ASCEND USER TRAINING FOR CENTENE & WELLCARE

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WHAT IS ASCEND?

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

Ascend Platform Overview



- Specifically engineered for the insurance industry
- Currently used by over 175,000 agents including national, regional and local carriers
- Available for iOS, Windows, and Android 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

Ascend will...



• Protect <u>Your</u> Business: Drastically reduces the potential for complaints to Medicare

- Research has shown that sales presentations and enrollments submitted through Ascend have a 0.03% Complaint Rate compared to the much higher rate for paper sales presentations and enrollments
- Ascend also provides the ability to record your sales presentation to the beneficiary
- Decrease Administrative Work
 - Ascend's ability to auto-fill applications from a lead will provide less typing for the agent reducing clerical errors
 - Required data fields cannot be missed and provide less likelihood that the application will pend during processing

Ascend will also...



• Help you keep the sales you have worked hard for

- Since Ascend submitted enrollments are received <u>on the same day they're submitted</u>, the applications are processed much faster which means your clients will receive their Welcome Letters quicker
- Keep 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
- Help agents create a clean, smooth and professional presentation
 - Paperless selling is cleaner, smoother, more compliant, and easier for the beneficiary to understand

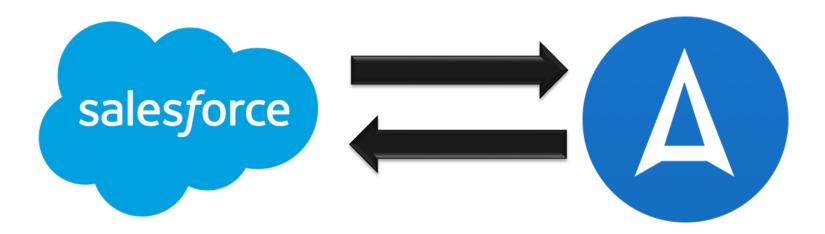


ASCEND & SALESFORCE

Salesforce Integration



• Salesforce and Ascend communicate to send updates back and forth





GETTING FAMILIAR WITH ASCEND

The Three Components of Ascend



ARM: Ascend Real-Time Manager



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)
 - Location where **recordings** get **uploaded** from AMA
 - Long term data storage for leads and recordings
 - Use as a **resource** for managers to extract reporting on their teams

Ascend		
	Agent Connect	Ascend Meetings Map
Email		
Password		
Forgot Password? Log	in	

AMA: Ascend Mobile Application



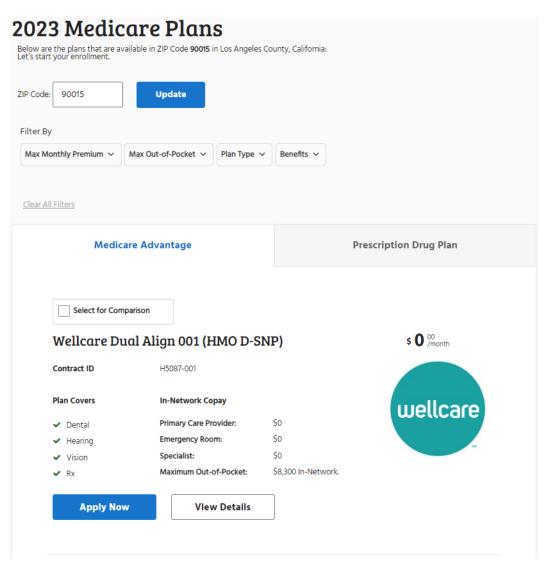
- The sales and enrollment platform housed on your iPad or Windows device
- Where you will conduct and record your sales meetings
- Where you manage your book of business and track your lead/prospect information
- Where you will submit your electronic enrollments using AQE



AQE: Ascend Quote & Enrollment

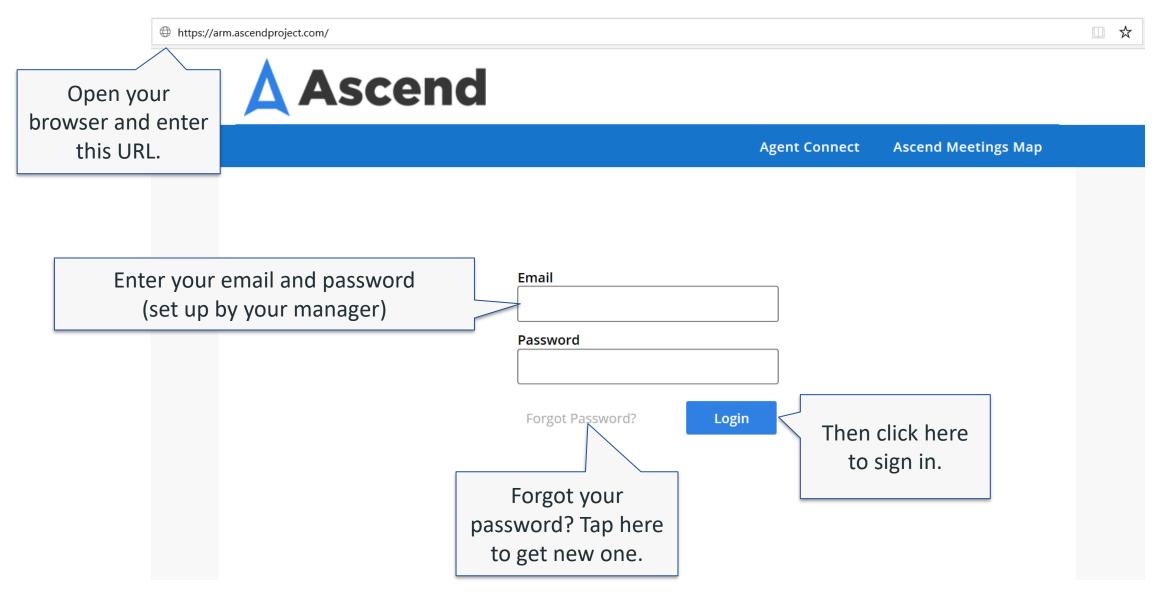


- Tool in Ascend that gives you the ability to compare plan info and choose the best plan for your prospect
- Where you create your member profile with provider info, formulary and pharmacy choices
- Where the online enrollment application is housed



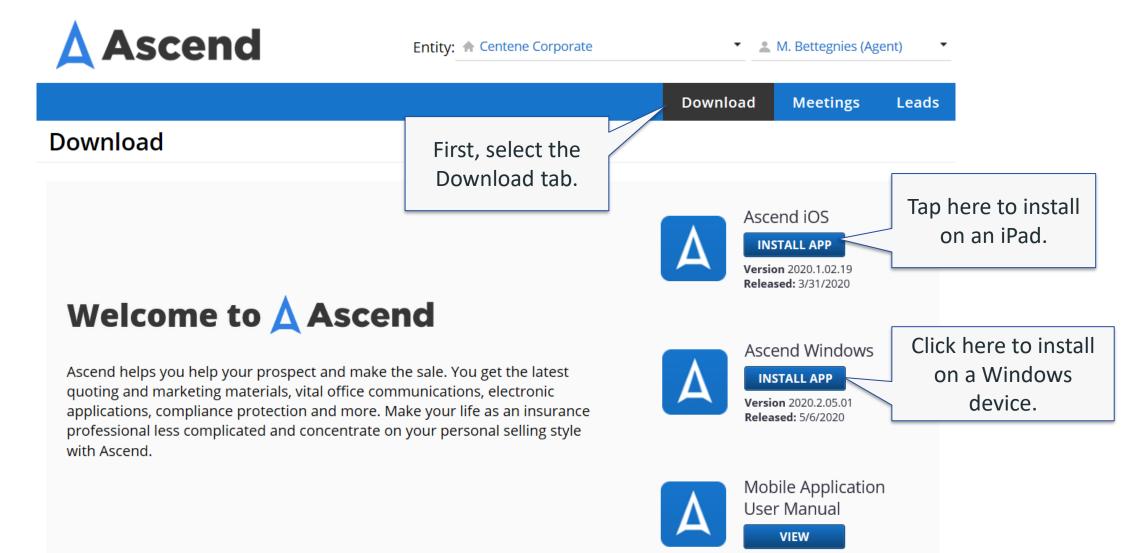


Logging Into ARM – <u>https://arm.ascendproject.com</u>



Downloading AMA







IOS ONLY INSTRUCTIONS

1. Launch the Ascend App



Untrusted Enterprise Developer

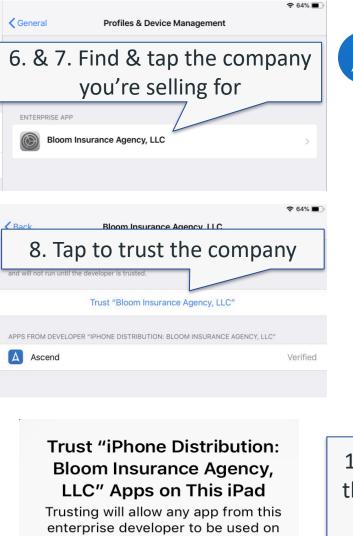
"iPhone Distribution: Bloom Insurance Agency, LLC" has not been trusted on this iPad. Until this developer has been trusted, their enterprise apps will not be available for use.







1						
	9:39 AM Thu Feb 28	General				
	Settings					
	•	About	>			
	This iPad is supervised and managed by bloom insurance. Learn more about device supervision	Software Update	>			
	HB Hannah Burcham Apple ID, iCloud, iTunes & App Store	Handoff	>			
	Update Apple ID Settings	Multitasking & Dock	>			
	Airplane Mode	Accessibility	>			
	Second Se	iPad Storage	>			
	Bluetooth On					
	(1) Cellular Data	Background App Refresh	>			
		Date & Time				
	Notifications	Date & Time	>			
	Sounds	Keyboard	>			
1		Language & Region	>			
	4. Select Genera	tionary	>			
	🚫 General	iTunes Wi-Fi Sync	>			
	Control Center	VPN	Not Connected >			
	A Display & Brightness	Profiles & Device Management	2 >			
	Wallpaper	5. Select Profiles &	>			
	Siri & Search					
	Touch ID & Passcode	Device Management	>			
	Battery	Shut Down				
	Privacy					
	A iTunes & App Store					



your iPad and may allow access to your

data.

9. Verify that you trust them

Cancel

Trust

10. Launch the Ascend App and start using AMA



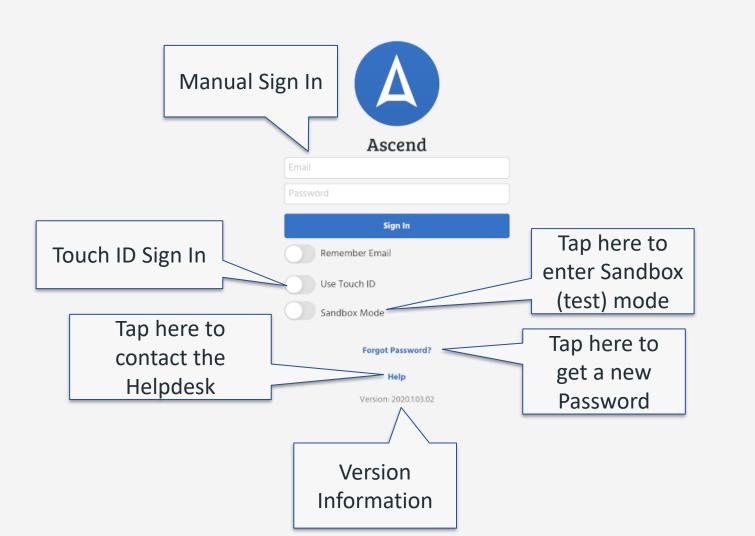
ASCEND MOBILE APPLICATION

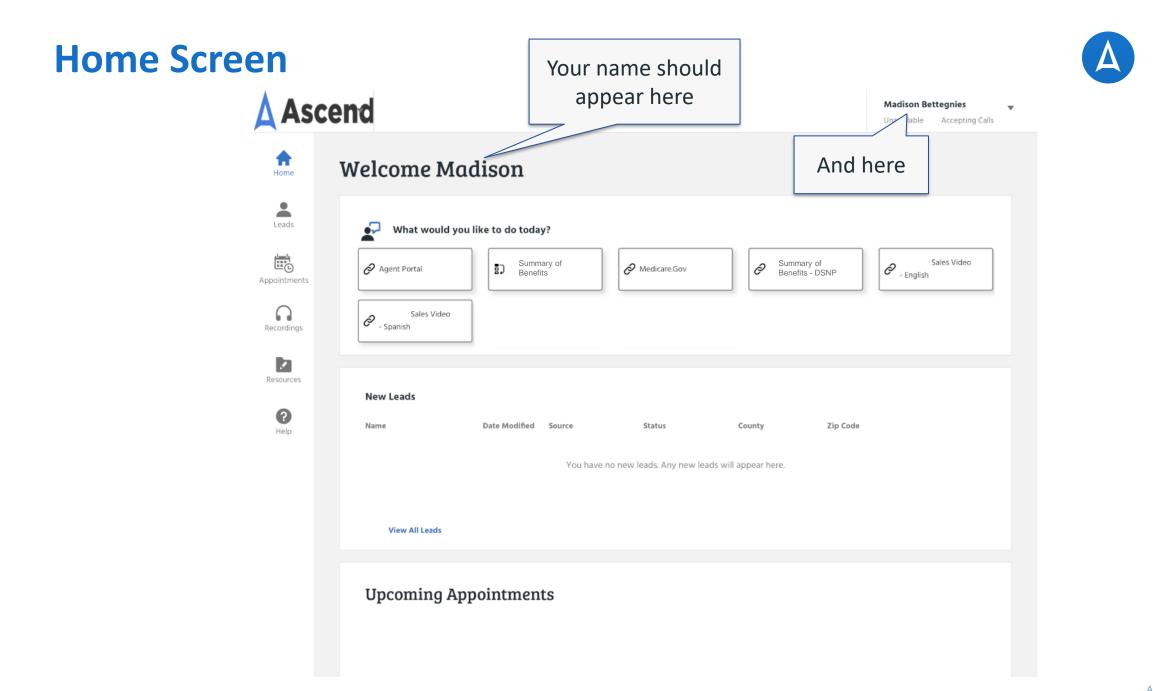


LOGIN & NAVIGATION









Main Window



Welcome Madison

夕 Agent Portal	Summary of Benefits	A Medicare.Gov	P Summ Benef	ery of ts - DSNP	Sales Video
Sales Video - Spanish					
New Leads					
Name	Date Modified Source	Status	County	Zip Code	
	You hav	e no new leads. Any new le	ads will appear here.		
View All Leads					
Upcoming A	ppointments				

• 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

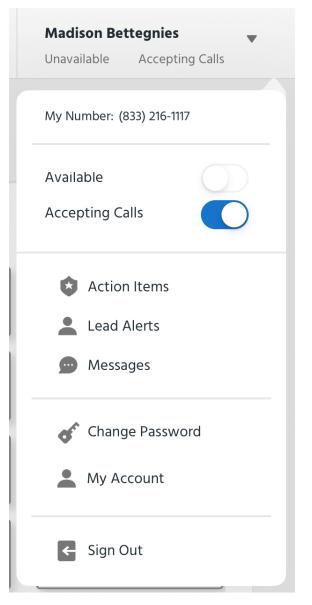


Asce Home -Leads Appointments ()Recordings Resources 0 Help

- 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

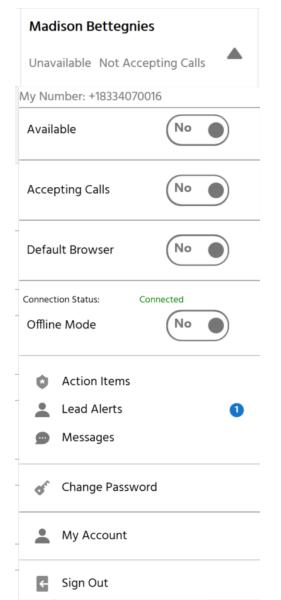
Drop-down Menu for iPad





- 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
- My Account
- Sign Out

Drop-down Menu for Windows



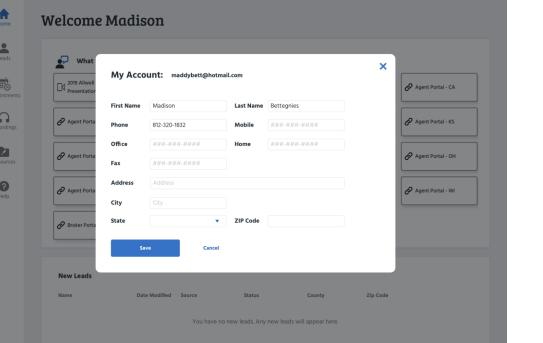
- My Number RATE Number
- Accepting Calls Toggles availability to receive RATE calls
- Default Browser Opens enrollment form in Chrome, IE, etc.
- Offline Mode Shows user if they are connected to Internet
- Action Items/Lead Alerts Navigates user to the Notifications page
- Messages View any messages past or present
- Change Password
- My Account
- Sign Out

