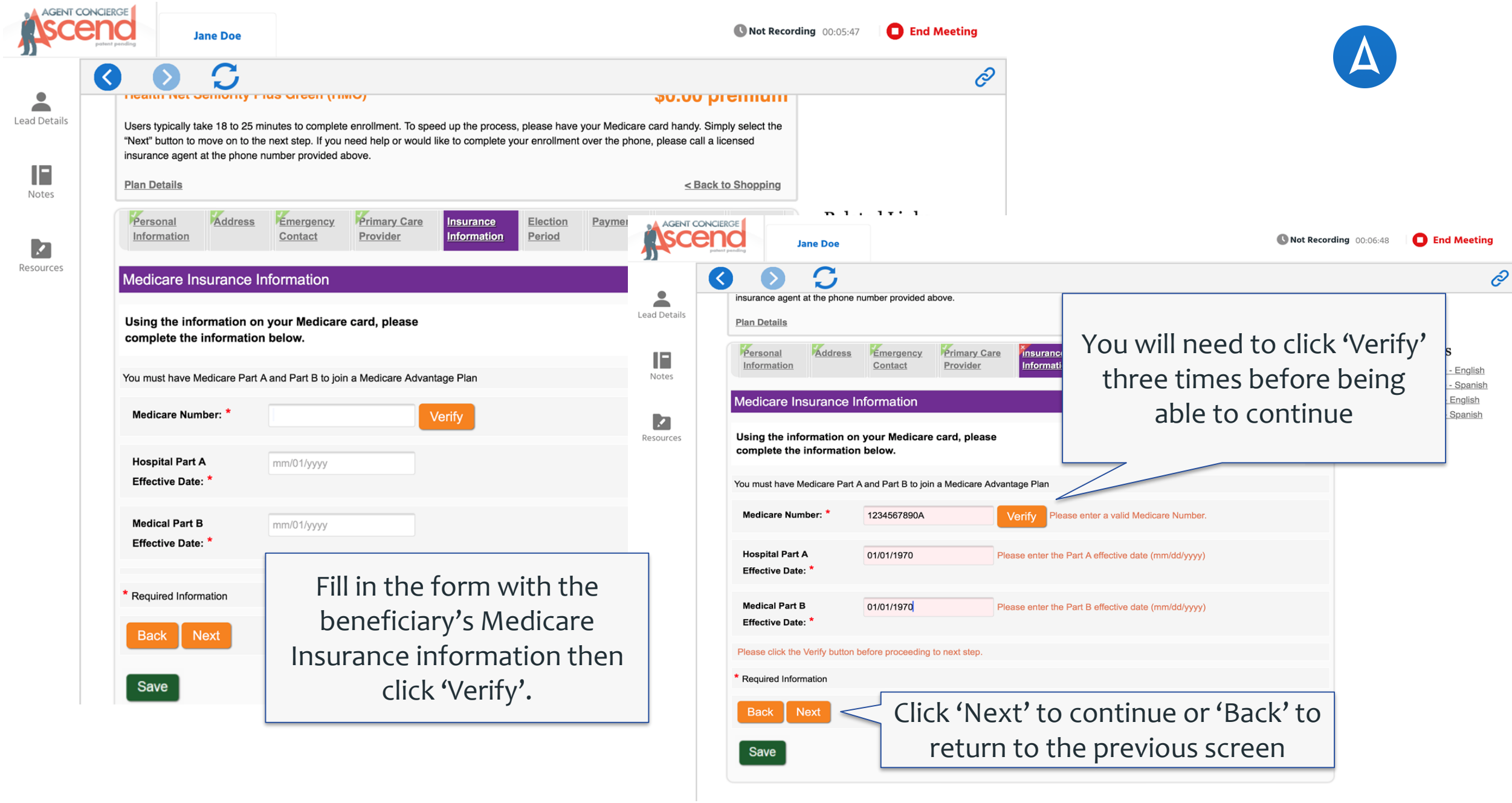

AGENT CONCIERGE
Ascend
Jane Doe
Not Recording 00:05:35
End Meeting
Lead Details
Notes
Resources
Personal Information
Address
Emergency Contact
Primary Care Provider
Insurance Information
Election Period
Payment
Important Questions
Submit
Primary Care Provider (PCP)
Provider First Name: *
Find a Doctor
Provider Last Name: *
National Provider Identifier (NPI):
* Required Information
Back
Next
Save
Related Links
Evidence of Coverage - English
Evidence of Coverage - Spanish
Summary of Benefits - English
Summary of Benefits - Spanish
Select 'Find a Doctor' to search for providers in the area
You can also manually fill in the form with the beneficiary's primary care provider information
This screen will then populate where you can search for providers if you did not do so prior to the enrollment
Doctor 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
Provider Data Last Updated: March 4, 2019
Save & Close


Jane Doe
Not Recording 00:05:47
End Meeting
Lead Details
Notes
Resources
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
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 Effective Date: *
mm/01/yyyy
Medical Part B Effective Date: *
mm/01/yyyy
* Required Information
Back
Next
Save
Fill in the form with the beneficiary's Medicare Insurance information then click 'Verify'.
Jane Doe
Not Recording 00:06:48
End Meeting
insurance agent at the phone number provided above.
Plan Details
Medicare Number: *
1234567890A
Please enter a valid Medicare Number.
Hospital Part A Effective Date: *
01/01/1970
Please enter the Part A effective date (mm/dd/yyyy)
Medical Part B Effective Date: *
01/01/1970
Please enter the Part B effective date (mm/dd/yyyy)
Please click the Verify button before proceeding to next step.
You will need to click 'Verify' three times before being able to continue
Click 'Next' to continue or 'Back' to return to the previous screen

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

AGENT CONCIERGE Ascend

Jane Doe

Not Record

Lead Details

Notes

Resources

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

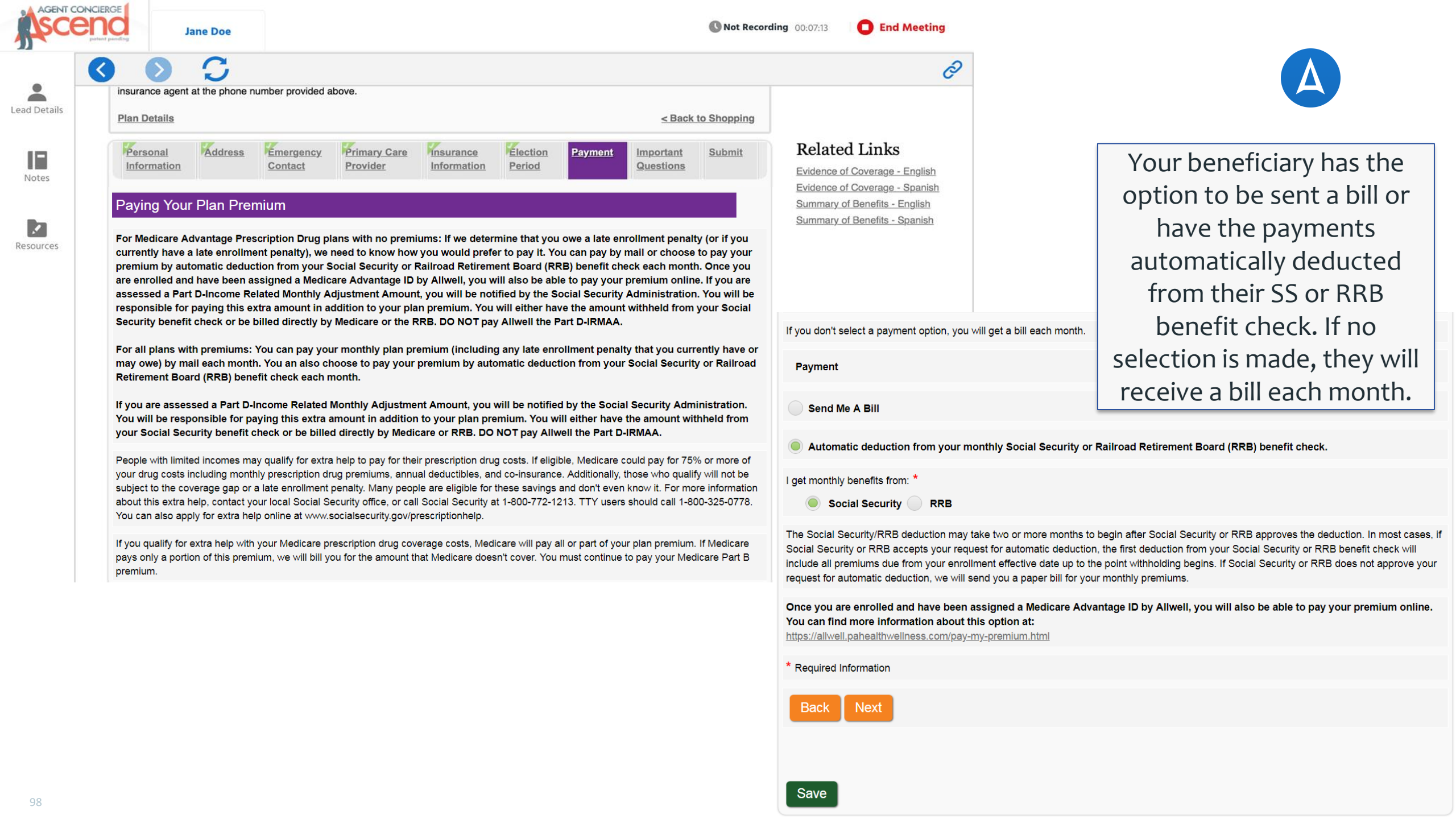
Typically, you may enroll in a Medicare Advantage (MA) plan only during the Annual Election Period (AEP) from October 15 through December 7 of each year. There are exceptions, called Special Election Periods (SEPs) that may allow you to enroll in a Medicare Advantage plan outside of this period.