Ascend ©2020

My Account

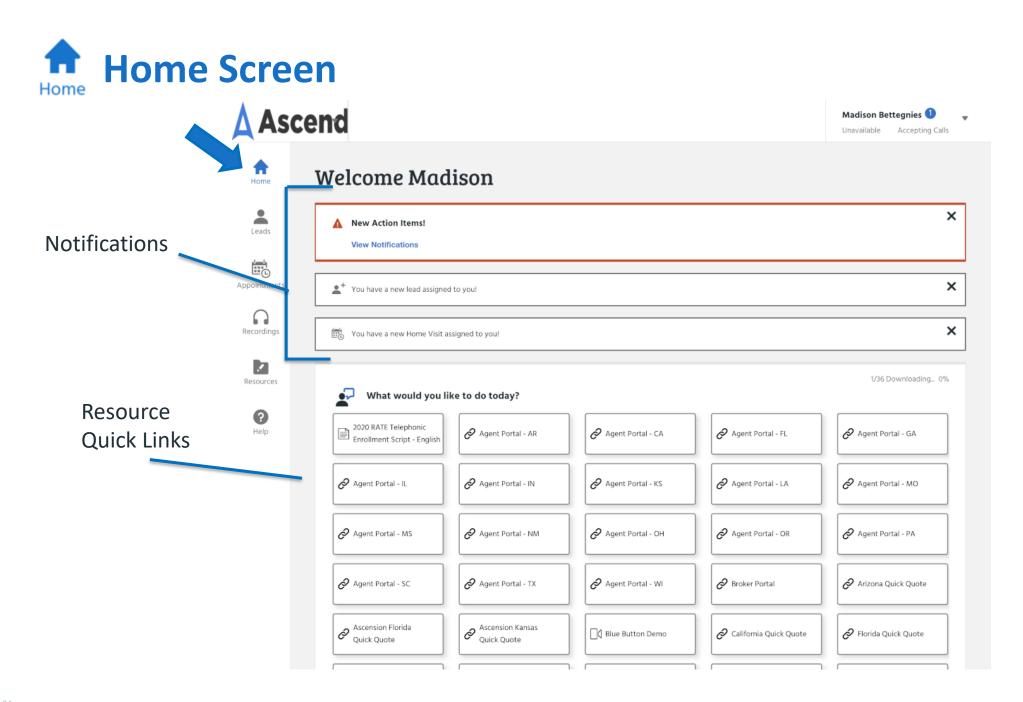
• Edit personal account information easily on AMA

Ascend Madison Bettegnies Home Welcome Madison Leads What × My Account: maddybett@hotmail.com DI 2019 Allwe Presentati 🔗 Agent Portal - CA First Name Madison Last Name Bettegnies Recordings 2 Agent Por 🔗 Agent Portal - KS Phone 812-320-1832 Mobile Office Resources 🔗 Agent Portal - OH 2 Agent Po Fax **?** Help Address 2 Agent Por 🔗 Agent Portal - WI City ZIP Code State C Broker Por Cancel New Leads Zip Code

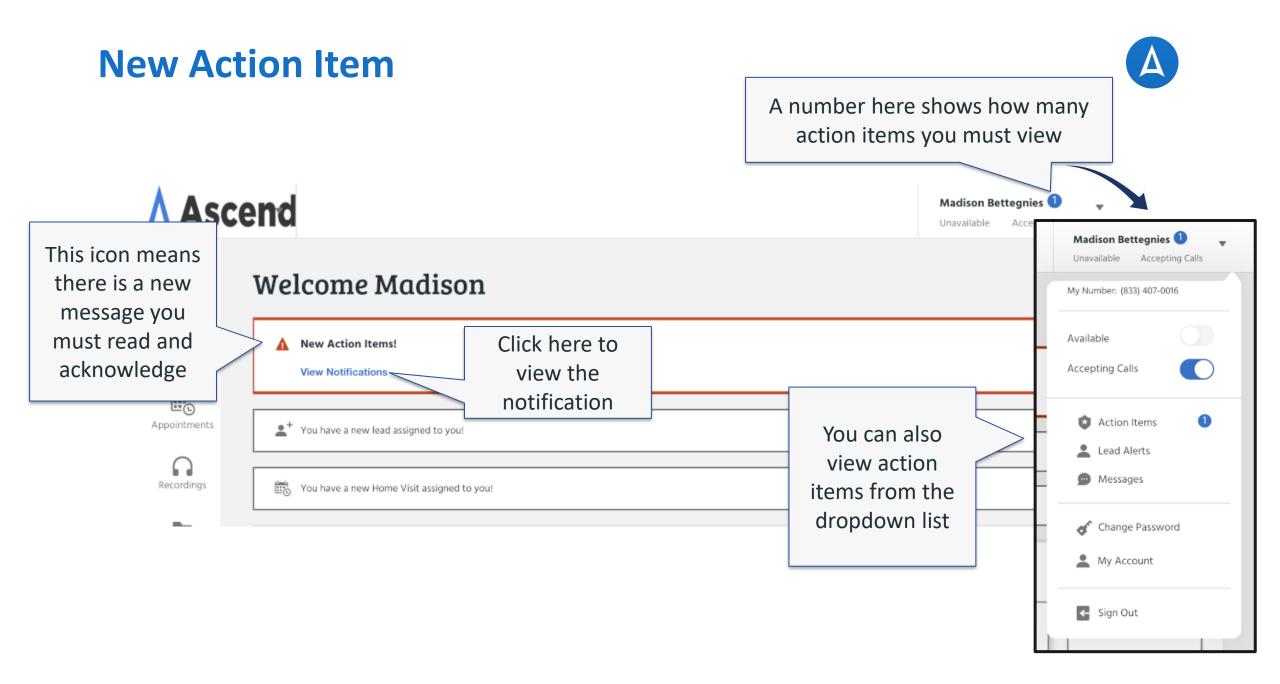




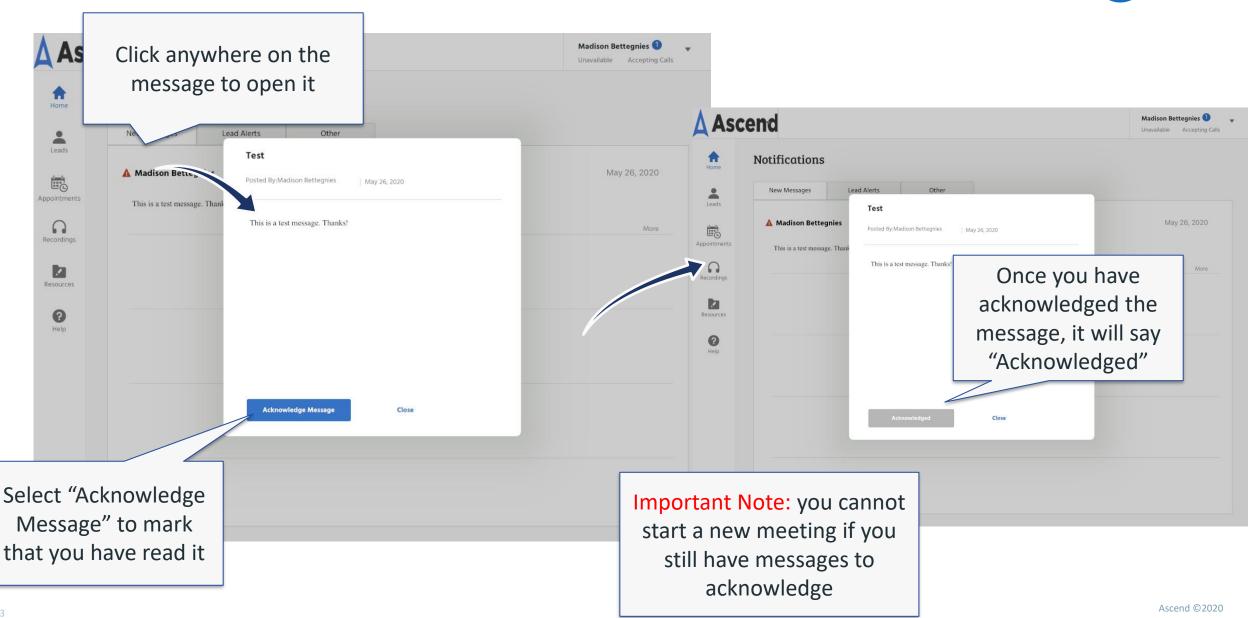
HOME







Acknowledging the Message



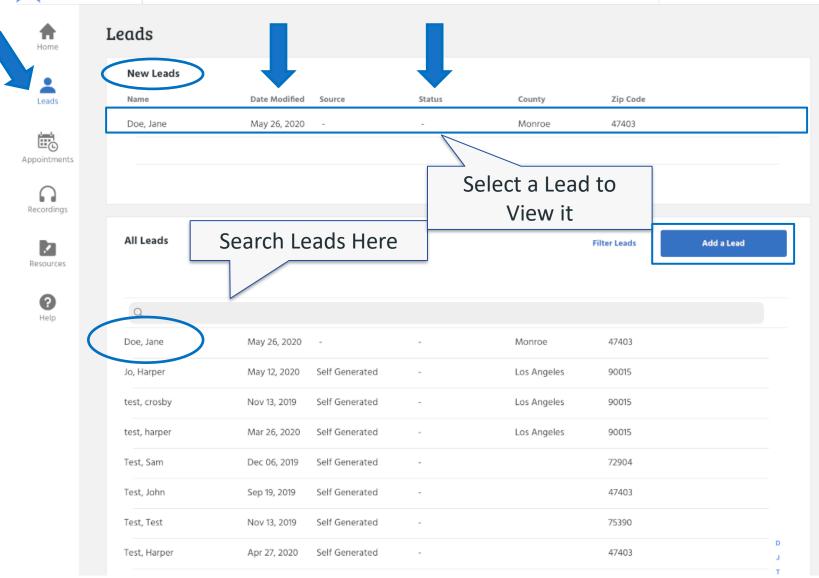


LEADS





Madison Bettegnies 🛛 👻



Add a Lead



You can enter all

Asc Asc	end Leads							scar lice	l data here n their driv nse to capt nfo quickly	ver's ture
±	New Leads	New Lead	Scan Drivers License				×			
Leads	Name Doe, Jane	First Name	First Name	Last	Name Last N	Name				
Appointments		Birthday	Select	•	Day	Year				
Recordings		Gender	Male	Female						
	All Leads	Phone	(###) ###-####					Add a Lead		
Resources		Email	Email							
? Help	Q	Permission to Contact	Select				•		-	
The	Doe, Jane	Status	Select	•	Source Self Ge	enerated	•			
	Jo, Harper	Address	Address Line 1							
	test, crosby	City & County	City		County					
	test, harper	State & Zip	Select 🔻	Zip Code						
	Test, Sam									
	Test, John	Sep 19, 2019	Self Generated				47403			
	Test, Test	Nov 13, 2019	Self Generated	-			75390			
	Test, Harper	Apr 27, 2020	Self Generated	-			47403		J	
									T	

Scan License to Collect Lead Info

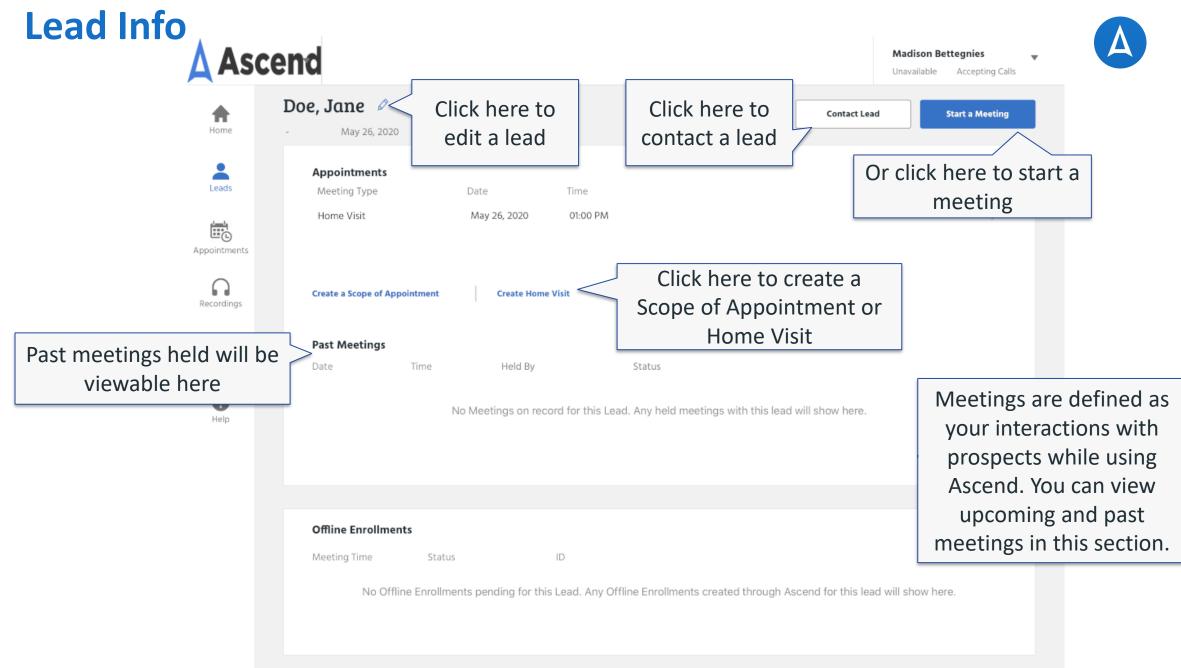


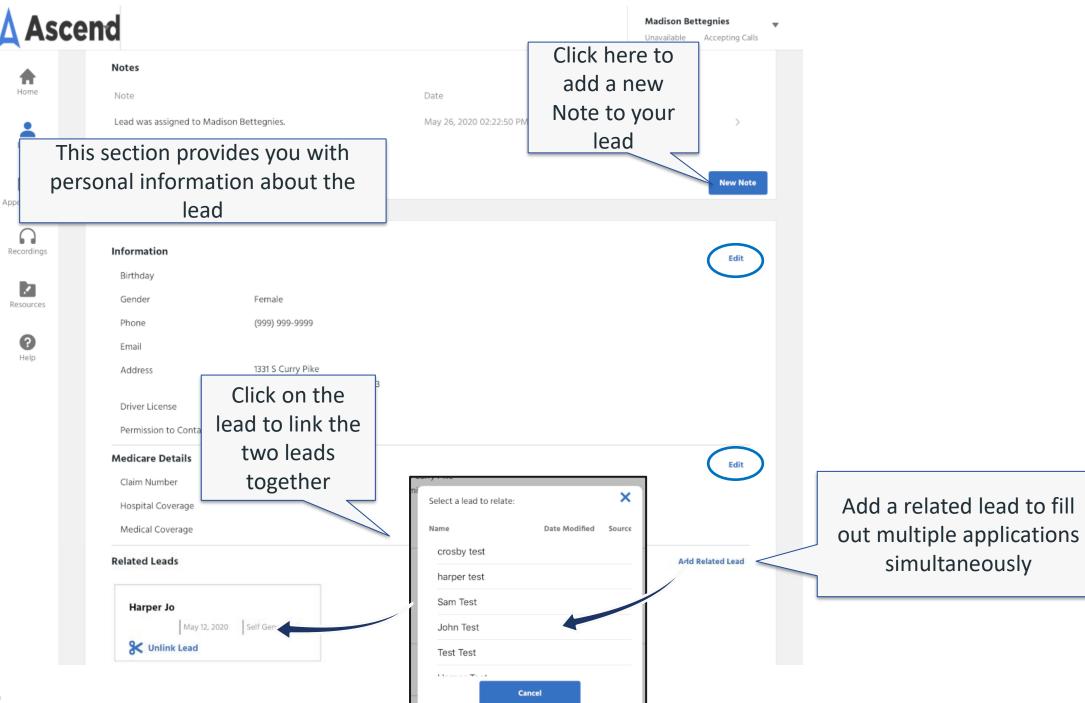


Finish Collecting Lead Info



s	Email	Email				
_	Permission to Contact	Select 💌				
	Status	Select	Source Self Gener	ated 🔹		
eads	Address	Address Line 1				
	City & County	City	County			
	State & Zip	Select 🔻 Zip Code				
Click "Save" to	Claim Number	Claim #		Tap here	e to capture	e scan
add the new	Hospital Coverage	MM/DD/YYYY		info fron	n Medicare	card,
	Medical Coverage	MM/DD/YYYY		or ente	r it manual	ly in
lead				t	he boxes	
	Save	Cancel				





Ascend ©2020

Edit a Lead



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

First	Jane	Last	Doe		
Birthday	Select	▼ Day		Year	
Gender	Male	Female			
Phone	9999999999				
Email	Email				
Permission	Select	•			
to Contact					
Status	Select	 Source 	Select	•	•
Address	1331 S Curry Pike				
City & County	Bloomington		Monroe		
State & Zip	IN • 4	7403			

Electronic Scope of Appointment

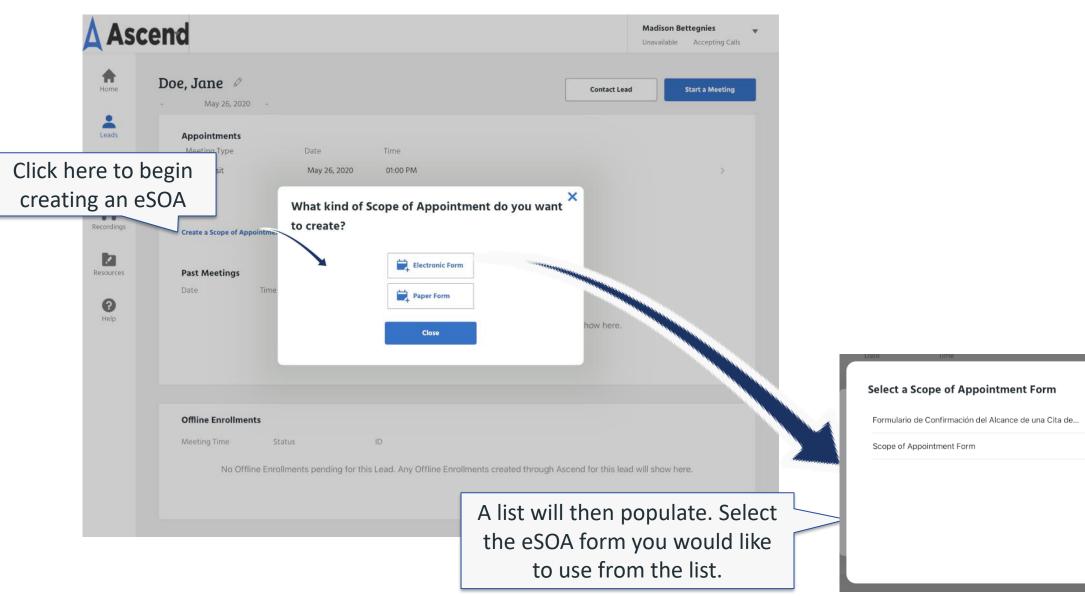
- Scope details are auto-filled from the lead data entry by the agent
- The scope can be emailed or texted to the beneficiary from Ascend
- The prospect confirms the appointment digitally
- Confirmation of the eSOA is seen in Ascend by the agent immediately
- Scope info is stored in the Ascend Real-time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



Creating an eSOA



×



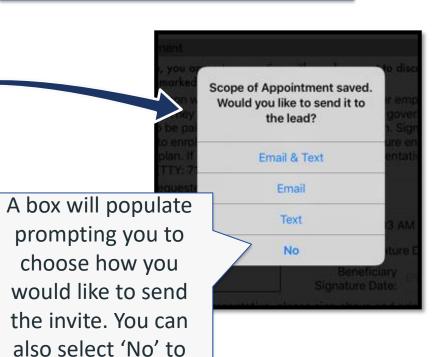
Filling Out the eSOA

Se	elect the	Meeting Deta	ails			×	
pro	ducts you	To be completed by	the agent prior to	meeting with benefi	ciary	- H.	
plan	to discuss	Agent First Name:*	Madison	Agent Last Name:*	Bettegnies		
		Agent Phone	812-320-1832	Agent NPN:	NPN123		
•	plete at least	Plan	assigned agent ID				
•	ed fields on	Beneficiary	Jane	Beneficiary	Doe		
	indicated by	Phone*	8123201832	Address	1331 S Curry		
an a	sterisk	City	Bloomington	State	Indiana		
		Zip Code	47403	County	Monroe		
						w h	
		Initial Method of Co Sales Event	ntact (check one):				
		Walk-In					
		Inbound Cal					
	\$		11				
	e Erm	Send Invite		lick here invite to	to send t the lead	th	

Note: Lead information and agent information will auto populate. Go to Lead Details or My Account to change information

only save the invite

and not send it.