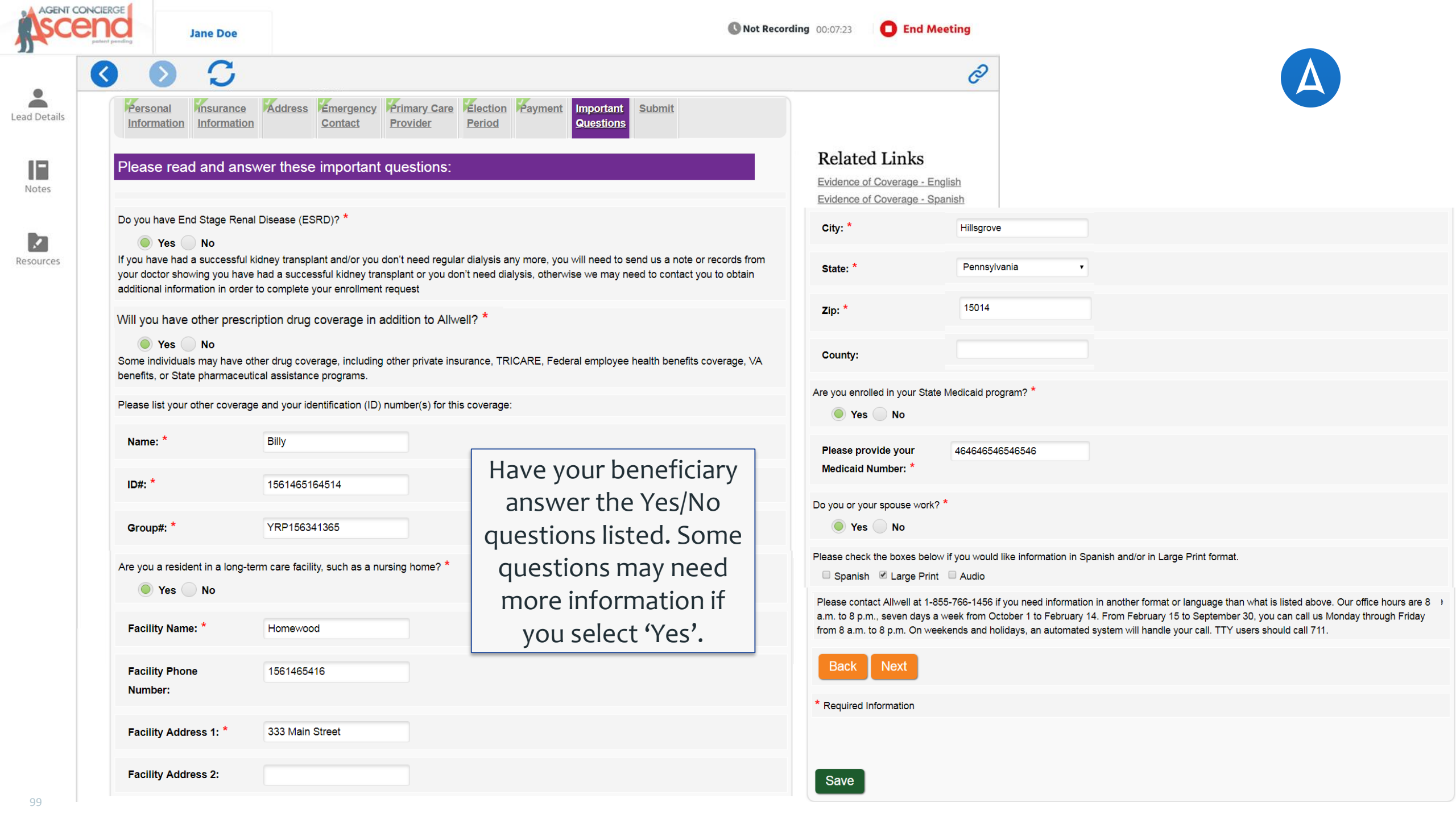
- **I am newly eligible for Medicare and this is my first entitlement to enrollment.**
  Initial Coverage Election Period (ICEP) – Your ICEP begins the first three months before your entitlement to BOTH Part A and Part B and typically ends after the third month of eligibility. (Typically this relates 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** mm/dd/yyyy
  - **I recently was released from incarceration. I was released on** mm/dd/yyyy
  - **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** mm/dd/yyyy
  - **I recently left a PACE program on** mm/dd/yyyy
  - **I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on** mm/dd/yyyy
  - **I am leaving employer or union coverage on** mm/dd/yyyy
  - **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** mm/dd/yyyy
  - **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** mm/dd/yyyy
  - **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** mm/dd/yyyy
  - **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 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


AGENT CONCIERGE
Ascend
Jane Doe
Not Recording 00:07:13
End Meeting
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 an 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

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.

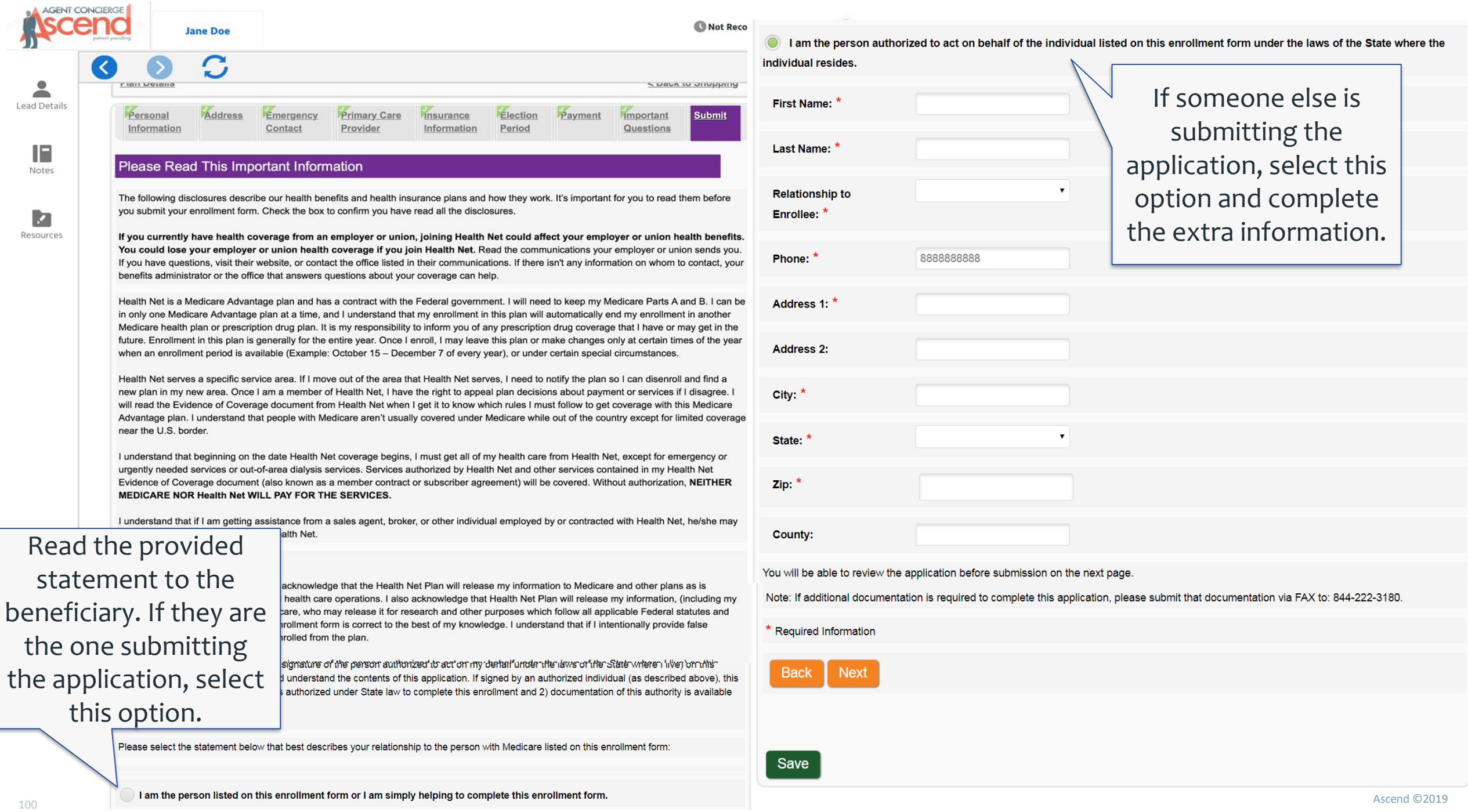
☐ Spanish ☑ Large Print ☐ Audio

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


AGENT CONCIERGE
Ascend
Jane Doe
Not Reco
Lead Details
Notes
Resources
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
alth Net.
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
rollment form is correct to the best of my knowledge. I understand that if I intentionally provide false
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
understand the contents of this application. If signed by an authorized individual (as described above), this
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: *
8888888888
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.
Read the provided statement to the beneficiary. If they are the one submitting the application, select this option.

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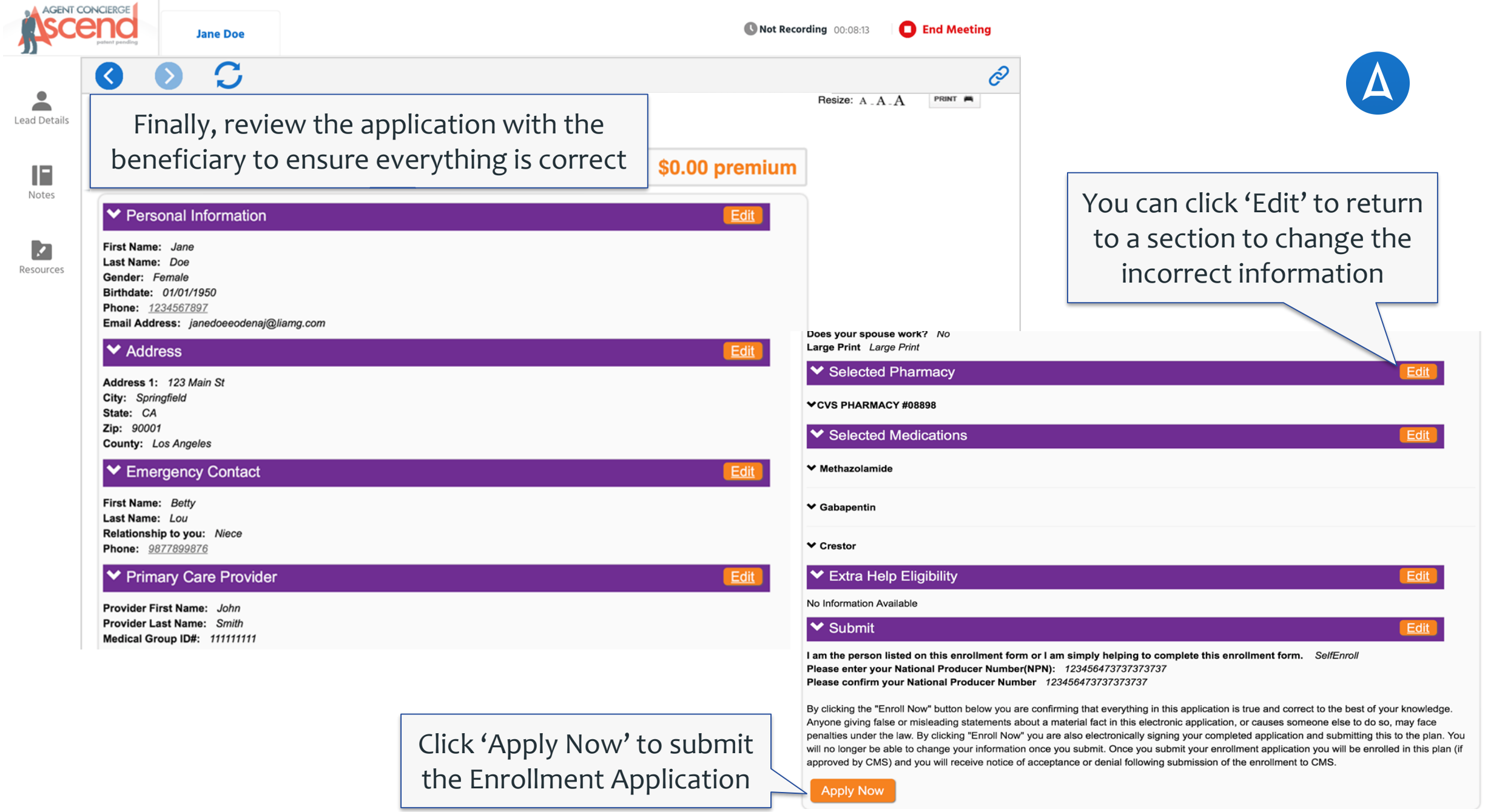
AGENT CONCIERGE
Ascend
Jane Doe
Not Recording 00:08:13
End Meeting
Lead Details
Notes
Resources
Resize: A A A
PRINT
Finally, review the application with the beneficiary to ensure everything is correct
$0.00 premium
Personal Information
Edit
First Name: Jane
Last Name: Doe
Gender: Female
Birthdate: 01/01/1950
Phone: 1234567897
Email Address: janedoeeodenaj@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): 12345647373737373
Please confirm your National Producer Number 12345647373737373
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

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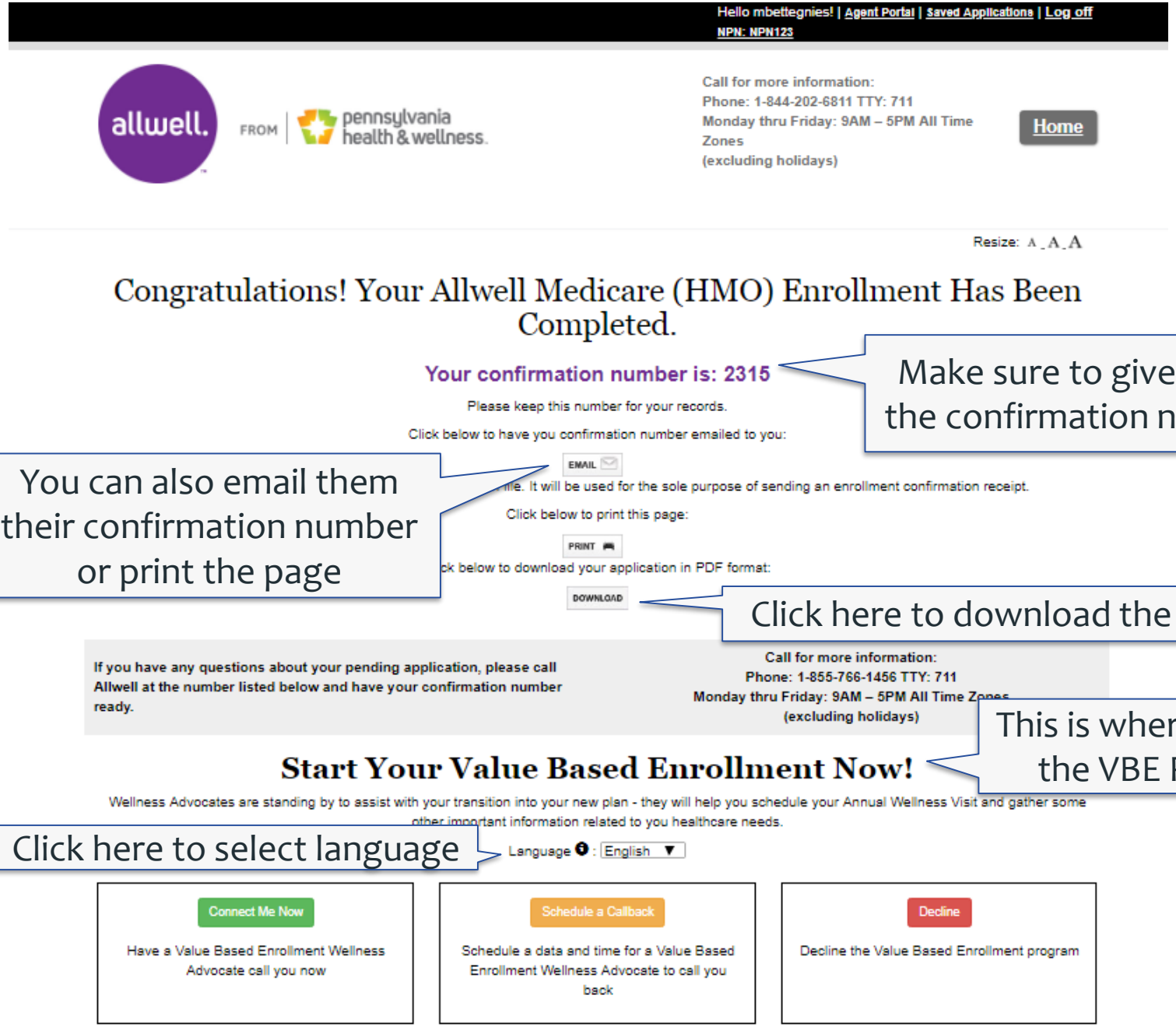

Make sure to give them the confirmation number

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

Click here to download the completed application

This is where you start the VBE Program

Click here to select language

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VALUE BASED ENROLLMENTS

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WHAT IS VBE?

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VBE Is

- 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…

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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

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INITIATING THE VBE PROCESS

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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

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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

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- 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’