Δ

Prospect View

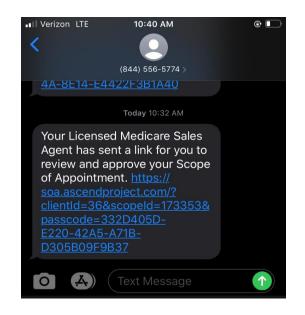
Email



<u>Click here to review your Scope of Appointment</u>. 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.



Text



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				8/4/2017 12:23:08 PM		
First Name:	John	Last Name:	Prospect			
Phone:	8123334567	Address:				
City:		State:	~	_		
Zip Code:	47401	County:		Man		
				Yes		
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	They will		
State:	Indiana 🗸	Zip Code:	47403			
Meeting Summary [Plan Use Only]				in a a ti		
		-		meeti		
	Indicate here if the beneficiary was a walk-in)					
	s) the agent represented during this meeting:					
	e beneficiary at time of appointment, provide y SOA was not documented prior to meeting:					
	,			By approving this S		
	Agent Signature:	Chris Jaffe		agent to discuss the		
Product and Plan Descriptions				Please note, the person who will		
Stand-alone Medicare Prescription Drug Pla	es (Red D)					
Medicare Health Maintena				may also be paid based on your		
A Medicare Advantage Plan that provides all	I Original Medicare Part A and Part B health c		ription drug coverage. In most HMOs, you	plan.		
	tals in the plan's network (except in emergence			Requested Meeting Date:		
Medicare Advantage	08/04/2017					
A Medicare Health Maintena	Ance Organization (HMO): I Original Medicare Part A and Part B health c	overage and sometimes covers Part D press	ription drug coverage. In most HMOs, you			
can only get your care from doctors or hospi	Created Date:					
Medicare Preferred Provid	8/4/2017 12:23:08 PM					
A Medicare Advantage Plan that provides all doctors and hospitals but you can also use of	014/2017 12.23.00 PW					
Medicare Private Fee-For						
	ay go to any Medicare-approved doctor, hospi					
pay more to see out-of-network providers.	S Plan that has a network, you can see any of	the network providers who have agreed to a	ways treat plan members. You will usually	Scope of Appointment Approved		
Medicare Point of Service				coope of Appointment Approved		
	e in a local or regional area which combines th in to be the primary health care provider. You			1		
Medicare Special Needs F		· · · · · · · · · · · · · · · · · · ·				
A Medicare Advantage Plan that has a bene	fit package designed for people with special h		roups served include people who have both			
Medicare Medicaid, people who reside i Medicare Medical Savings	n nursing homes, and people who have certains Account (MSA) Plan:	in chronic medical conditions.				

your deductible is me

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 unde Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

Medicare Medicaid Plan (MMP):

and coordinated Medicare and Medicaid benefits for dual eligible Medicare beneficiaries An MMP is a private health plan (Dental/Vision/Hearing Products

Prospect View of the eSOA

Beneficiary Agreement

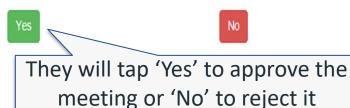
By approving this Scope of Sales Appointment Confirmation Form, you agree to a meeting with a sales agent to discuss the types of products which are check marked above.

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 Medicar plan.

Requested Meeting Date:

08/04/2017

Created Date:



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

They will get a confirmation of the meeting approval

Ascend ©2020



Scheduled Meetings

Aug 04, 2017

Jul 04, 2017

Schedule a Meeting

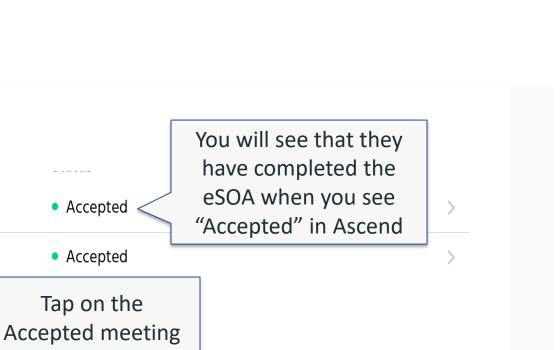
01:03 PM

12:19 PM

Past Meetings

Aug 04, 2017

Aug 04, 2017



•

Test Disposition

• Test Disposition

>

>

to view the eSOA

Chris Jaffe

Chris Jaffe

Resources

Recordings

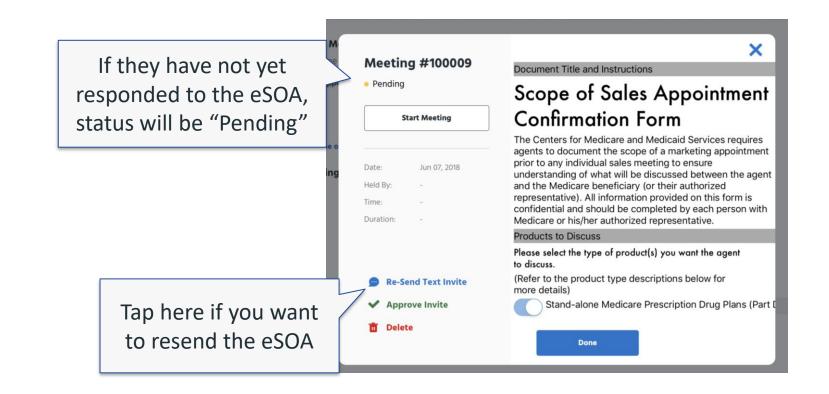


47



eSOA Status







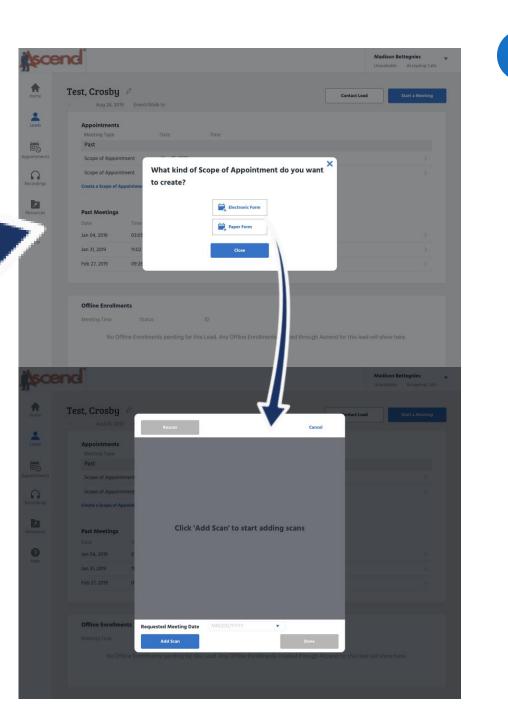
PAPER SCOPE OF APPOINTMENT

Paper Scope of Appointment

 If you are unable to complete an eSOA, AMA does have the ability to scan a paper SOA.

peci	patent pending				
	Doe, Jane 🖉 Test Jun 06, 2018 Self				contact Lead Start a Meeting
	Upcoming Mee Meeting Type		Date		
ents	Home Visit Scope of Appoin		Jun 06 09:00 F	PM	>
gs	Create a Scope of <i>I</i>		Create Home Visit		
	Past Meetings				
	Date	Time	Held By	Status	
is	Jun 06, 2018	11:41 PM	Bryan Holland	 TEST DISPOSITON 	>
	Jun 06, 2018	10:43 PM	Bryan Holland	TEST DISPOSITON	>

 Take a picture of the paper scope, select the requested meeting date, and Save the scope. It will attach to the enrollment application.

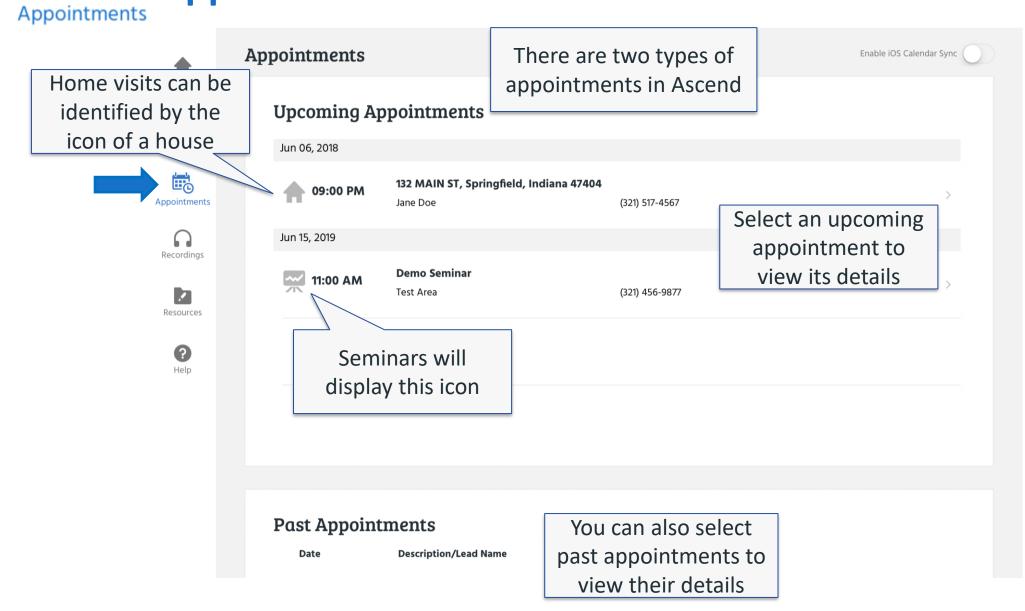




APPOINTMENTS

Appointments

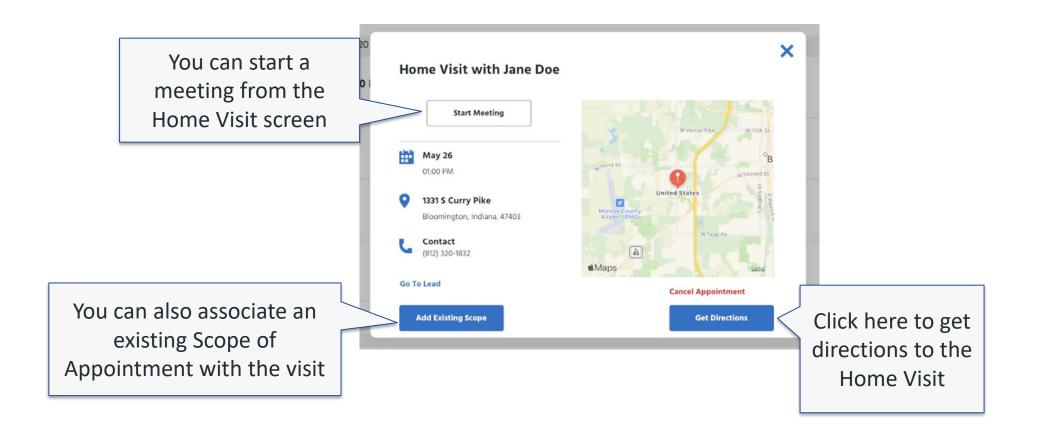




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Home Visit Info Screen







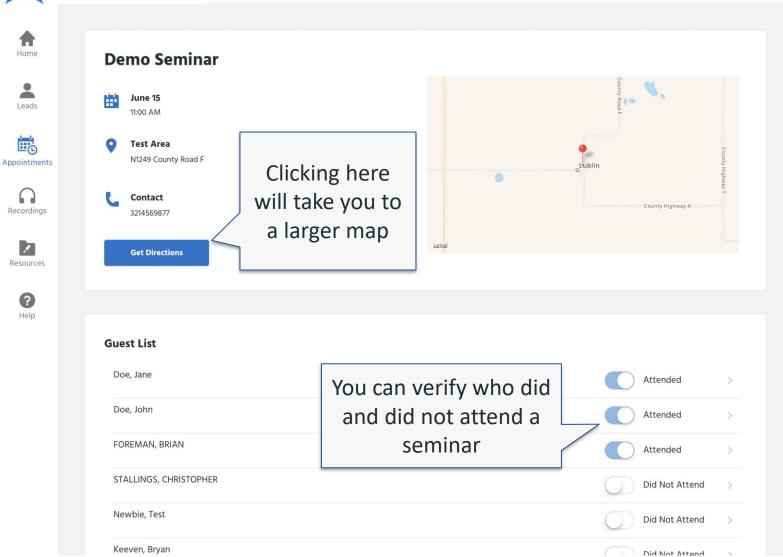
Bryan Holland 🚺

Unavailable

V

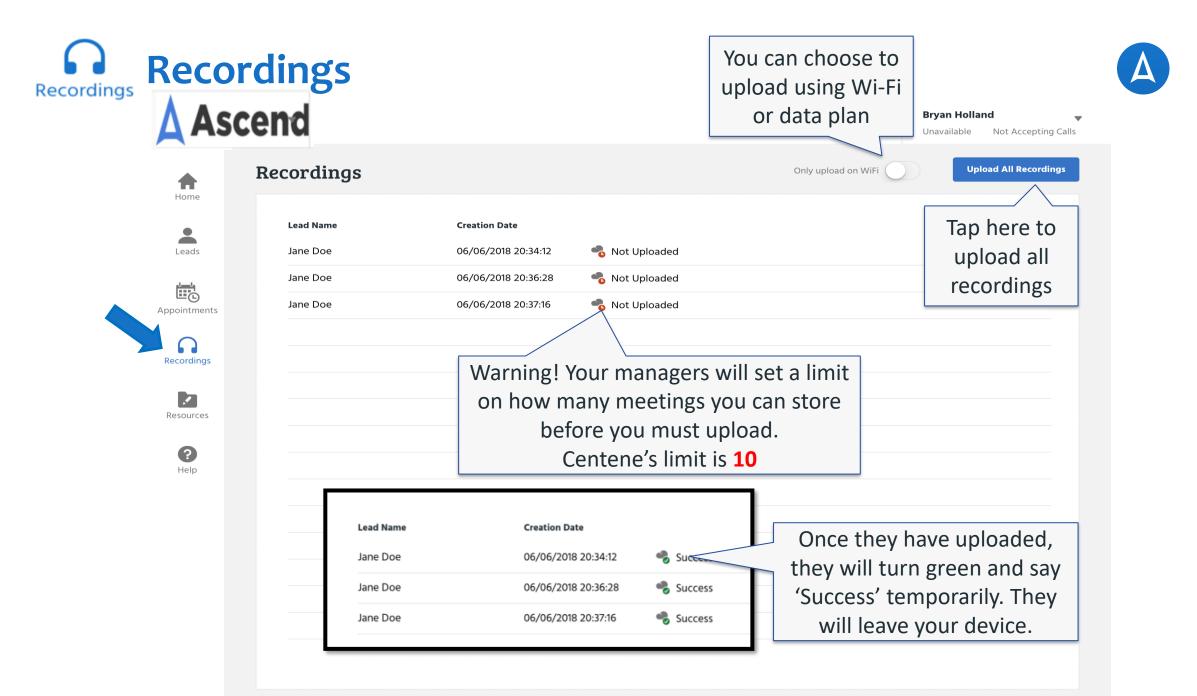
Not Accepting Calls

Seminar Info Screen





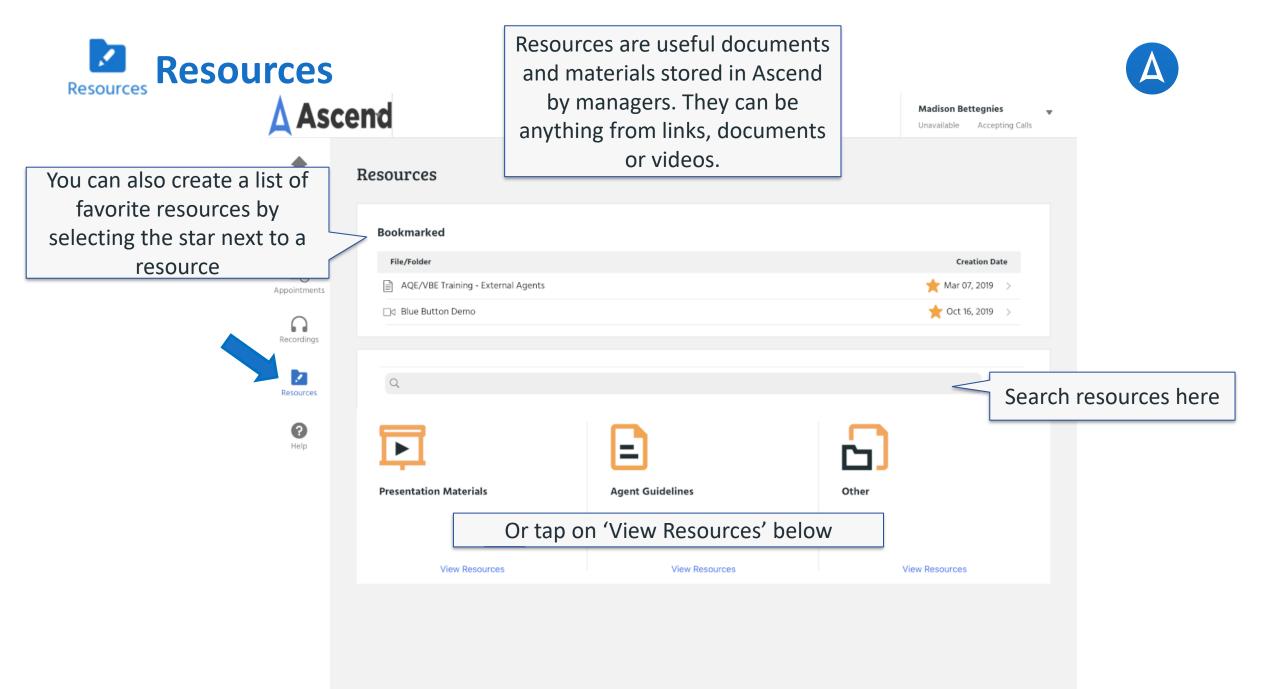
RECORDINGS



Ascend ©2020



RESOURCES





HELP

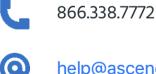






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For help with Ascend, please contact the Helpdesk.



help@ascendproject.com

A Use	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!



REMOTE AGENT TELEPHONIC ENROLLMENT (RATE)

What is RATE?



- RATE = Remote Agent Telephonic Enrollment
- A tool within the Ascend Mobile Application (AMA) enabling an agent to complete a health plan enrollment via a recorded phone call on their local device.
- RATE is available on all versions of AMA
 - iPad, Windows, & Android
- You will receive phone number, unique to you, to receive and place RATE calls directly from AMA.

Who benefits from RATE?



Your Beneficiary!

- By offering a RATE enrollment, your beneficiary will enjoy:
 - The convenience of completing an enrollment without being required to meet face-to-face
 - The security of knowing the enrollment is submitted electronically

You!

- This technology will help complete enrollments efficiently when you have a prospect who:
 - Cannot meet with you in person
 - You already met in person and they are now ready to enroll
 - Has no cellular or Wi-Fi access at home
- RATE helps you cut down on travel time, giving you more time to meet with prospects

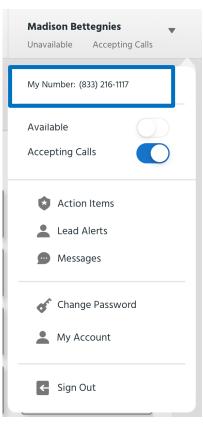


ACCEPTING A CALL

Note: 'Unavailable' does not relate to RATE. Please disregard.

Step 1

- Schedule an appointment with your prospect at a time where you are both available.
- Your unique RATE number can be found in the drop-down menu in the Ascend Mobile Application. Provide this to the prospect.
- You cannot receive a RATE call if you are in a meeting already.
- If you are doing a telephonic enrollment without meeting face-toface with the beneficiary first, a scope of appointment is still required. This can be done through Ascend's eSOA function, paper SOA, or by calling the AVL line.

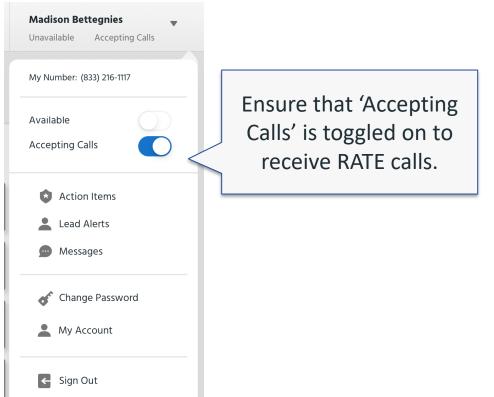






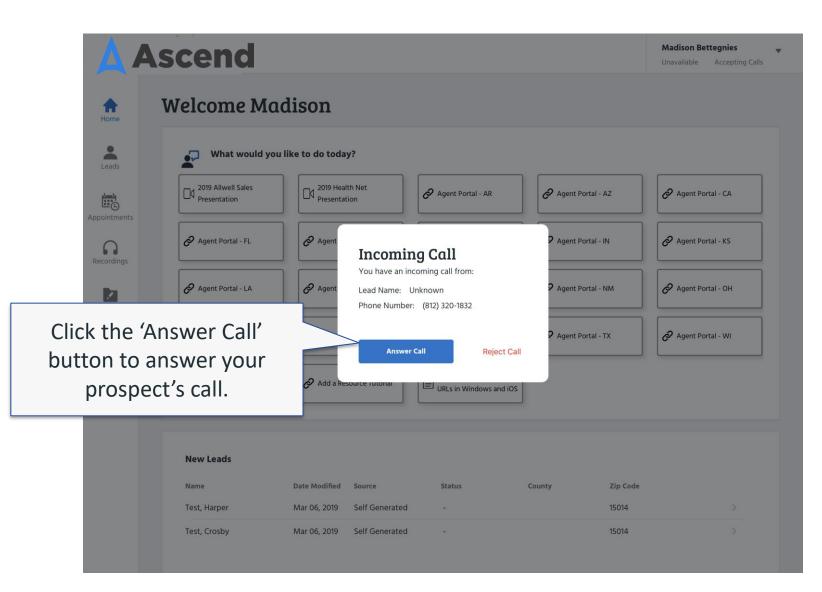


 At the scheduled appointment time, your client will call your unique RATEspecific 1-800 phone number. Ensure you are ready to accept the call by toggling on the 'Accepting Calls' indicator on the drop-down menu in AMA. You will receive the call through the Ascend app on your local device.

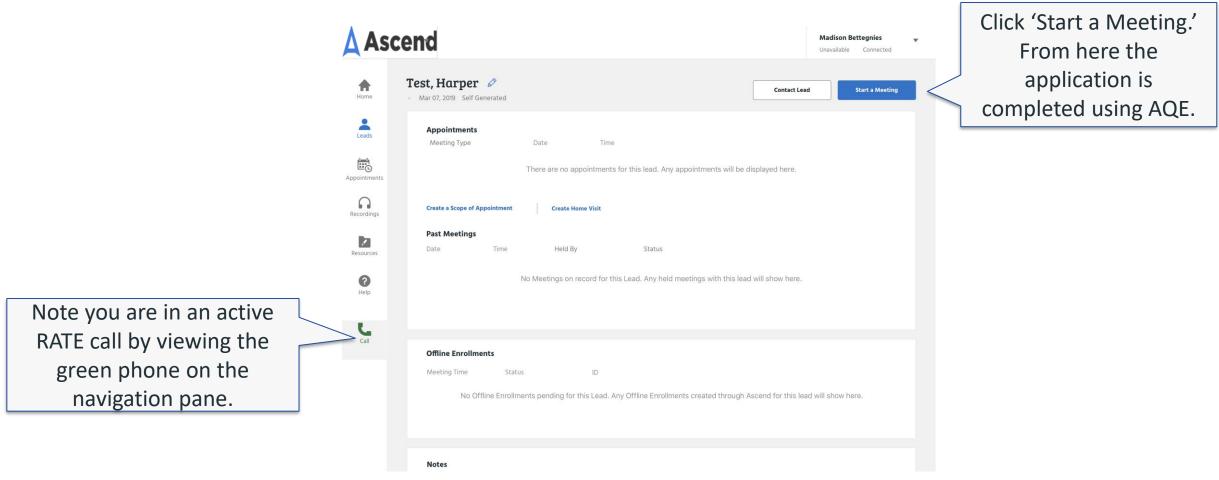


Receiving the Call





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



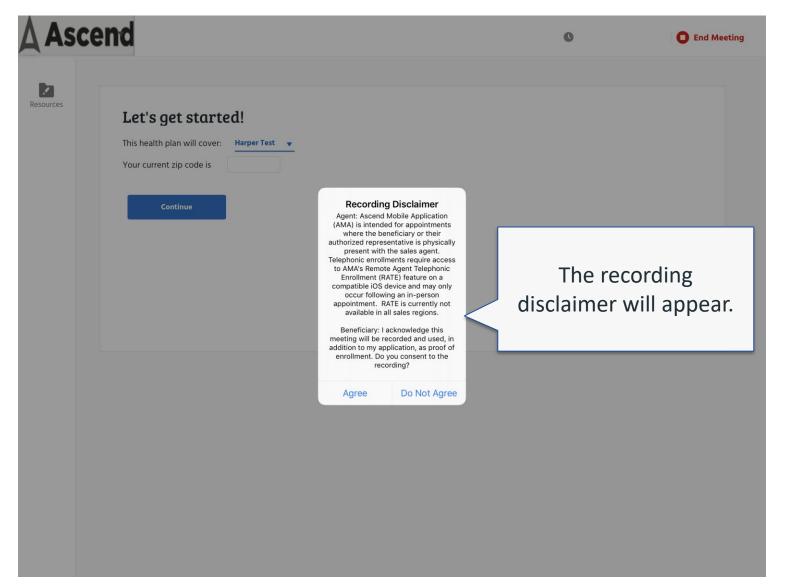


68



Start a Meeting





Step 3

- Talk the prospect through the approved telephonic enrollment script, located in Resources under Agent Guidelines (Allwell/HealthNet/Ascension) and WellCare RATE (WellCare scripts).
- 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





MAKING A CALL

Making A Call



- RATE can now be used to place an outbound call to a beneficiary!
- In order to place the call, you'll need to create a lead profile for your beneficiary if one does not already exist in your Ascend Mobile Application.

A ASCEND	Making A	Call			_		
Flagpole Healthcare	•				Neart cho rávailabh	Select 'Contact Lead'	
Home	Sep 13, 2022 Self Generated			Contact Lea	d Start a Me	eeting	
Leads	Appointments Appointment Type There are no upcoming Appointments for this lead.	Start Date	Start Time	Status			
Appointments Recordings	Past Appointment Type There are no past Appointments for this lead.	Start Date	Start Time		_		
Resources	Create Scope of Appointment Create Ho	ne Visit Schedule Virtual Meeting			Con	tact Lead	×
				ead' to place		Create Scope of Appointment	
			Le	d call to your ad.	e V	Send Invite to Virtual Meeting	
			Phone numb	all the Primary per associated pur Lead	\rightarrow	Call Lead	



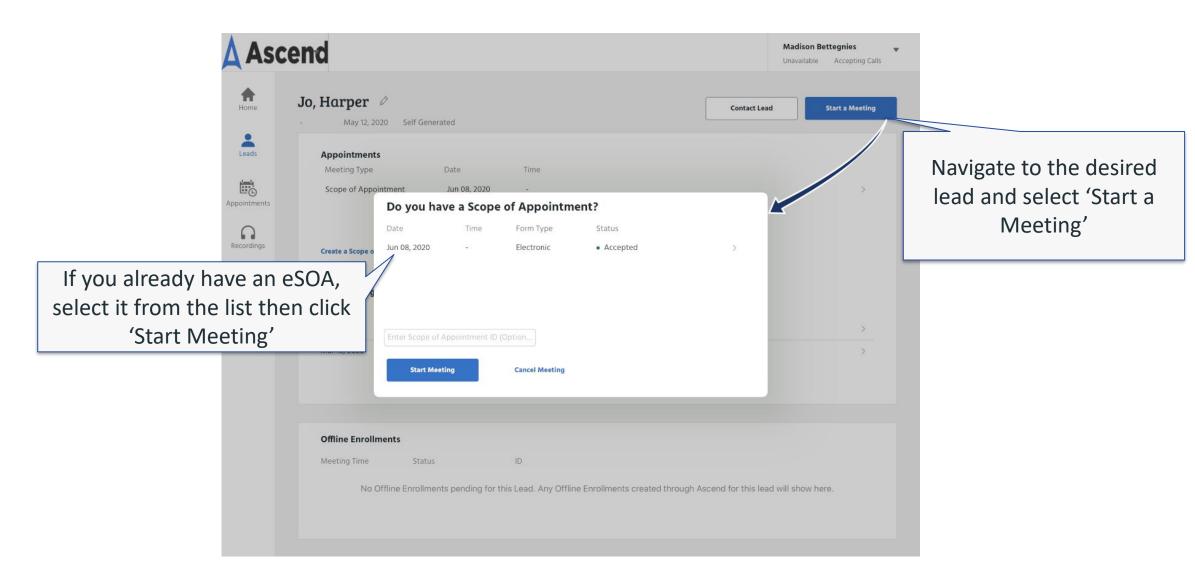
ASCEND QUOTE & ENROLLMENT



GETTING STARTED

Start a Meeting in AMA





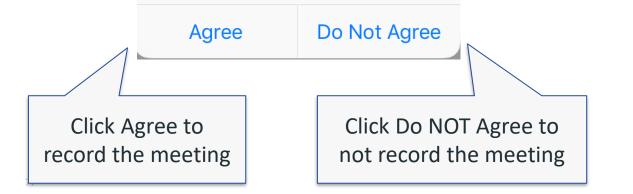
Recording Disclaimer



Recording Disclaimer

Agent: Ascend Mobile Application (AMA) is intended for appointments where the beneficiary or their authorized representative is physically present with the sales agent. Telephonic enrollments require access to AMA's Remote Agent Telephonic Enrollment (RATE) feature on a compatible iOS device and may only occur following an in-person appointment. RATE is currently not available in all sales regions.

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



Once a meeting is started, you will be asked whether 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



🛕 Ascend		() Not Recording 00:00:02	End Meet	ting
This h	et's get started! health plan will cover: Harper Jo • r current zip code is 90015 Continue	Verify the beneficiary's name and zip code here.		
				The Beneficiary's name and zip code will automatically populate here. Verify that they are correct, then click 'Continue.'

Zip Code with Multiple Counties







AQE SHOPPING TOOLS



Blue Button 2.0 AQE Shopping Experience

What is Blue Button 2.0?

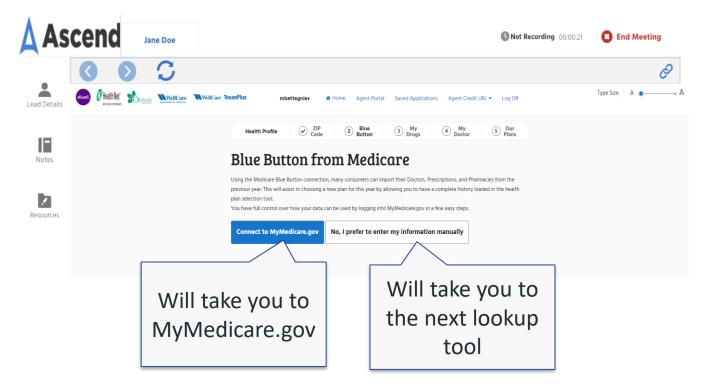
- Centers for Medicare and Medicaid Services (CMS) initiative to expand access to health information and improve the seamless exchange of data in healthcare – PROMOTE INTEROPERABILITY by giving patients access to their data
- Beneficiary must use their Mymedicare.gov login or create an account
- Not eligible when using RATE

- Contains up to 4 years of Fee-For-Service medical claims and Part D drug claims
- Can be used to:
 - Access doctors, medications, and pharmacies to assist in shopping experience
 - Lessen the time spent entering information manually
 - More accurately capture beneficiary information for shopping experience



How to Access Blue Button 2.0

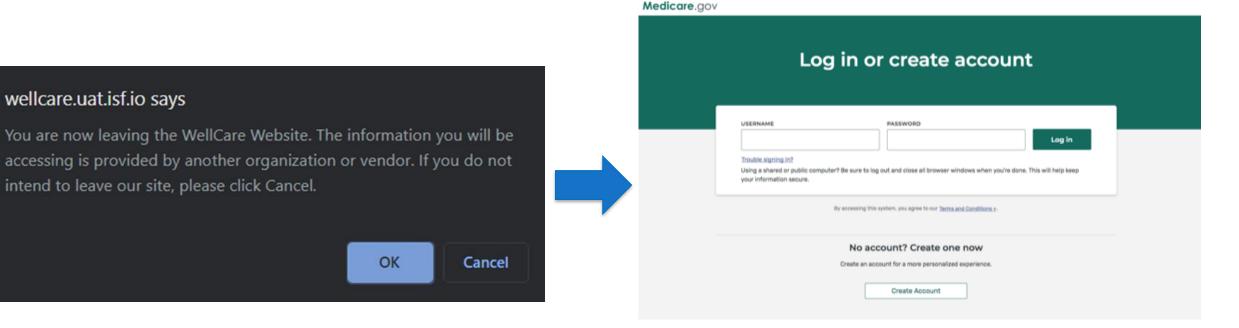




Navigate to the 'Blue Button' shopping tool and click 'Connect to Mymedicare.gov'

How to Access Blue Button 2.0 (cont.)