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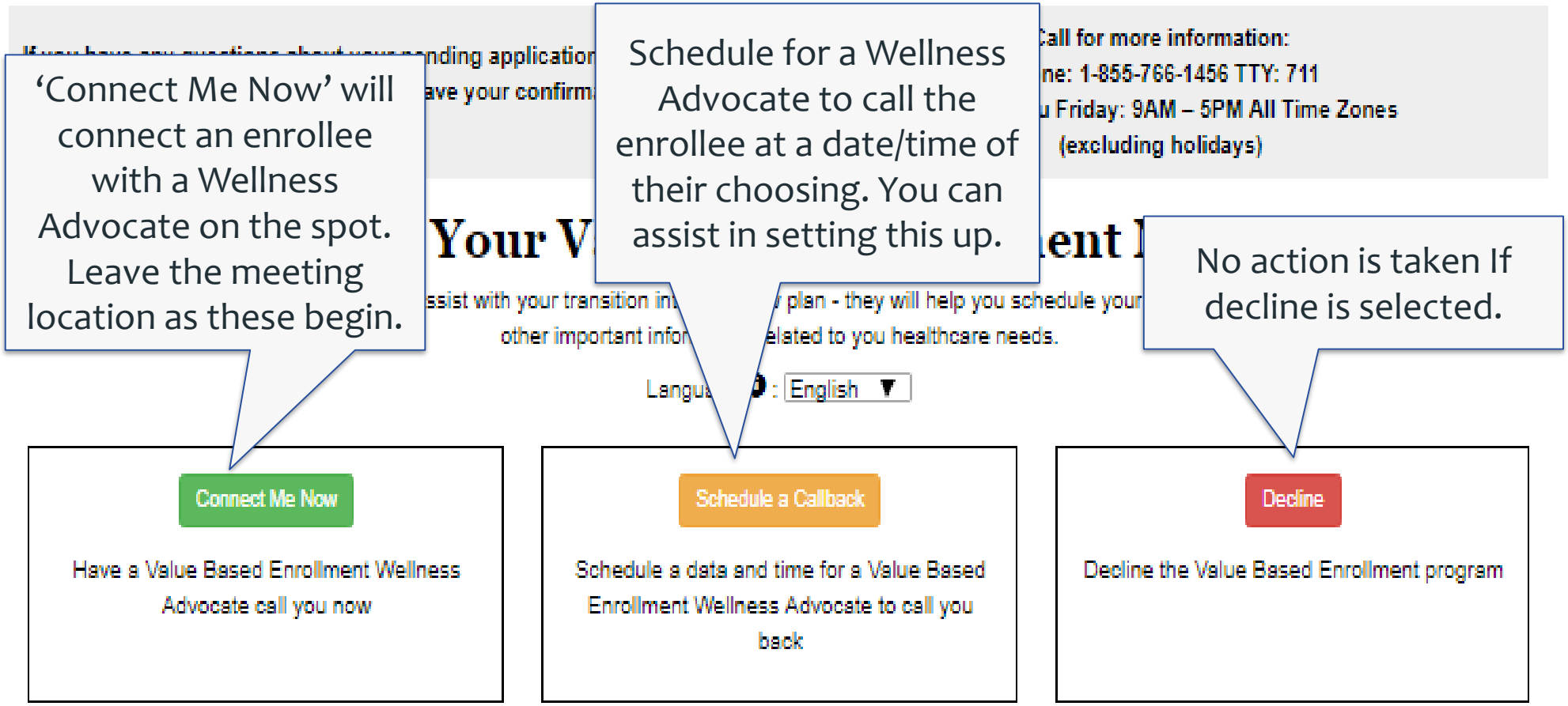
Selecting the Outcome Decided by the Beneficiary



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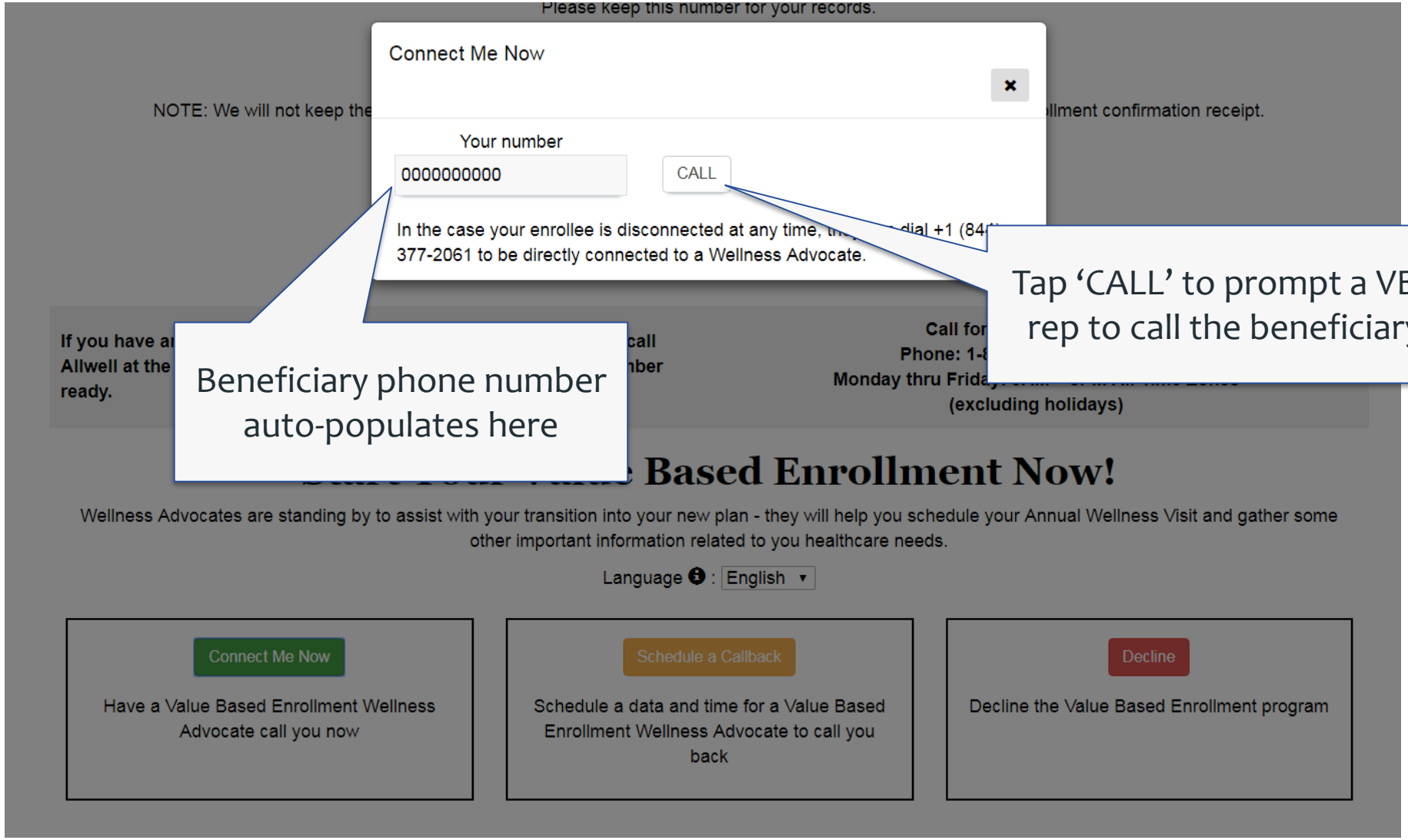
CONNECT ME NOW

Ascend ©2019

Setting the Call from the VBE Specialist



Ascend ©2019

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

Ascend ©2019

SCHEDULE A CALLBACK

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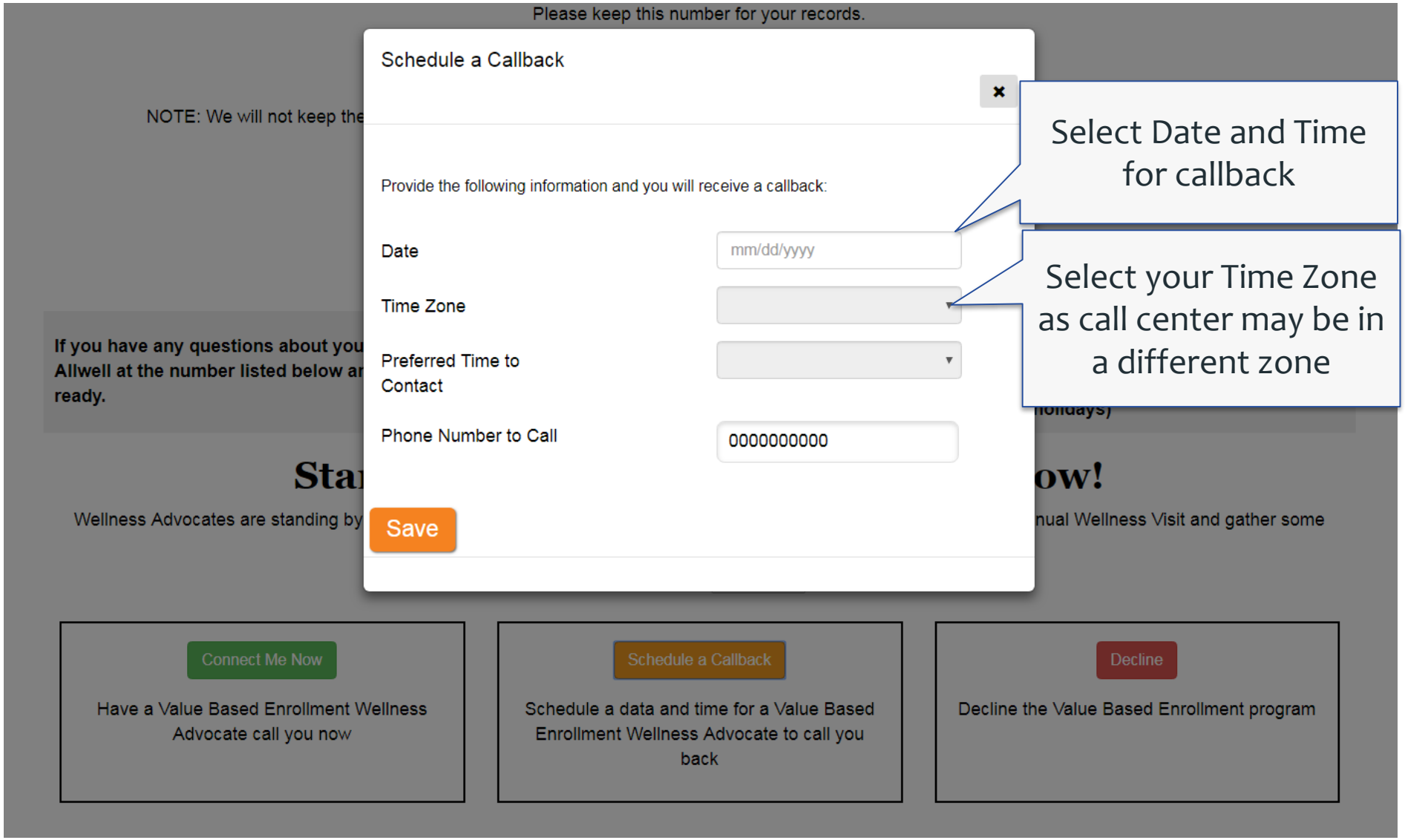
Setting a Callback Time



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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