A pop-up box will appear notifying the user that they are being directed to Mymedicare.gov The beneficiary will need to log in with existing Mymedicare.gov credentials or create an account



Creating a MyMedicare.gov Account

How to Create a MyMedicare.gov Account

- Select 'Create Account'
- Enter in the prospect's Medicare number as it appears on their Medicare card
- Register with the same address that the Social Security Administration or Railroad Retirement Board has on file
- Email address is <u>not</u> required
- Create a username and password
- Sign into account

e dicare .gov	Log in or create account
	USERNAME PASSWORD Log In Trouble signing in? Using a shared or public computer? Be sure to log out and close all browser windows when you're done. This will help keep your information secure. By accessing this system, you agree to our <u>Terms and Conditions s</u> .
	No account? Create one now Create an account for a more personalized experience. Create Account



Accessing Information

Permission to Access Medicare Data



Medicare.gov

Ascend Quote & Enrollment

The beneficiary will need to read through the permission statement before allowing Mymedicare.gov to access their Medicare data.

Ascend Quote & Enrollment wants permission to access your Medicare data.

Ascend Quote & Enrollment will be able to:

- Access your Medicare claims data.
- Access your personal details like your name, address, and age.
- Store your Medicare data on their systems.
- Get updates to your Medicare data unless you revoke access.

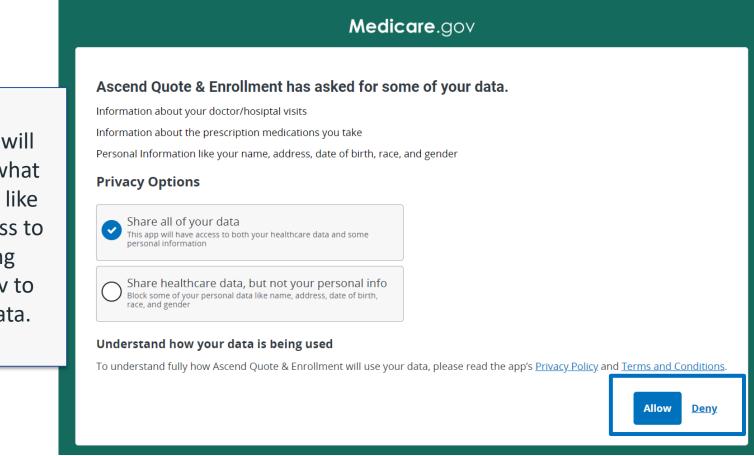
Understand the risks:

You have the right to share your health information, but there may be risks. Be sure to review the app's Privacy Policy and Terms and Conditions. You can revoke an app's access to your data at any time by logging in to your <u>MyMedicare.gov</u> account or calling us at 1-800-633-4227.



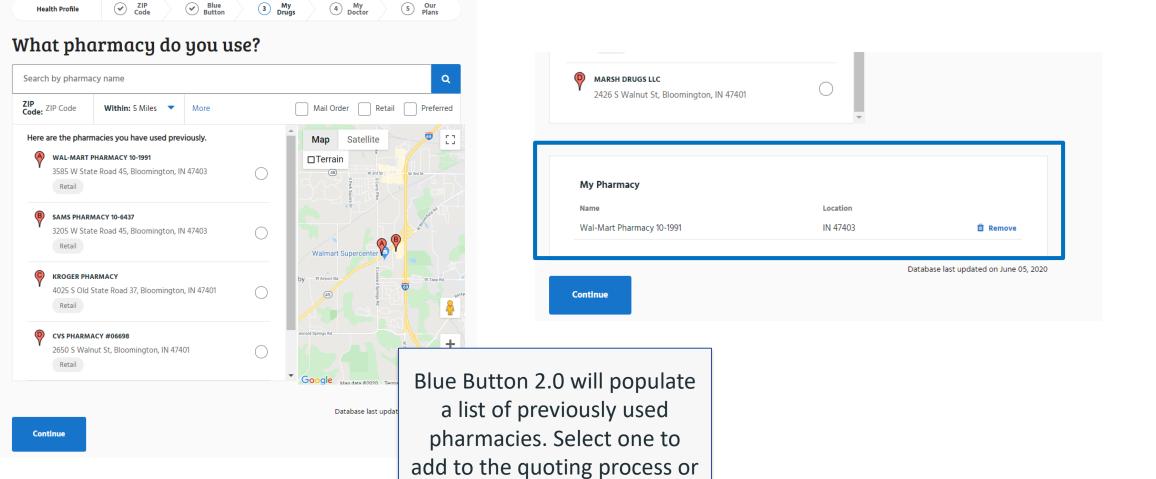
Once they have read the statement, the beneficiary can select 'Allow' to give Mymedicare.gov access to their information or they can click 'Deny' if they wish to withhold the information





The beneficiary will need to decide what data they would like you to have access to before allowing Mymedicare.gov to transfer their data.

Adding pharmacy



search for one manually

Search By Drug Name

Blue Button 2.0 will populate a list of previously prescribed medications. By clicking on one, you will be able to select the dosage and frequency to add to the Medicine Cabinet.

 \bowtie

Add to Prescriptions Cancel

Lisinopril DosageForm

> What dosage do you take? Lisinopril Tablet Oral 10 MG

How much do you need?

- 1 +

How long does the prescription last? Every 1 month

Every 2 months

Every 3 months

My Prescriptions Drug Name Dosage Lantus Solostar Solution Pen-injector Lantus Solostar 🖋 Edit 🛍 Remove Subcutaneous 100 UNIT/ML refilled every 30 days Lisinopril Tablet Oral 10 MG refilled every 30 🖋 Edit Lisinopril 🛍 Remove days Database last updated on June 05, 2020 Continue

V W X Y Z

U





sorbide Mononitrate	
orbide monomitate	
tus Solostar	
papentin	
volog	
xium	
orvastatin Calcium	
ticasone Propionate	
nopril	
riva	
drocodone Bitartrate And Acetaminophen	



The ability to search for doctors will follow the normal flow

Providers visited previously will populate on the Doctor Search page after selecting 'Allow' on the Mymedicare.gov screen

Who is your doctor?

Continue

e: ZIP Code	Within: 5 Miles 🔻			Advanced Searc
lere are the pro	oviders you have used pre	eviously.		
NPI: 137662947	osteopathic Physicians, Fa	mily Medicine 43.8	Accepting Patients	O Add
More Location	15 🕶			
Thompson, G	loria			
	alth & Social Service Prov	ders, Social Worker,		
Clinical NPI: 15889664	85	10.7 Mile	es Accepting Patients	O Add
	Vill Rd, Bloomington, IN 4	7408		

Import the Primary Care Provider form the Blue Button data with the 'Add' button to include them in the quoting process

Adding Doctors (cont.)



	Name	Type of Specialist	Location		
Selected	Galanti,	Allopathic & Osteopathic Physicians,	IN		🛍 Remov
PCP	Patricia	Family Medicine	46142	Edit	

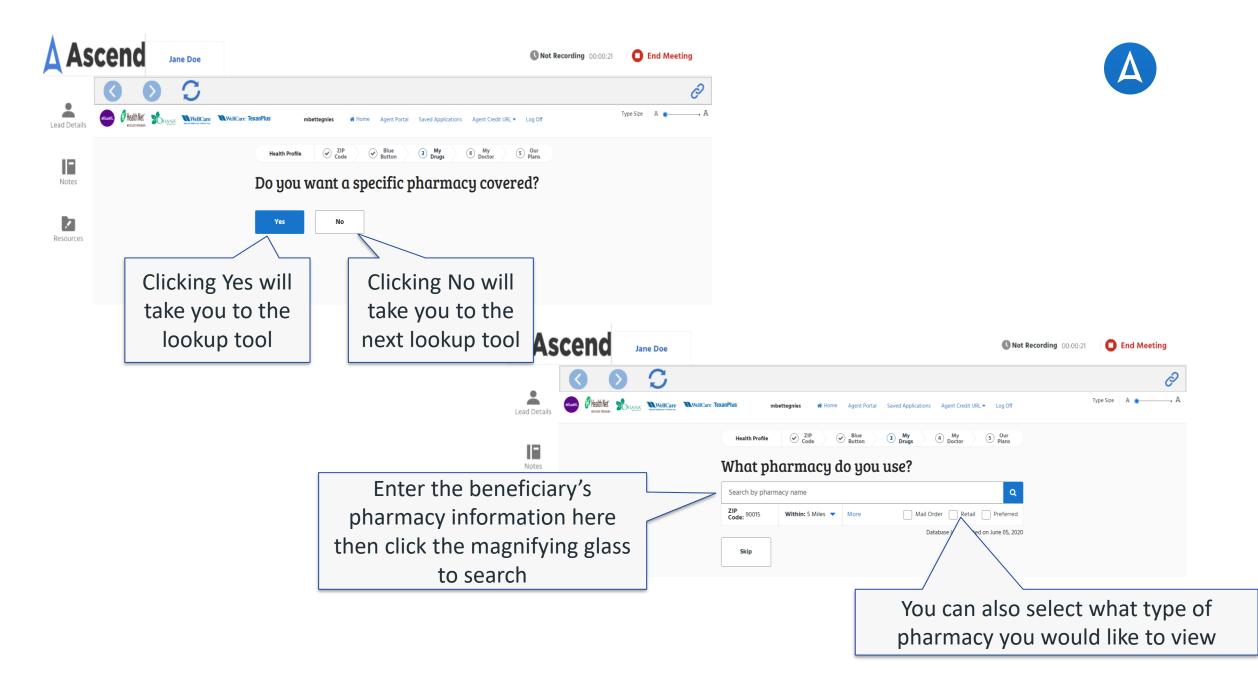
After 'Adding' a doctor, you will notice that the PCP has been added to the shopping tool to populate on the application

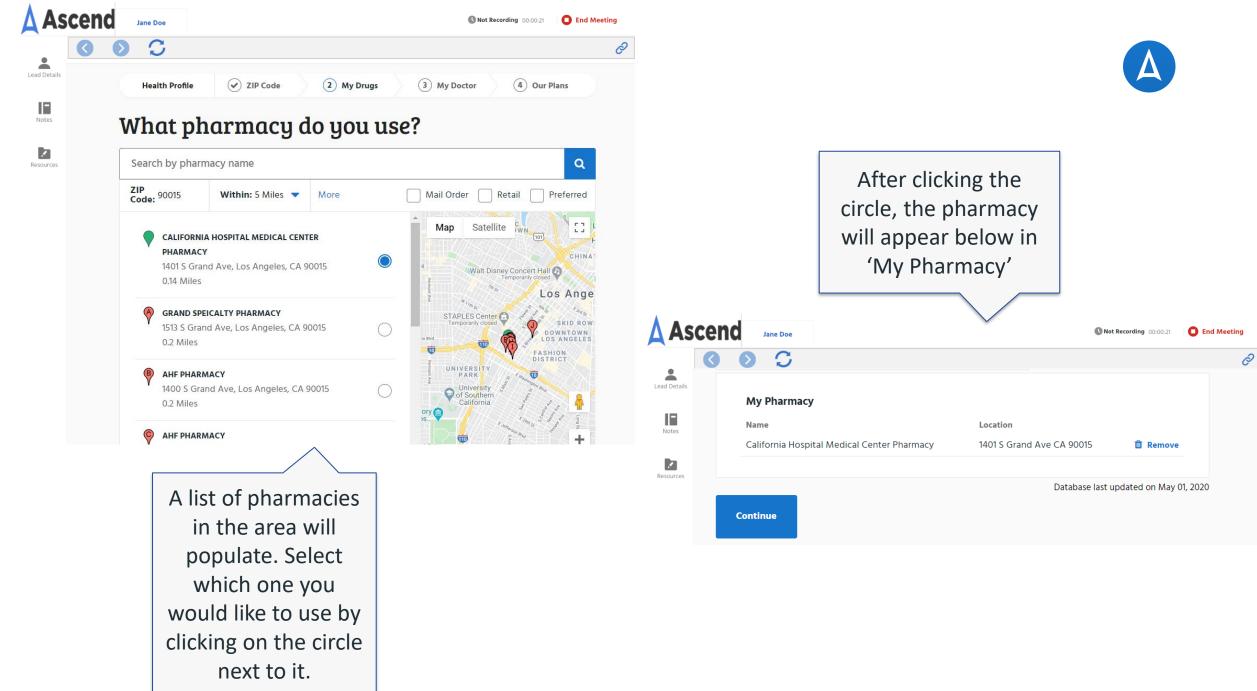
Database last updated on February 6, 2018

Continue



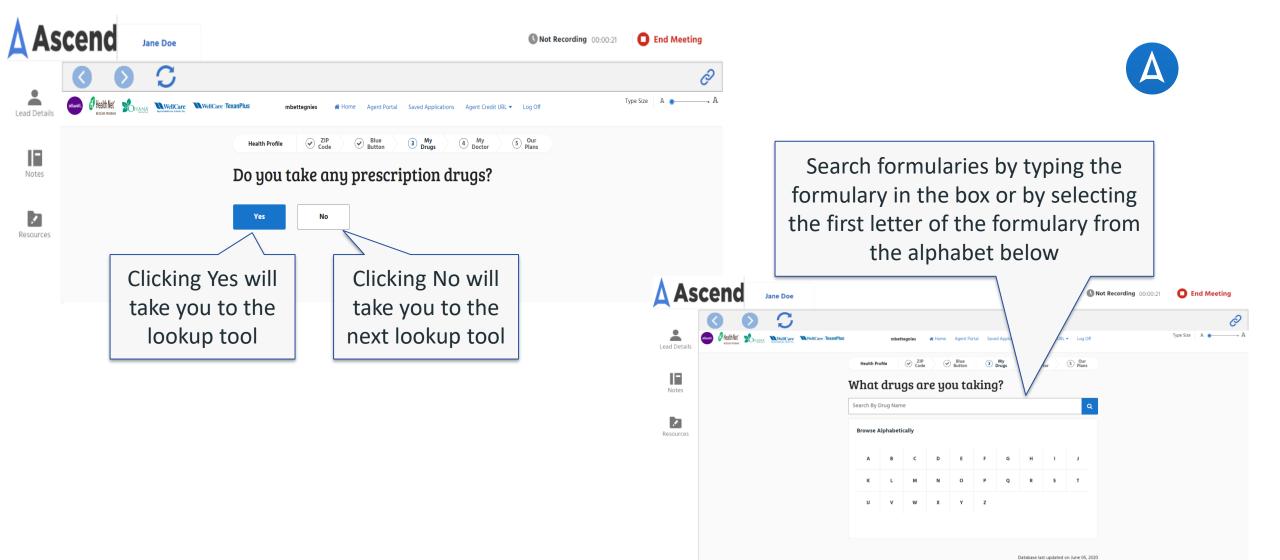
Pharmacy Search Manual Entry







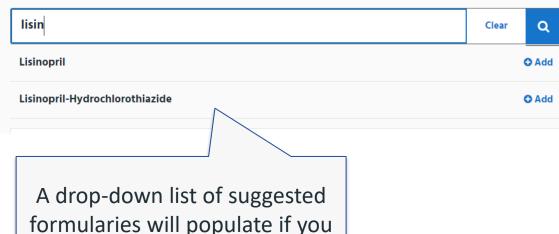
Formulary Search Manual Entry



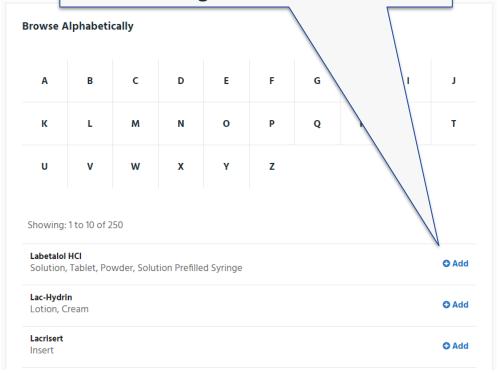
Skip



What drugs are you taking?



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



Wellbutrin XL

DosageForm

What dosage do you take?

Wellbutrin XL Tablet Extended Release 24 Hour Oral 150 MG

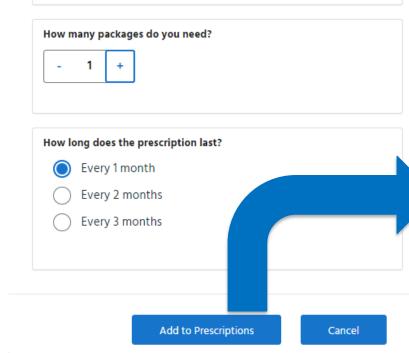
×

Wellbutrin XL Tablet Extended Release 24 Hour Oral 300

Packages

Bottle of 30 Tablet Extended Release 24 Hour

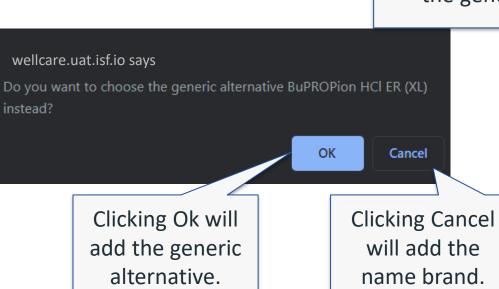
) Bottle of 15 Tablet Extended Release 24 Hour



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



If a generic alternative is available for the medication, a pop-up box will appear with the generic medication.