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DECLINE

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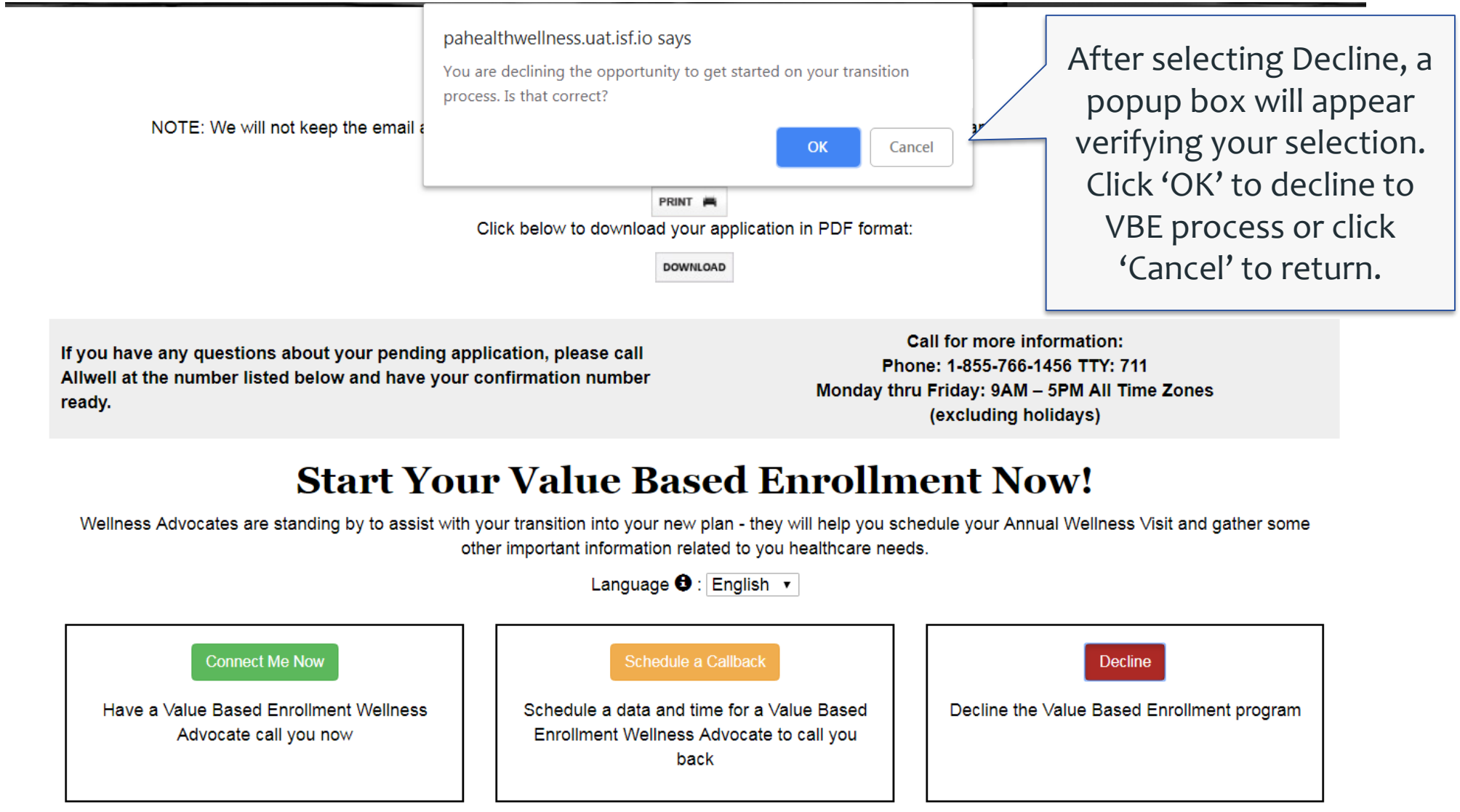
Declining the VBE Process



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

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AGENT PORTAL

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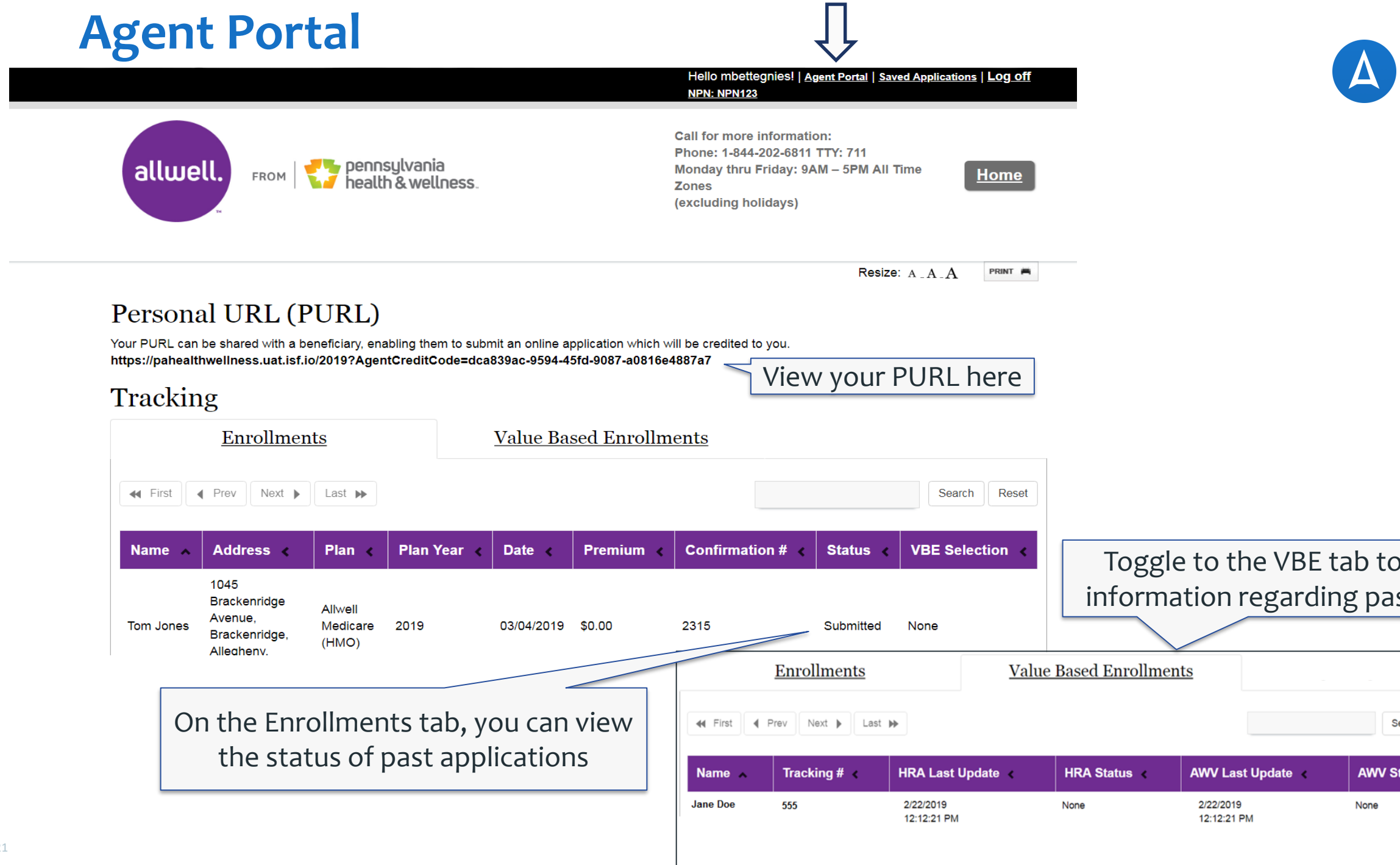
Agent Portal



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

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PARTIAL APPLICATIONS

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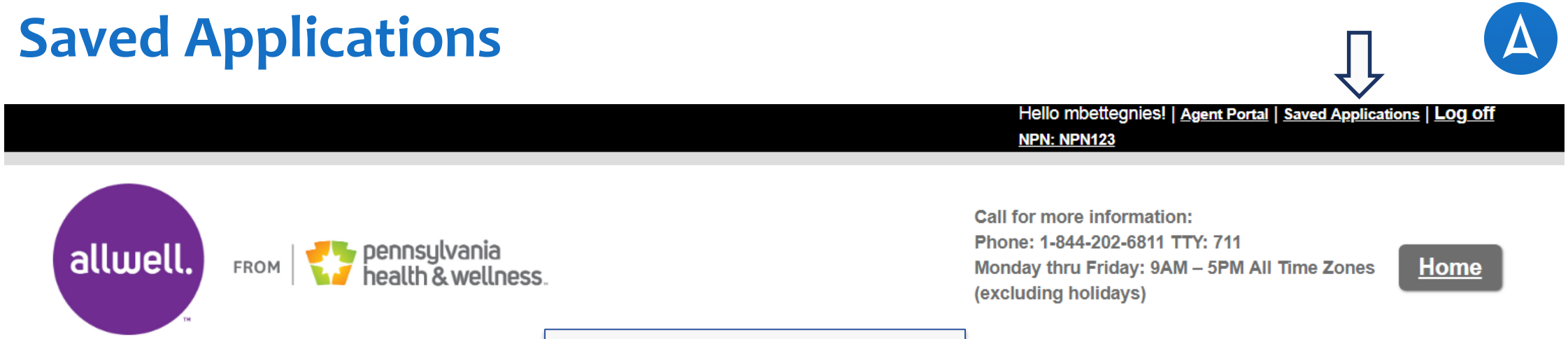
Saved Applications