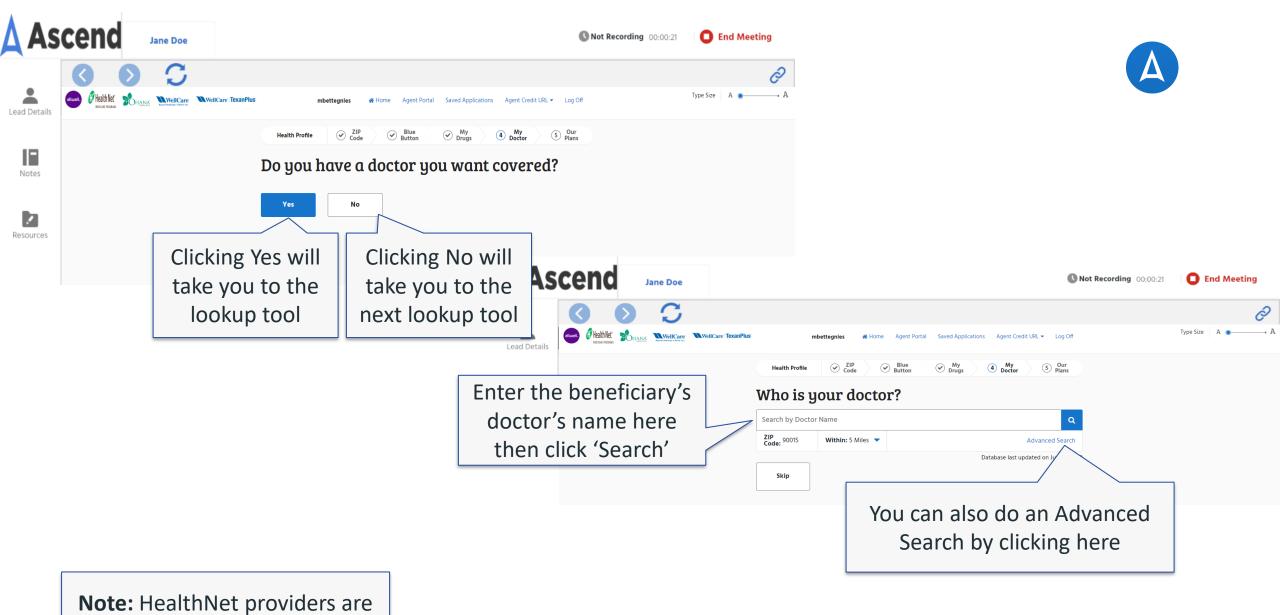




	U	v	w	x	Y	z			
Once you have added a medication, it will appear in 'My Prescriptions' at the bottom of the	My Pro Drug Na Lisinopr		Dosage	ril Tablet O	ral 2.5 MG	refilled	î Remove	∂ Edit	
screen	BuPROF (XL)	Pion HCI ER	Extend	Pion HCI ER ed Release illed every 3	24 Hour O		D Remove	🖋 Edit	
	Continue						Database la	ist updated on May 01, 2	2020



Doctor Search Manual Entry



NOT integrated with the tool.

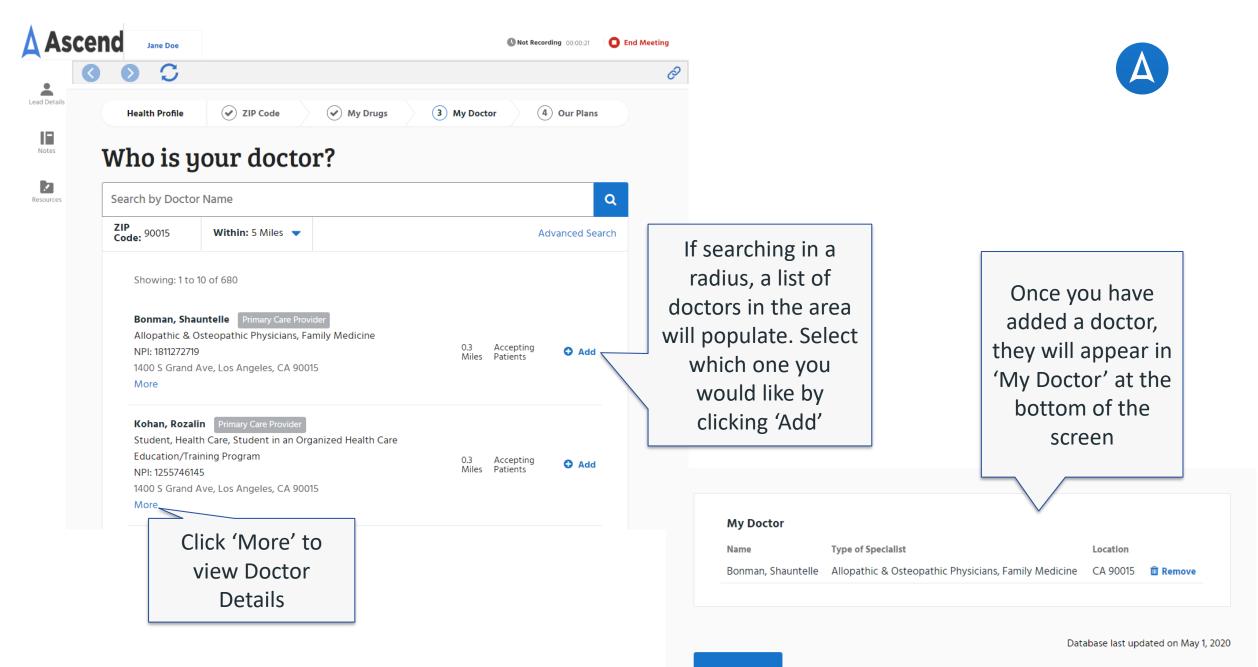
Advanced Search

Health Profile	ZIP Code	My Drugs	3 My Doctor	4 Our Plans

Who is your doctor?

🔇 Advanced Sea	arch
Doctor's Detalls	
Doctor's Name	
Gender	Male Female
Services & Coverag	e
Specialty	Specialty 🔻
New Patients	Yes No
Primary Care Provider	Yes No
Network	All
Medicare Plan	Plan 🔻

Location			
Street Enter a location			
State State	•		
City		Doctor's Name	
ZIP Code 90015 Radius 5 Miles	•	Gender	Plan WellCare Freedom (HMO D-SNP) WellCare Best (HMO) WellCare Plus (HMO) WellCare Dividend (HMO)
Search		Services & Coverage	Health Net Gold Select (HMO) Health Net Healthy Heart (HMO) Health Net Seniority Plus Sapphire (HMO) Health Net Seniority Plus Green (HMO)
		Specialty	Health Net Seniority Plus Sapphire Premier (HMO)
		New Patients	Health Net Seniority Plus Sapphire Premier II (HMO) Health Net Jade (HMO C-SNP) Health Net Seniority Plus Amber I (HMO D-SNP) Health Net Seniority Plus Amber II (HMO D-SNP)
When doing an adva	nced	Primary Care Provider	WellCare Classic (PDP) WellCare Value Script (PDP)
search, you can enter i of the doctor's personal services, coverage,	details,	Network	WellCare Wellness Rx (PDP) WellCare Medicare Rx Value Plus (PDP) WellCare Medicare Rx Saver (PDP) WellCare Medicare Rx Select (PDP)
location.		Medicare Plan	Plan 🔻



Doctor Details

Bonman, Shauntelle

1400 S Grand Ave , Ste 700 , Los Angeles, CA 90015.

×

NPI:	1811272719	
Gender:	Female	
Accepting Patients:	New and Exi	isting
Primary Care Provider:	Yes	
Office:	213-765-750	D
Fax:	213-765-7491	1
Languages:	SPANISH	
Additional Locations:		
Address		Accepting Patients
Address 1400 S Grand Ave , Ste 700 , Los CA 90015.	Angeles,	
1400 S Grand Ave , Ste 700 , Los	Angeles,	Patients
1400 S Grand Ave , Ste 700 , Los CA 90015.	Angeles, 09:00 AM - (Patients New and Existing
1400 S Grand Ave , Ste 700 , Los CA 90015. Hours		Patients New and Existing
1400 S Grand Ave , Ste 700 , Los CA 90015. Hours Wednesday:	09:00 AM - (Patients New and Existing 05:00 PM 05:00 PM
1400 S Grand Ave , Ste 700 , Los CA 90015. Hours Wednesday: Monday:	09:00 AM - (09:00 AM - (Patients New and Existing 05:00 PM 05:00 PM 05:00 PM

Accepted Plans:

WellCare Dividend (HMO) WellCare Best (HMO)

WellCare Freedom (HMO D-SNP)

WellCare Plus (HMO)

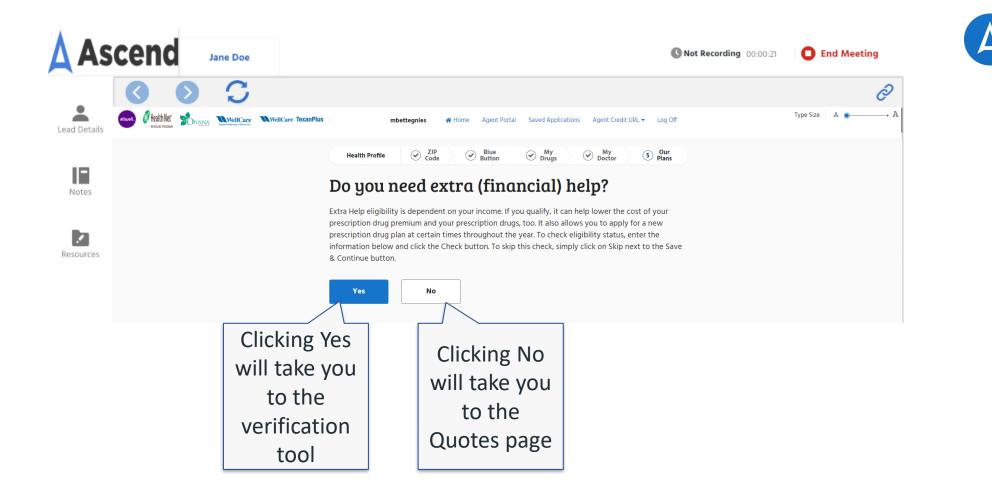
Add to My Doctors



On the Doctor Details screen, you will see more information about the doctor, office location and hours, and plans accepted within the zip code provided.

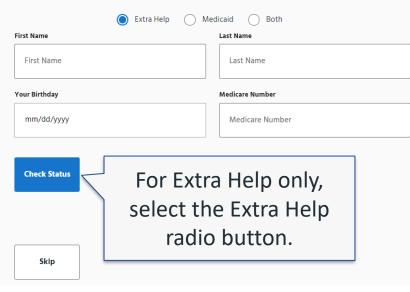


Extra Help/LIS Check + Medicaid Verification

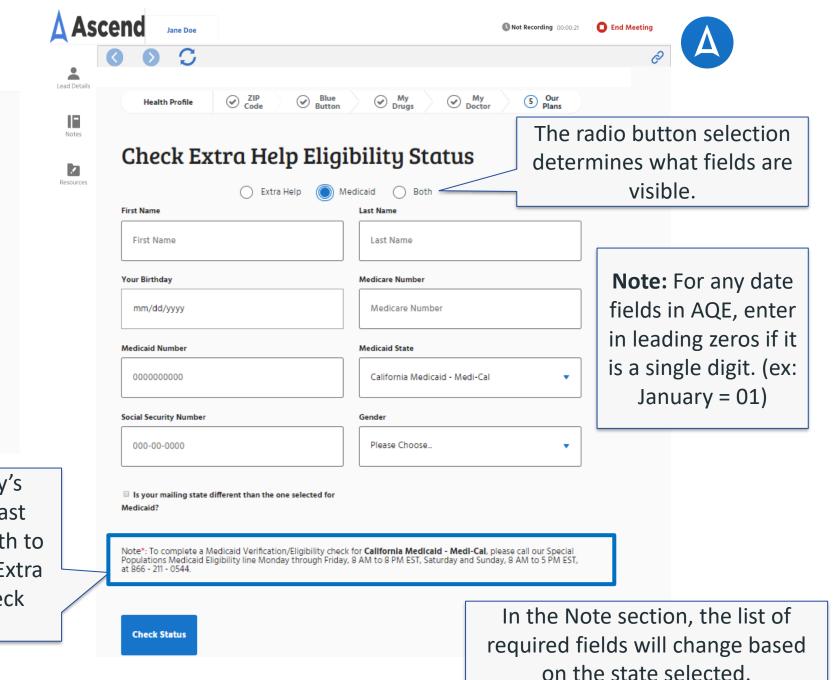


Health Profile	Code	Blue Button	My Drugs	My Doctor	5 Our Plans

Check Extra Help Eligibility Status

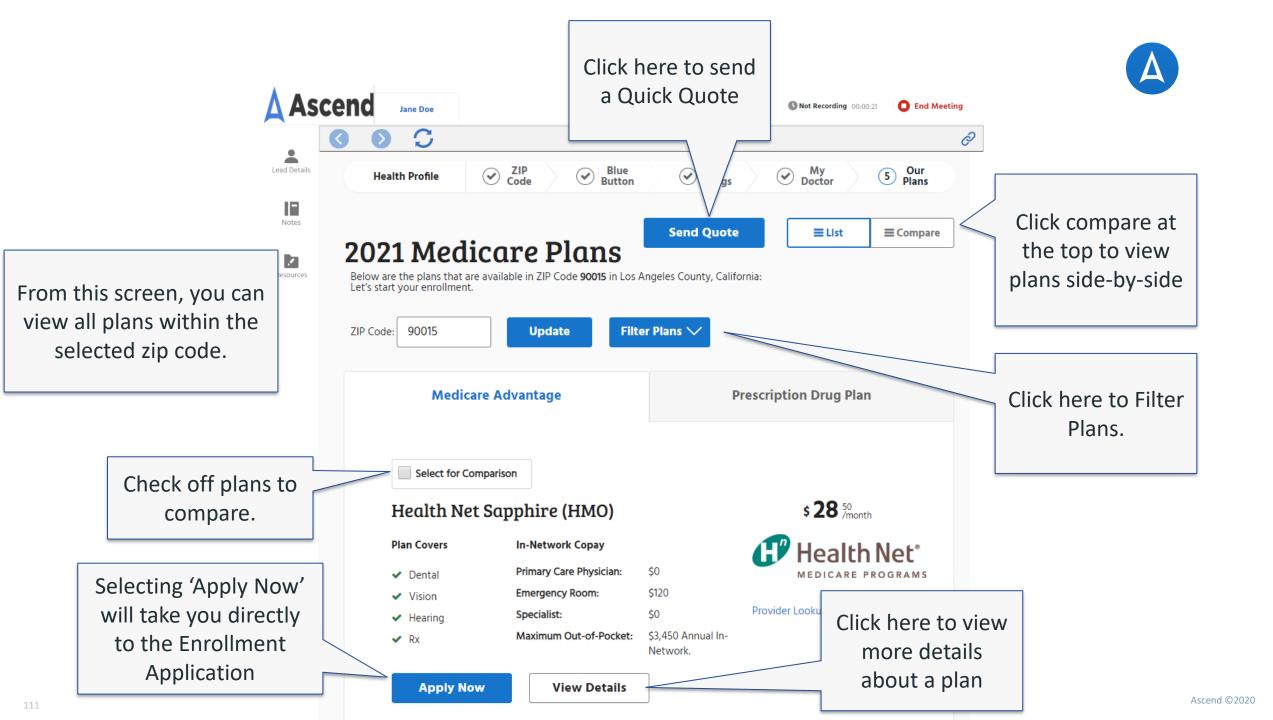


Enter the beneficiary's Medicare Number, Last Name, and Date of Birth to see if they qualify for Extra Help. Then click 'Check Status'.





SELECTING A PLAN – QUOTES PAGE



Plan Comparison



🛕 As	cend Jane	e Doe				O	Not Recordin	g 00:00:21 D End Me	eeting
	\bigcirc \bigcirc	C							Õ
Lead Details			Health Profile	Code Slue Blue	My Drugs	My 5 Our Doctor			
Lead Details		1	Medicare	Plans	්ට Reset Pla	ins EList Ecompare			
Notes		WellCare Freedom	×	WellCare Best HMO	×	WellCare Plus HMO	×	WellCare Dividend HMO	×
Resources		\$ 0 % Month Apply Now		\$ 0 month Apply Now		\$ 0 month Apply Now		\$ 0 ⁰⁰ /month Apply Now	
	Plan Specifics								
	Annual Medical Deductible	\$0		\$0		\$0		\$0	
	Contract ID	H5087-001		H5087-005		H5087-017		H5087-025	
	Annual Prescription Deductible	\$0		\$0		\$0		\$0	
	Maximum Out-of-Pocket	\$2,500 Annual In-Network.		\$2,500 Annual In-Network.		\$2,500 Annual In-Network.		\$3,400 Annual In-Network.	

When you compare plans, their information will be placed side-byside so you can easily view their differences in benefit offerings.