On this screen, you can view saved enrollments

You can edit or delete the application here

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OFFLINE APPLICATIONS

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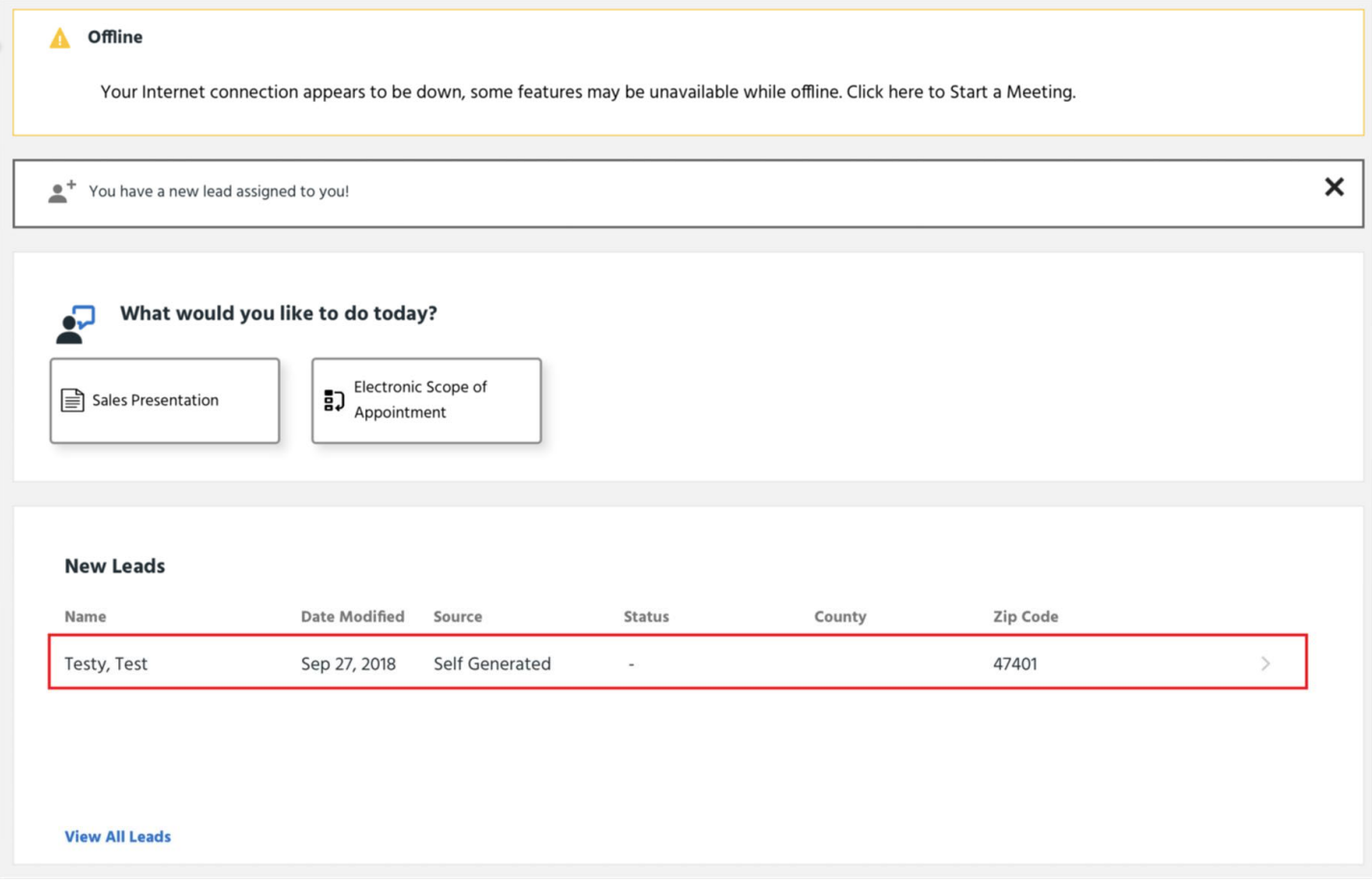
Selecting a Lead

- 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



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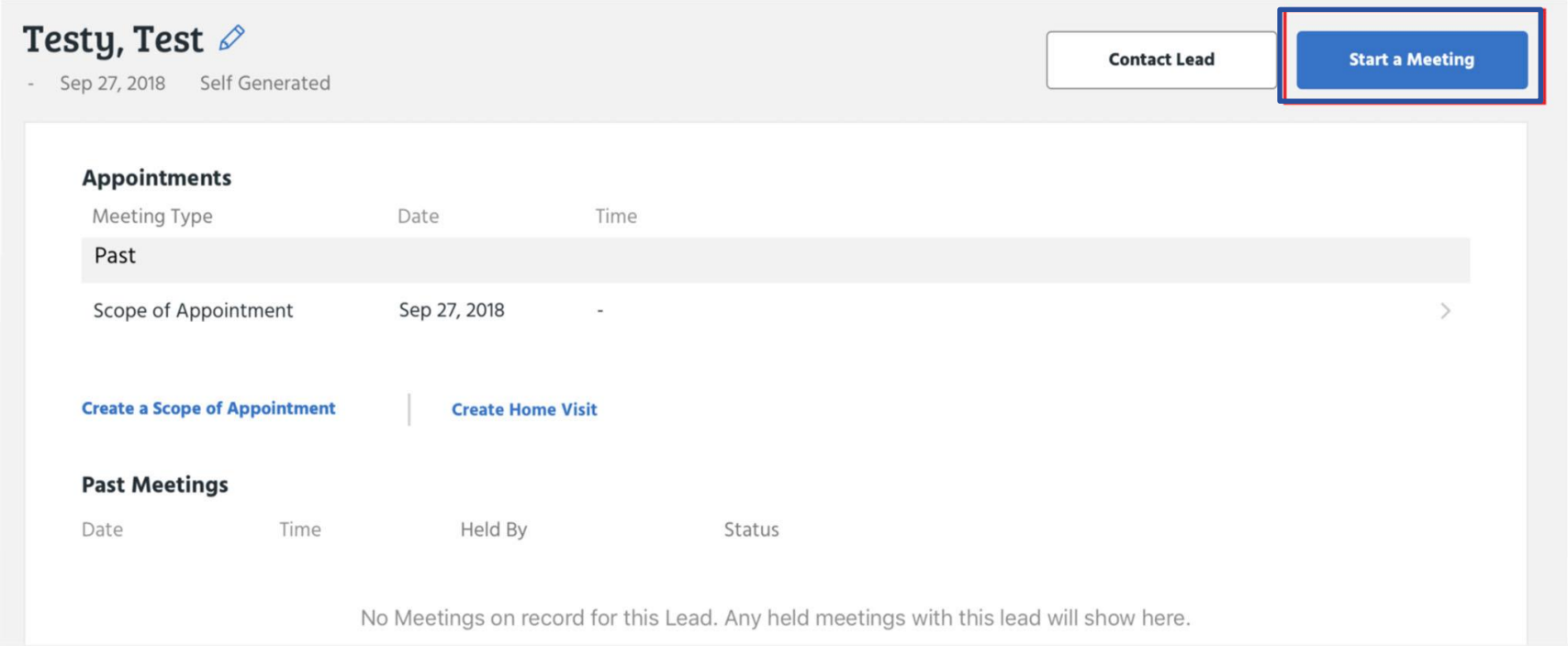
Start a Meeting

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



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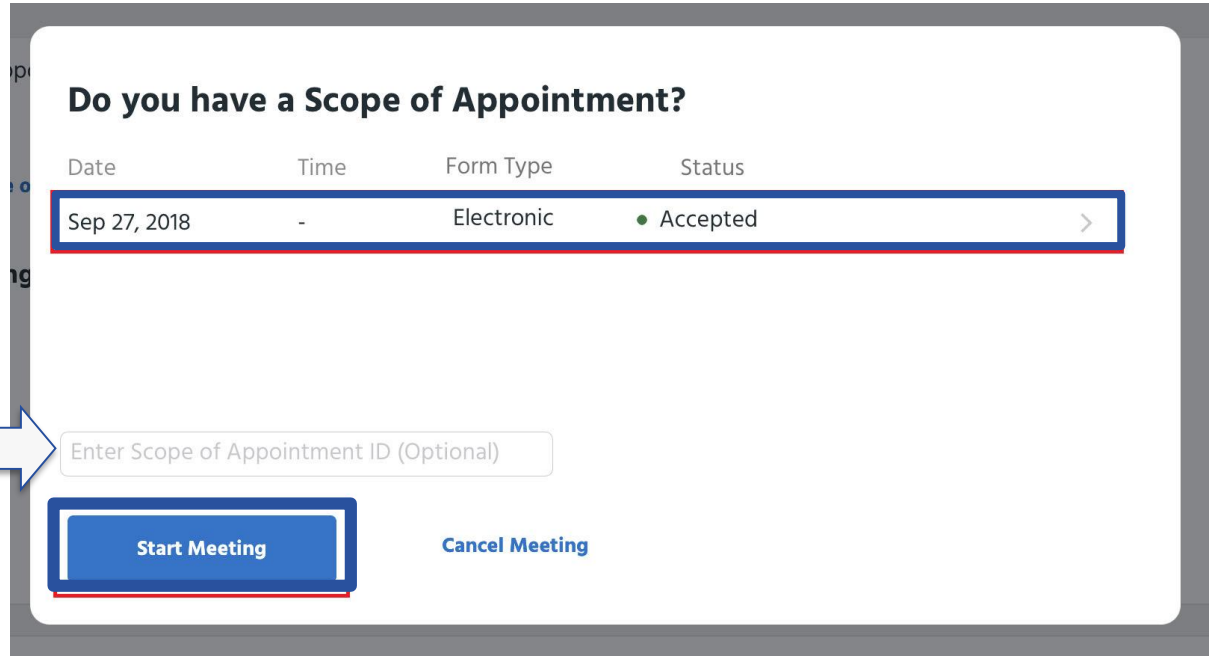
Selecting a SOA

- 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



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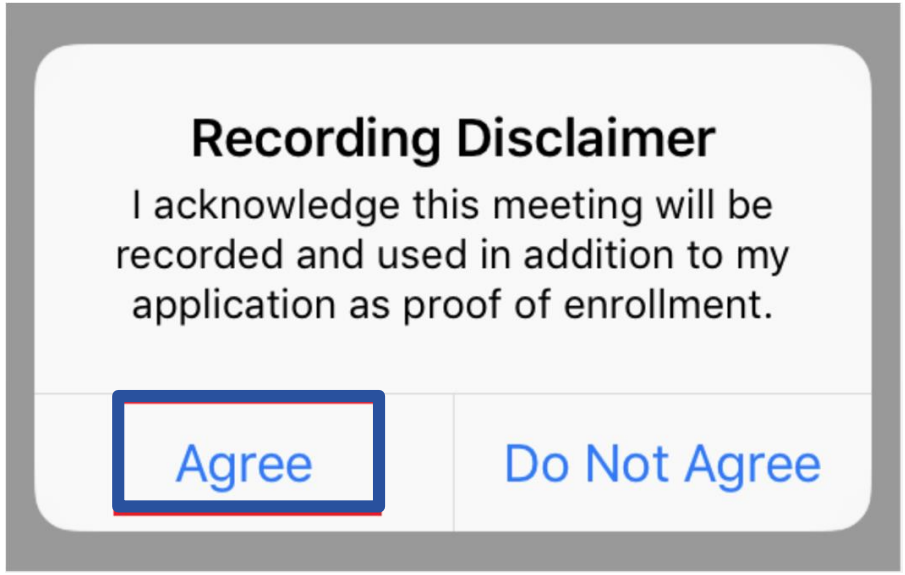
Accepting the Disclaimer

- 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



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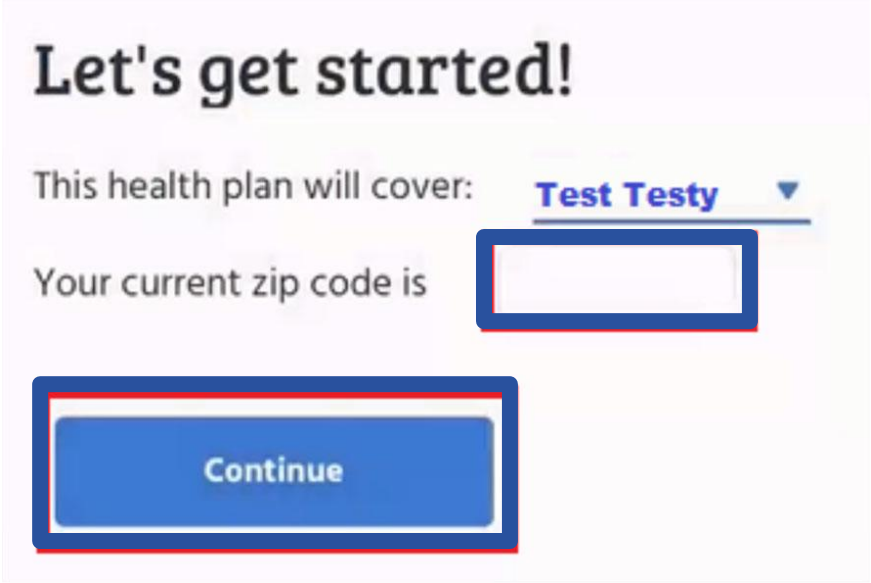
Entering the Zip Code

- 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



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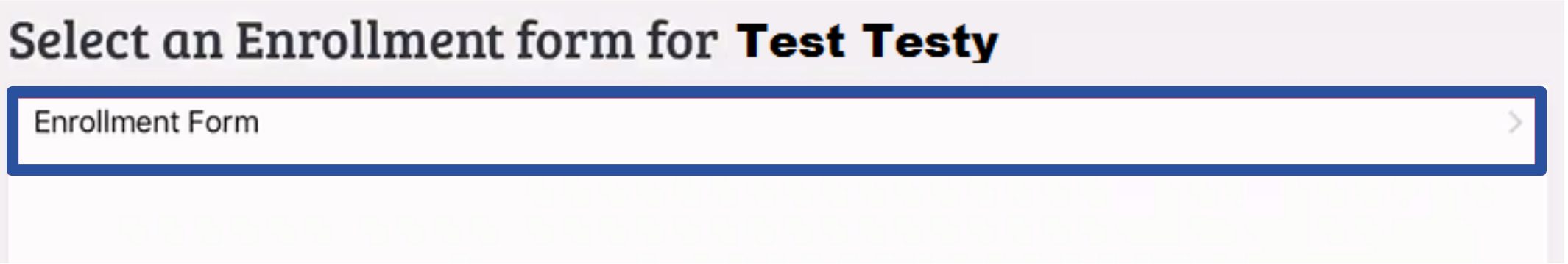
Selecting an Enrollment Form

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



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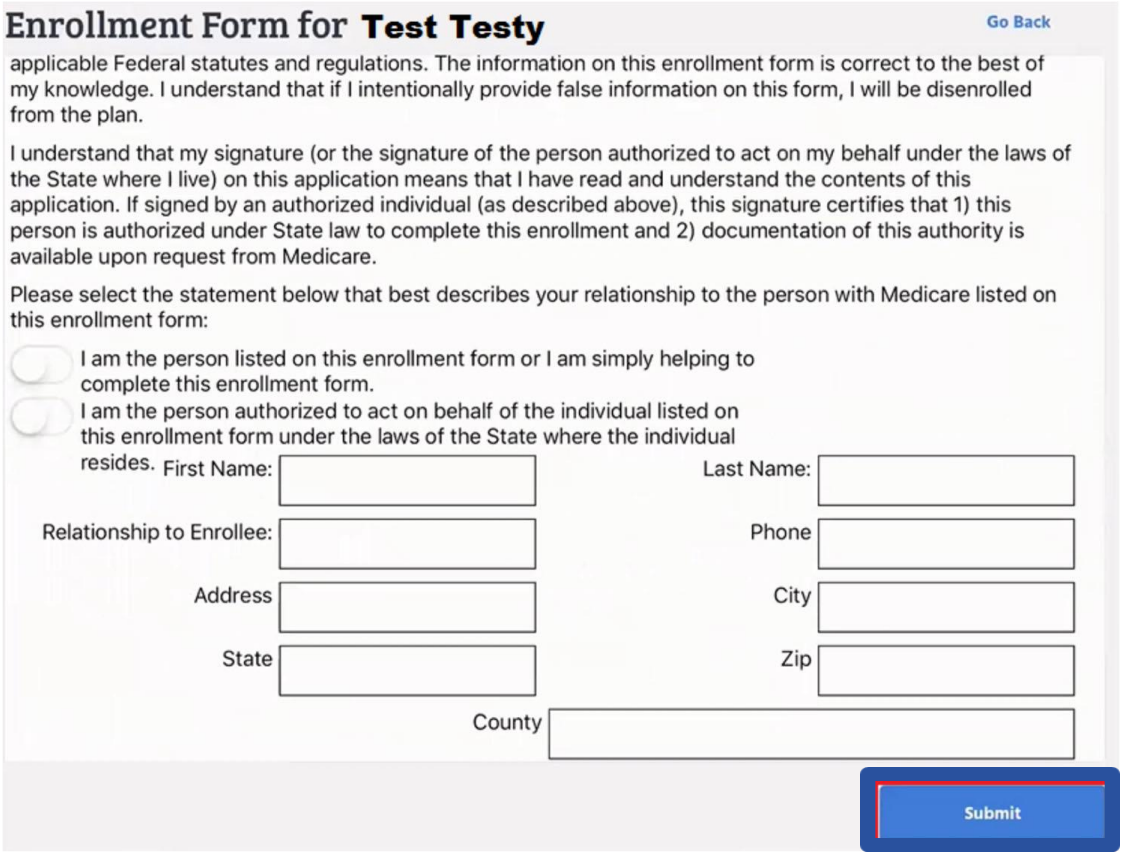
Completing and Submitting the Application

- 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.



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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

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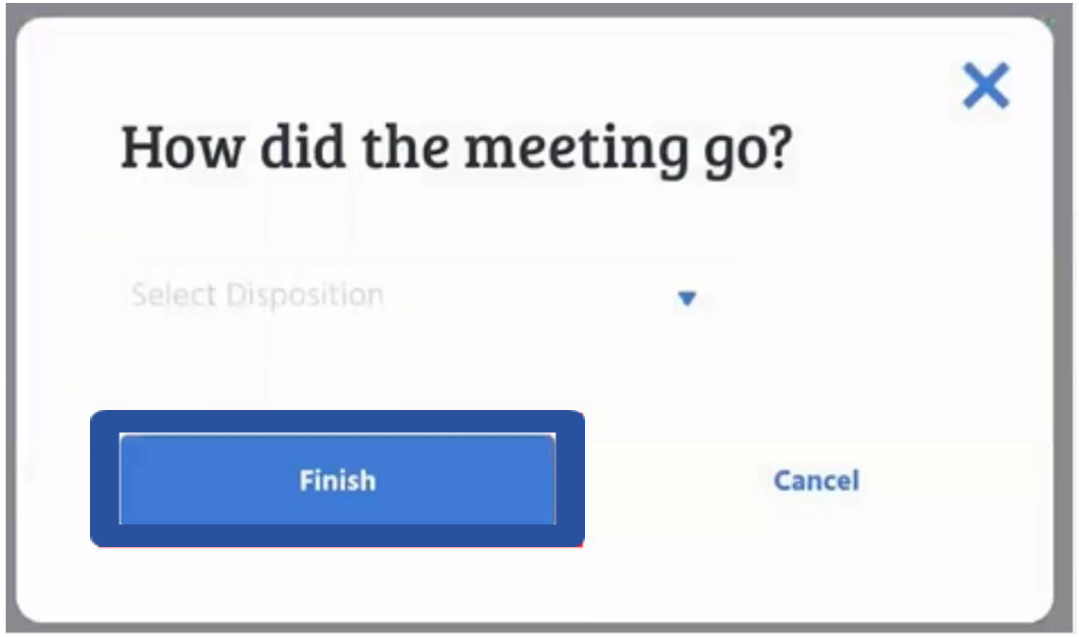
Dispositioning the Meeting