Ascend ©2020

Let's start your enrollment. ZIP Code: 90015 Filter Plans ∧ Update Click here to Filter Filter Plans A variety of filtering Max Monthly Premium ? Plan Type 🛜 Benefits 🖓 Plans. All (19 plans) Dental options will appear \$81 HMO (9 plans) Vision to allow you to HMO SNP (4 plans) Hearing Max Out Of Pocket ? narrow down the PDP (6 plans) 🔲 Rx search. \$5250 **Reset Filters**

My Drugs

Send Quote

 \checkmark

My Doctor

≣ List

 \bigcirc

Our Plans

≡ Compare

5

ZIP Code

 \checkmark

2021 Medicare Plans

Health Profile

Blue

Button

 \bigcirc

Below are the plans that are available in ZIP Code 90015 in Los Angeles County, California:

Plan Filtering



Plan Details



Back To Quotes	Click here to return to the pr	evious screen							
WellCare Plus HMO	Apply Now	Click here to	start	an e	nrolli	ment			
Plan Specifics	WellCare	Fit	itness		Free membership related tools, pla			lso access to onli	ne wellness
Coverage Type	Part A and Part B, Part D Beyond Healthcare. A Better You.								
Monthly plan premium	\$0.00	He	earing Aid Covera	ige	\$2000.00 both ea	ars combined. See	the Evidence of	Coverage.	
Contract ID	H5087-017		_						
Annual Medical Deductible	\$0	Ey	yewear Coverage		\$350.00 every ye	ar. See the Evider	ice of Coverage.		
Annual Prescription Deductible	\$0	De	ental Coverage		Not Covered.				
laximum Out-of-Pocket	\$2,500 Annual In-Network.		ental coverage		Not Covered.				
		Presc	cription Drug B	enefits					
Medicare-Covered Medica	al Benefits	Cover	rage Type:	Part D					
	In-Network	Dec in	nitial coverage	1 Month -	3 Month -	1 Month -	3 Month -	3 Month -	3 Month -
Primary Care Provider Office Visit	\$0.00 per visit.	limit:		Preferred Retail	Preferred Retail	Standard Retail	Standard Retail	Preferred Mail Order	Standard Mail Order
Emergency Room	Emergency Room: \$120.00, if you are admitted to the hospital within 24 hours your cost share may be waived. For more information, see the Evidence of Coverage. Urgent Care: \$0.00 per visit.	Tier 1 Gener	- Preferred ric	N/A	N/A	\$0.00	\$0.00	\$0.00	\$0.00
Specialist Office Visit	\$0.00 per visit.	Tier 2	2 - Generic	N/A	N/A	\$20.00	\$60.00	\$0.00	\$60.00
Inpatient Hospital	\$800.00 per day for days 1 through 3. \$0.00 per day for days 4 through 90.	Tier 3 Brand	3 - Preferred d	N/A	N/A	\$47.00	\$141.00	\$94.00	\$141.00
Ambulance	20%		4 - Non- rred Drug	N/A	N/A	50%	N/A	50%	50%
		Tier 5	5 - Specialty Tier	N/A	N/A	25%	N/A	N/A	N/A
Outpatient Surgery	\$0.00 per visit.								
Home Health Care	\$0.00.	Plan	Documents		Formula	arv			
Durable Medical Equipment	20% per item.					ry of Benefits			
Preventive Benefits	Not Covered.								

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

Click here to start

an enrollment

Apply Now

114



THE ENROLLMENT APPLICATION

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

e	nd Jane Doe		Not Recording 00:00:21	End Meeting
<	000			Ċ
	Contact Info 1 About You 2 Your Address	3 Emergency Contact		
(Back to Shopping			
	WellCare Plus (HMO)	\$ 6 ⁷⁰ /mo	onth	
	Toll us shout usurealf			
	Tell us about yourself			
	Personal Information			
	ATTENTION: You are beginning your application for enrollment. This ap	oplication is for people with		
	Medicare who want to join a Medicare Advantage Plan or Prescription must be a United States citizen or be lawfully present in the U.S. and I			
	Prefix:			
	•			
	First Name: • Middle Initial:			
	Last Name: • Gender: •			
	O Male O	Female		
	Your Birthday: • Email:			
	mm/dd/yyyy you@example	.com		
	Phone: • Mobile Phone:]		
	Phone: • Mobile Phone: • 88888888888888888888888888888888888			
	898898988			
	Please know that by providing your email address, you are agreeing to			
	give you the opportunity to opt in and you may always opt out of futu • Required Information	are email communications.		
	Next			
	Click	'Send for si	gnature'	to send a
			-	
	Save Sena for Signature	filled applica		
	for re	view and sig	nature.	This works



e information is filled or the lead in AMA, it ill carry over to the application.

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

like Quick Quote

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

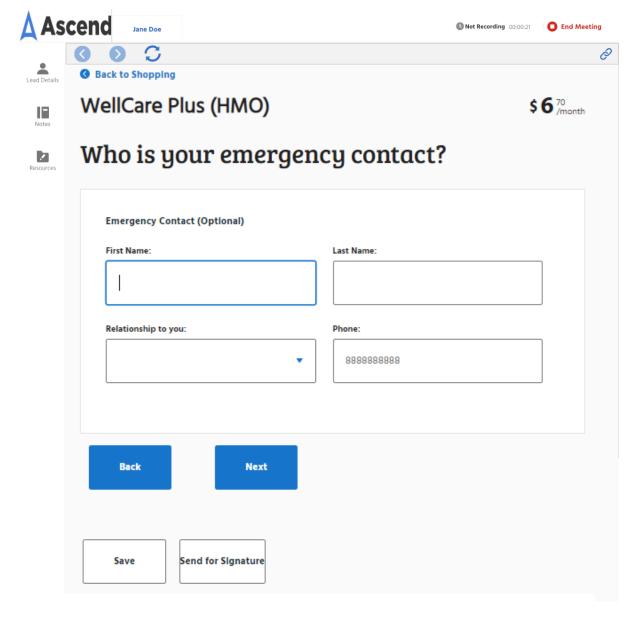
🛕 Asc	Jane Doe	() Not Recording 00:00:21 D End Meeting
	000	(
Lead Details	Back to Shopping WellCare Plus (HMO)	\$ 6 ⁷⁰ /month
Resources	Where do you live?	
	Permanent Residence Street Address (Don't enter a PO Box)	
	Address 1: • Add	dress 2:
	City: •	
	State: • Zip: • Cou	inty:
ce,	California 90015 I	Los Angeles
ir	Mailing address, if different from your permanent address (PO Box allo	owed)
	Mailing Address 1: • Mai	iling Address 2:
	Mailing City: *	
	Mailing State: • Mailing Zip: • Mai	iling County:
	Required Information	
	Back Next	
	Save Send for Signature	



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

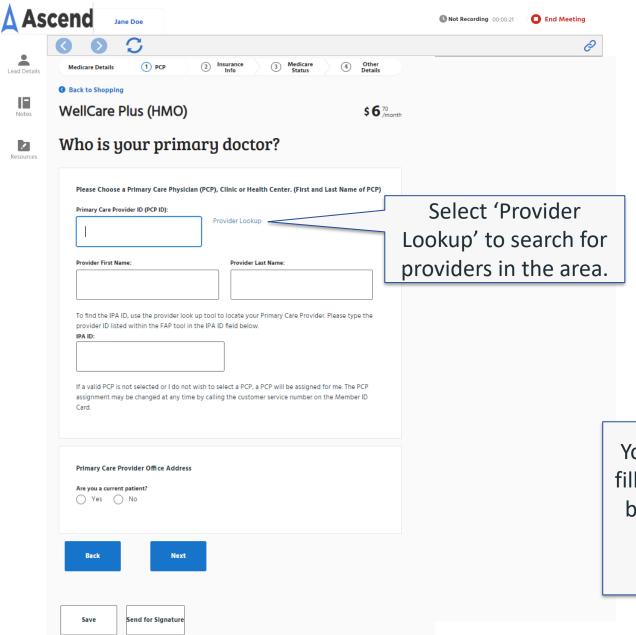
Õ

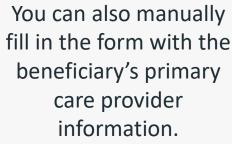




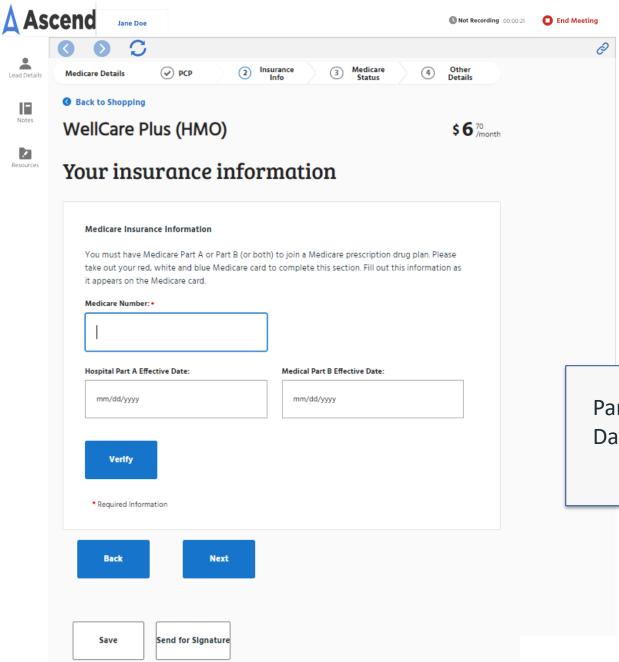
Fill in the form with the beneficiary's emergency contact then click 'Next' to continue.

Note: If you begin typing, all fields become required. To make them nonrequired again, simply delete the data. A provider selected during the shopping experience will carry over to the application.

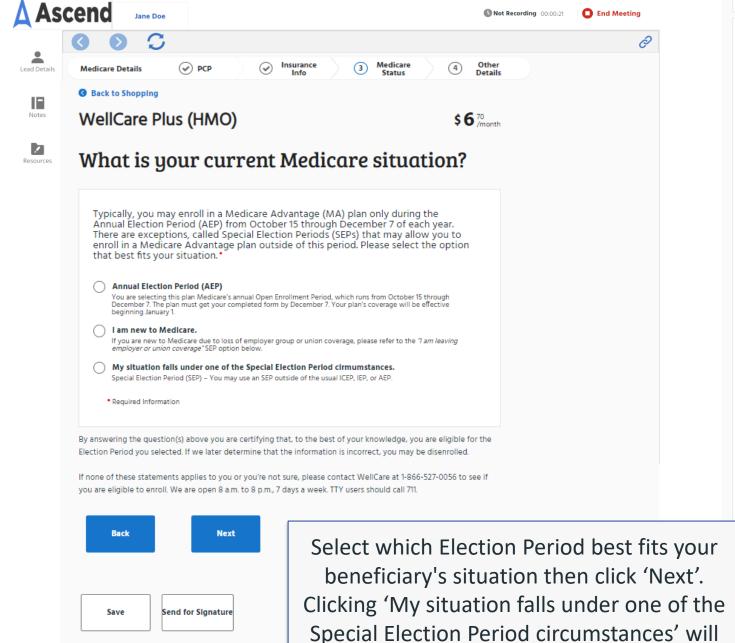




Fill in the form with the beneficiary's Medicare Insurance information then click 'Verify'.



Part A and Part B Effective Dates are not required for 2021 plans.



reveal all the SEP options available.

Special Election Period Options 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 1-866-527-0056 to see if you are eligible to enroll I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP). 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 recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on mm/dd/yyyy I recently obtained lawful presence status in the United States. I got this status on: mm/dd/www I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance or lost Medicaid) on mm/dd/vvvv I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help or lost Extra Help) on mm/dd/yyyy I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for Medicare prescription drug coverage, but I haven't had a change. I am moving into, live in or recently moved out of a Long-Term Care Facility (for example, a nursing home 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 plan is ending its contract with Medicare, or Medicare is ending its contract with my plan. 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/vvv 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 am enrolled in a plan placed in receivership. I am enrolled in a plan identified by CMS as a Consistent Poor Performer I lost my coverage because Medicare ended its contract with my plan. I got a letter from Medicare saying I could join another plan.) I live in a long-term care facility, like a nursing home or a rehabilitation hospital. I'm new to Medicare, and I was notified about getting Medicare after my Part A and/or Part B erage started. I already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a edicare Advantage Plan I have had Medicare prior to now, but am now turning 65.

My situation falls under one of the Special Election Period cirmumstances Special Election Period (SEP) - You may use an SEP outside of the usual ICEP, IEP, or AEP

Required Information

I am currently receiving extra help paying for Medicare prescription drug coverage, but do not have

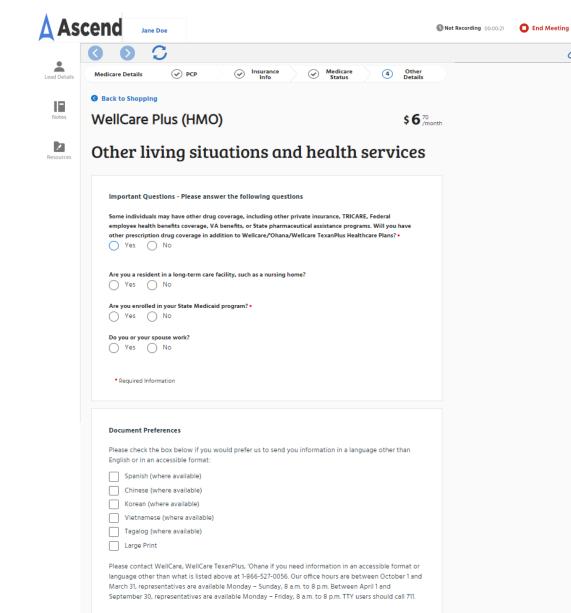
My plan is being terminated by Medicare

Other

In the last 12 months, I joined a Medicare Advantage plan with prescription drug coverage when I ned 65.

In the last 12 months, I left a Medigap policy to join a Medicare Advantage Plan* for the first time edicare Advantage plan with prescription drug coverage)

I am enrolling in a 5-star Medicare plan.



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

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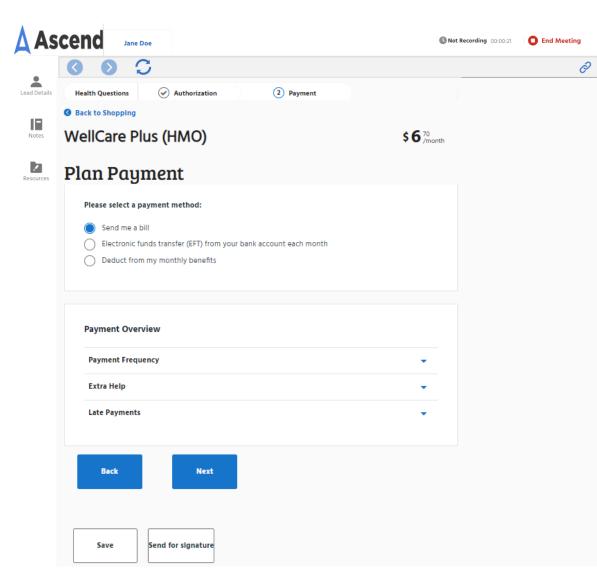
Save Send for signature

Next

Back

		Not Record	ding 00:00:21 C End Meeting
Lead Details Notes Resources	Health Questions ① Authorization ② Payment Back to Shopping WellCare Plus (HMO) Information Authorization Disclosure Overview Health Information to be Used or Disclosed Who May Request or Use Information Who Is Authorized to Disclose Information Statements of Understanding Producer Compensation Information	\$ 6 ²⁰ /month	Review the Disclosure overviews. If they are the one submitting the application, select this option.
lave the prospect pe in their first and ast name as their ectronic signature	Authorization I authorize the use and disclosure of health information about me as described herein. Signature of Applicant: O6/05/2020 • Required Information		
they are the one submitting the pplication, select this option.	Relationship What is the relationship to the person with Medicare listed on this enrollment form?• I am the person listed on this enrollment form I am the person authorized to act on behalf of the individual • Required Information		If someone else is submitting the application, select this option and complete the extra information.





Your beneficiary has multiple options for plan payment. There may be additional fields to fill out based on the option selected. If no selection is made, they will receive a bill each month. Finally, review the application with the beneficiary to ensure everything is correct.

-

Lead Details

Notes

2

Resource

Click 'Apply Now' to submit the Enrollment Application.

Ascend Not Recording 00:00:21 Dend Meeting Jane Doe \mathbf{C} (1) Review **Review & Purchase** \$6⁷⁰/month Review Apply Now Step 1: Health Profile -Step 2: Contact Info -Step 3: Medicare Details -Step 4: Health Questions . Edit 🖌 Authorization Signature of Applicant: Harper Test Signature Date: 06/05/2020 I am the person listed on this enrollment form or I am simply helping to complete this enrollment form. SelfEnroll Agent First Name: Madison Agent Last Name: Bettegnies Please enter your Agent Writing Number (AWN): 1234 Please confirm your Agent Writing Number: 1234 Payment Payment Method: Bill Edit By clicking the "Apply 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 "Apply 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.

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

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Confirmation







VALUE BASED ENROLLMENTS (VBE)



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, place an OTC order 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

• You!

- 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

• 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



INITIATING THE VBE PROCESS

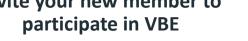
Initiating the VBE Process



- 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

Your new member may not know why completing an HRA or setting an Annual Wellness Visit would be valuable to them and their health

Note:

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':

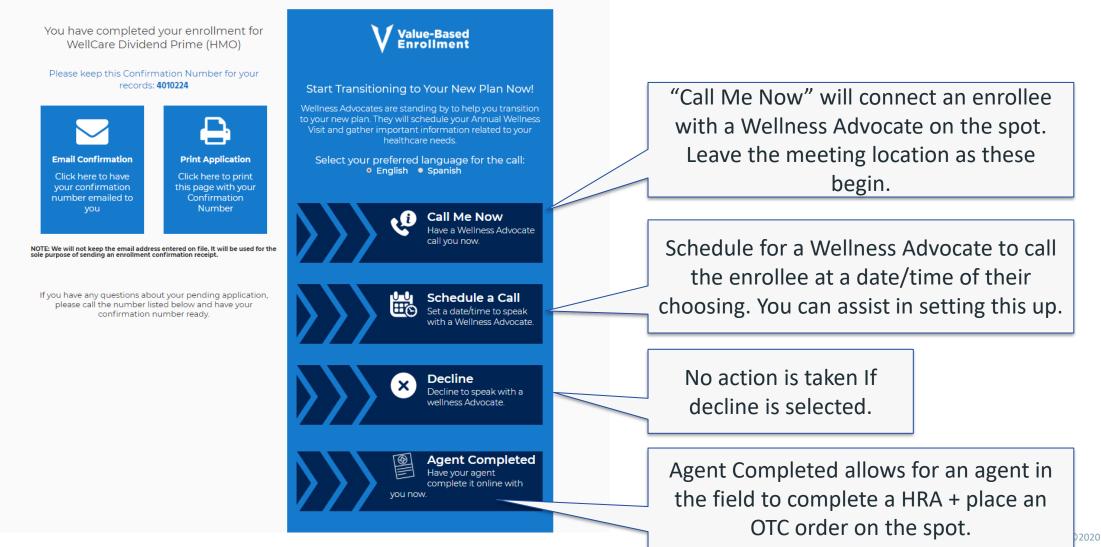
"Great! The rep is going to ask you some questions about your current health status, and help connect you with your Primary Care Doctor's office to schedule your Annual Wellness Visit."