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



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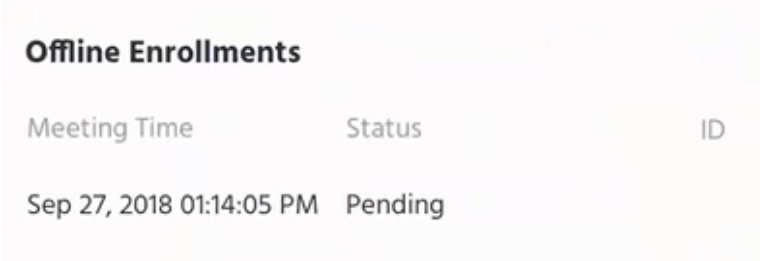
Returning Online

- 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



- 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

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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

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SIGNING OUT

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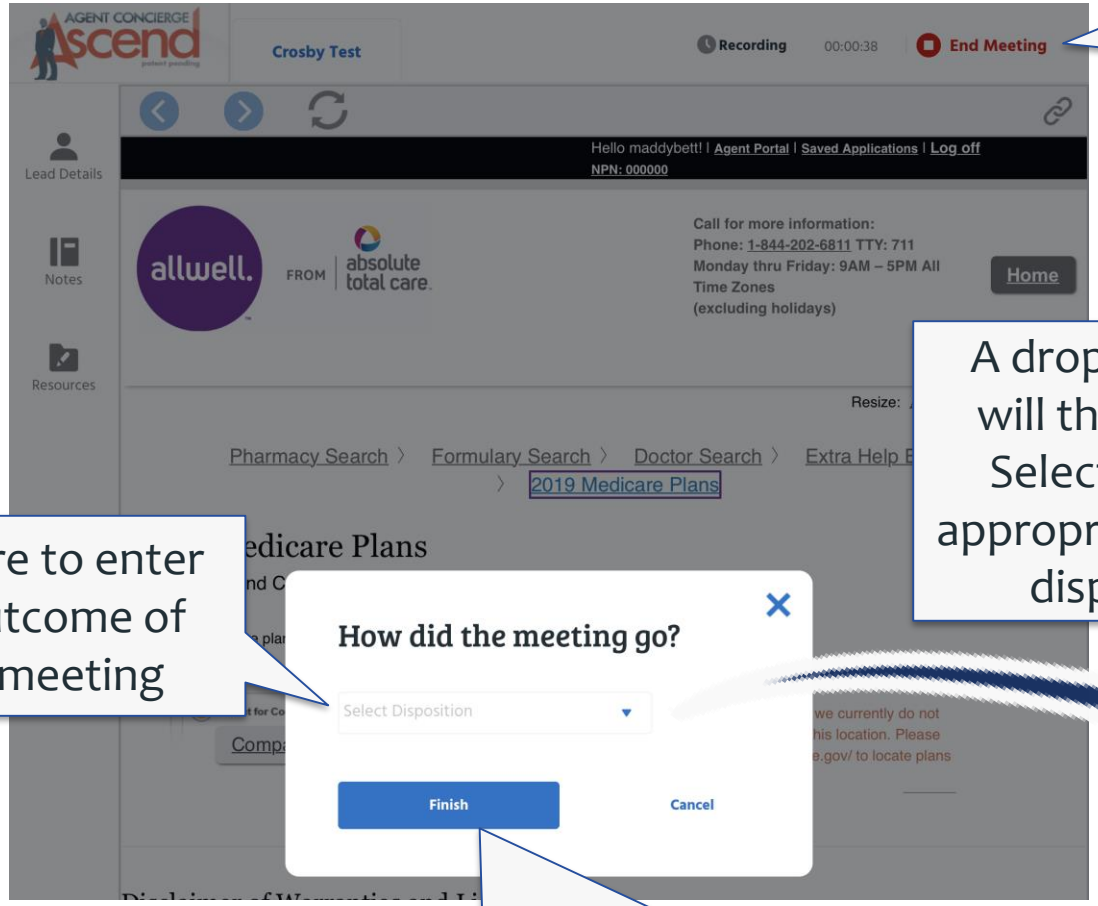
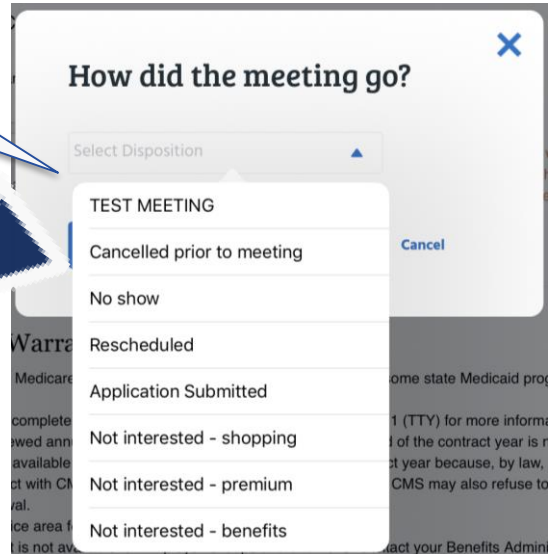
End the Meeting in AQE

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

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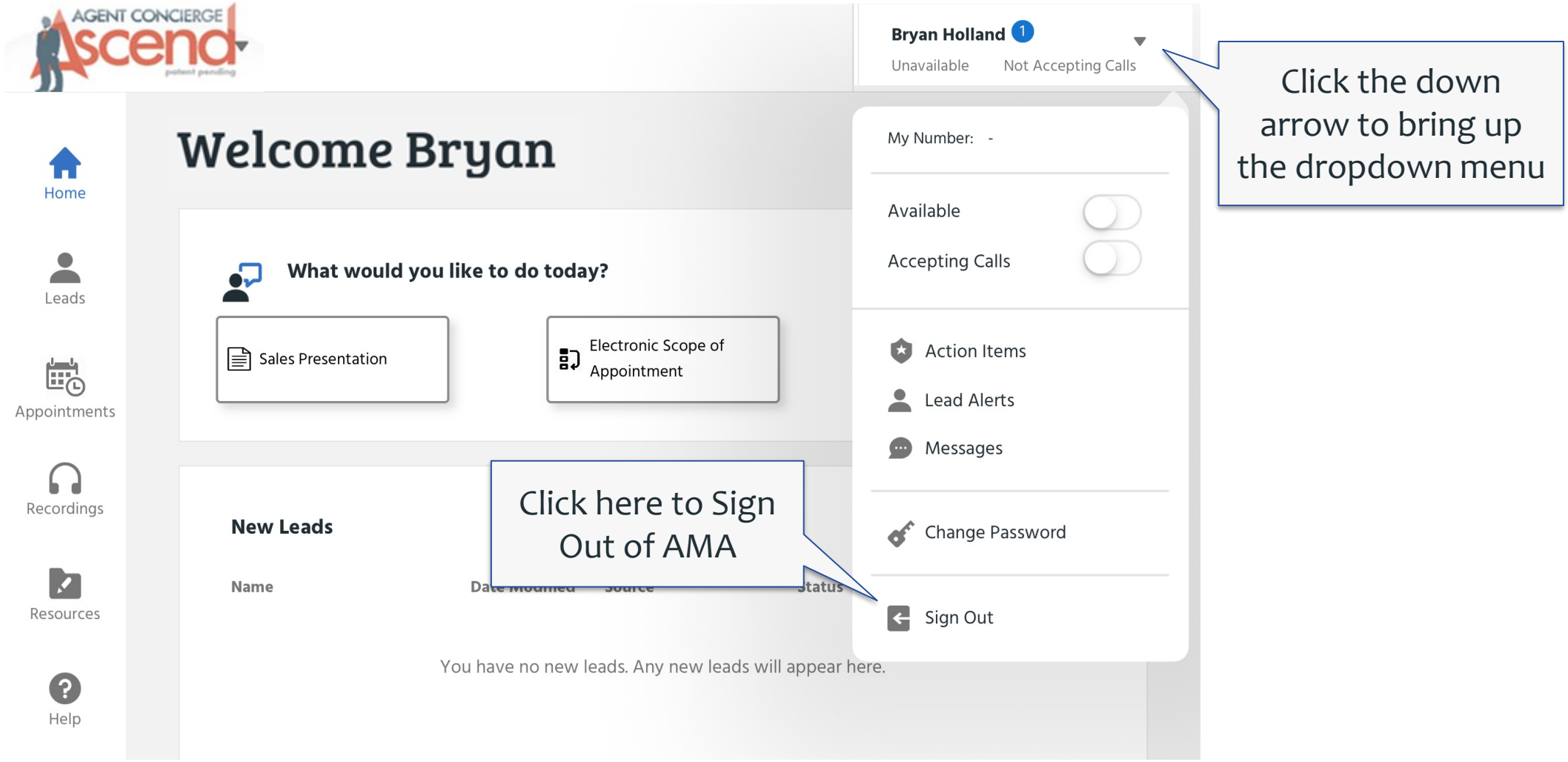
Sign Out of AMA



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