- Then select 'Connect Me Now' or 'Schedule a Callback'
- If they say 'No':
 - Then select 'Decline'

Selecting the Outcome Decided by the Beneficiary



Thank you for completing your Medicare application. We will review your submission and be in touch with you soon!





AGENT COMPLETED VBE – HRA

Agent Completed – NEW!

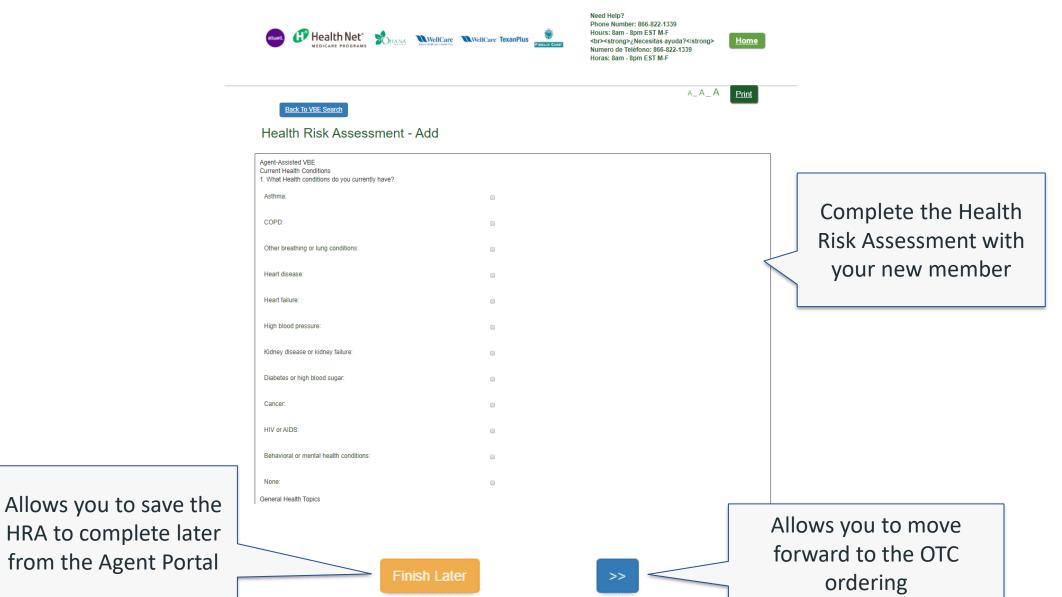




Select the 'Agent Completed' VBE option

Health Risk Assessment - Add



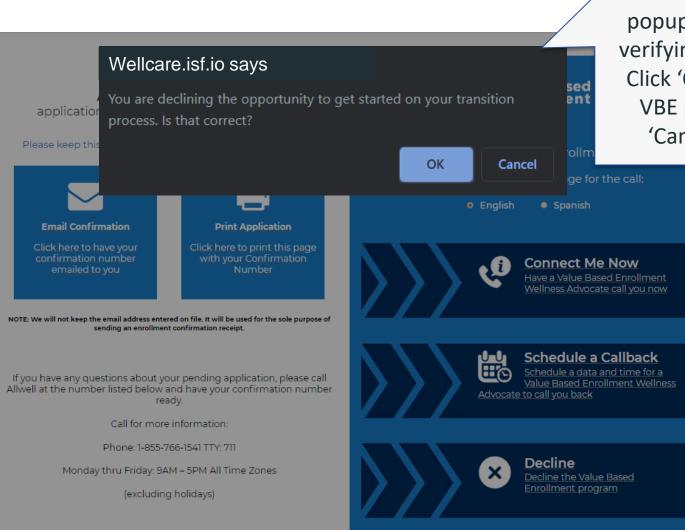




DECLINE

Declining the VBE Process

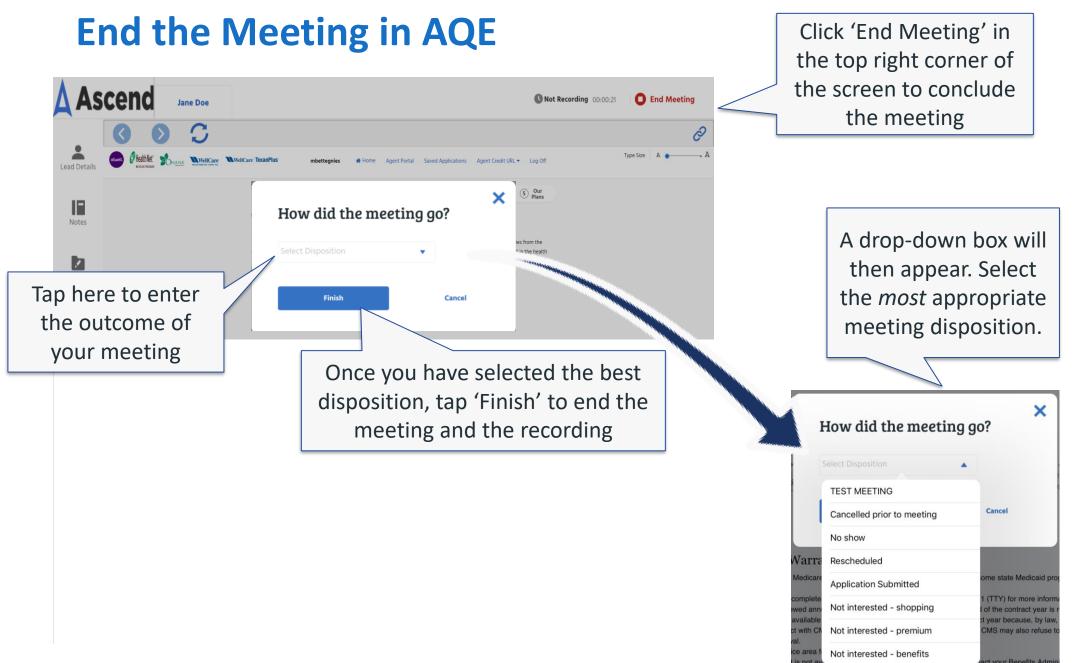




After selecting Decline, a popup box will appear verifying your selection. Click 'OK' to decline to VBE process or click 'Cancel' to return.



END MEETING





QUICK QUOTES

Send Quote (Quick Quote)

My Drugs

Send Quote

My Doctor

4 Our Plans

Compare

≣ List

Prescription Drug Plan

\$ **0** 00 (month

[6]

Beyond Healthcare. A Better You.

ZIP Code

Update

In-Network Copay

Emergency Room:

Specialist:

Primary Care Physician:

Maximum Out-of-Pocket:

View Details

2020 Medicare Plans

Below are the plans that are available in ZIP Code 90015

Medicare Advantage

WellCare Freedom (HMO D-SNP)

Health Profile

ZIP Code: 90015

SHAUNTELLE BONMAN

Plan Covers

🗙 Dental

Vision

Hearing

Apply Now

🖌 Rx



Send Quote

Beneficiary First Name •	Beneficiary Last Name •
Beneficiary First Name	Beneficiary Last Name
Email Addresses (maximum of two) •	Beneficiary Phone •
Email	Phone
Enter up to two emails, separated with a semi-colon (;)	
Application Only - Select 1 Plan	
Text Verification Code - Select 1+ Plan	S
Email Verification Code - Select 1+ Plan	ns
Medicare Advantage Centene	0 selected
Medicare Advantage	0 selected
Prescription Drug	0 selected
Add a custom message	

On the Quotes page, select 'Send Quote'. A pop-up will appear. Fill out the beneficiary information, select the plan(s) to send, and click 'Send'. To send only an application, check the 'Application Only' box.

\$0.00

\$120.00

\$0.00

Network.

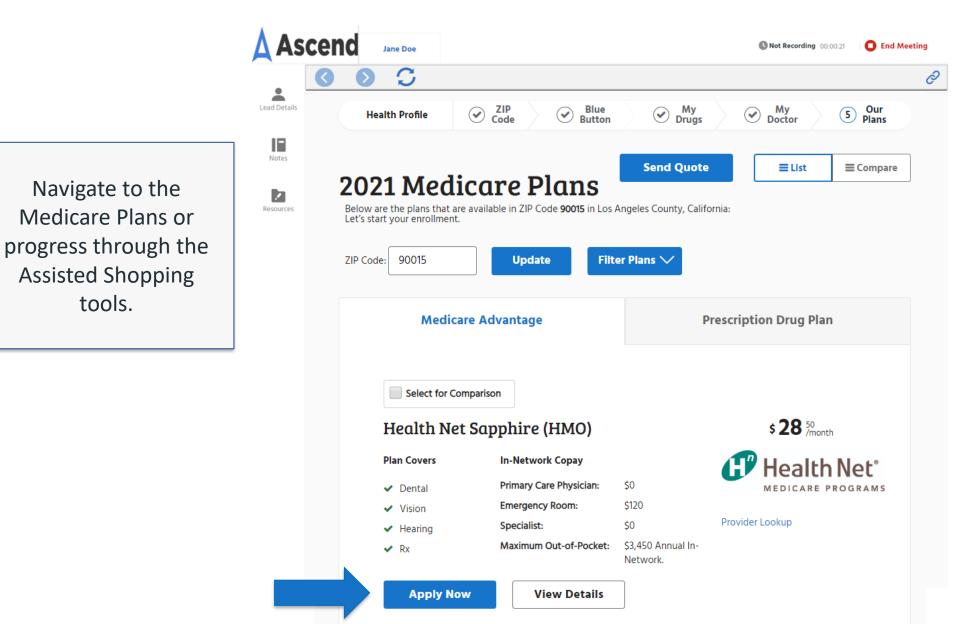
\$2,500 Annual In-



SEND COMPLETED APPLICATIONS FOR BENEFICIARY APPROVAL

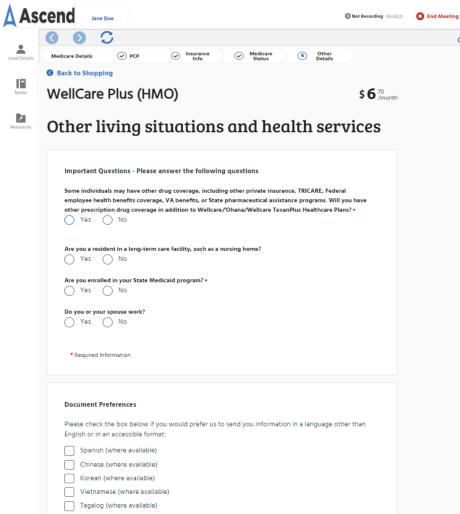
Click 'Apply Now' to Begin Application





Fill in Application

Fill in as much prospect information as you can



Large Print

Back

Please contact WellCare, WellCare TexanPlus, 'Ohana if you need information in an accessible format or language other than what is listed above at 1-866-527-0056. Our office hours are between October 1 and March 31, representatives are available Monday – Sunday, 8 a.m. to 8 p.m. Tet were April 1 and September 30, representatives are available Monday – Friday, 8 a.m. to 8 p.m. Tit were should call 711.



Q

Next

Click "Send for Signature"



Once information is filled out, click 'Send for signature' found at the bottom of each section.

Notices Details Image: Constraint of the second	
Place to Shopping * * WellCare Plus (HMO) S S ment S S Cheen living situations and health services Important Questions - Please answer the following questions Important Questions - Please answer the following questions Important Questions - Please answer the following questions mentividuals may have other drug coverage, including other private insurance, TRICARE, Federal entropices health benefits coverage. (A benefits, esch as a nursing home? Yes No Yes No No regulated in your system Administry (Velase / Ohana/Welcare TexanPlus Healthcare Plan? Yes No No regulated information } regulated information // Yes No resulted information resulted i	
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WellCare Plus (HMO) S € method Other Living situations and health services Important Questions - Please answer the following questions Semiconsciences Important Questions - Please answer the following questions Semiconsciences Important Questions - Please answer the following questions Semiconsciences Important Questions - Please answer the following questions Important Semicons Important Semicons Important Semicons Important Please constant in a long-term care facility, such as a nursing home? Import Please Constant Semicons Import on poor or poor please State Medicaid program? Import on poor or poor please State Medicaid program? Import on please constant where wellable Import on please constant well we wellable Import on please constant wellaw in please contert wellable Impor	
Subset of the base hashes below if you would prefer us to send you information in a language other than Engline or an anccessible format in a maccessible format in the base hashes)	
Important Questions - Please answer the following questions Semi-individuals may have other drug coverage, including other private insurance, TRICARE, Federal employes health banefits coverage, VA banefit, or State pharmaculical assistance programs. Will you have other prescription drug coverage in addition to Wellcare/Ohana/Welcare TexanPlus Healthcare Plans? \Ves No Are your a resident in a long-term care facility, such as a nursing home? \Ves \Ves No May our a strate Medicaid program? • \Ves \Ves No Do your ery purs posses work? No • Yes No • Ves No • Required information No • Required information No • Rese check the box below if you would prefer us to send you information in a language other than English or in an accessible format. Spanish (where available) \Vertice available) \Vertice available) \Vertice avai	
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March 31, representatives are available Monday – Sunday, 8 a.m. to 8 p.m. Between April 1 and	
September 30, representatives are available wonday – Friday, 8 a.m. to 8 p.m. FFY users should call / II.	

Save

Send for signature

Note: Clicking 'Send for signature' from any page will send all the information captured on ALL pages

Complete Required Fields & Click Send



×

Send Partial Application for Signature

Beneficiary First Name •	Beneficiary Last Name •	
Harper	Test	
Email Addresses (maximum of two) •	Beneficiary Phone •	
Email Addresses (maximum of two)	Beneficiary Phone	
Text Verification Code - Select 1+ Plans		
Email Verification Code - Select 1+ Plans		Complete
Add a custom message		Complete You can ac

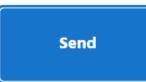


Complete the required fields. You can add a custom message.

Immediate Verification



Email sent. The verification code is 1587909260. The code was sent to the beneficiary's phone.

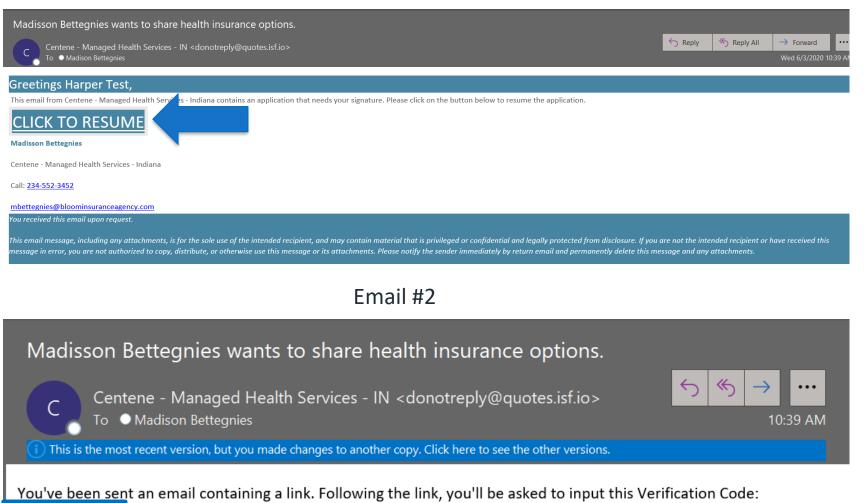


You will immediately receive verification that the code was sent and is provided on the screen.

Emails Received by Prospect with Verification Code



Email #1



109492096

Prospect Steps – Enter Verification Code





Prospect Steps – Review Entered Information

ack to Shoppin	9			
ellCare I	Plus (HMO)			\$ 6 70 /mor
ell us a	bout you	rsel	f	
Personal Inform	mation			
Medicare who	want to join a Medicar	e Advanta	for enrollment. This applica ge Plan or Prescription Dru	g Plan. To join a plan you
	ed States citizen or be	lawfully p	resent in the U.S. and live th	e plan's service area.
Prefix:				
	*			
First Name: •			Middle Initial:	
Last Name: •			Gender: •	
Last Name: •]	nale
Last Name: •]	nale
	8		Male O Fer	nale
Your Birthday: •	8		Male Fer	nale

give you the opportunity to opt in and you may always opt out of future email communicati

Required Information

The prospect should review all entered information and make corrections if necessary.

Next

Prospect Steps – Click Apply Now



levie	w		\$ 0 % (month	
		Apply Now		
Ø	Step 1: Health Profile		•	
0	Step 2: Contact Info		•	
Ø	Step 3: Medicare Details		•	
0	Step 4: Health Questions		•	Once complete and reviewed,
	Authorization	Signature of Applicant: <i>Harper Test</i> Signature Date: <i>06/12/2020</i> I am the person listed on this enrollment form or I am simply helping to complete this enrollment form. <i>SelfEnroll</i>	Edit	the prospect will click 'Apply Now'
	Payment	Payment Method: <i>Bill</i>	Edit	

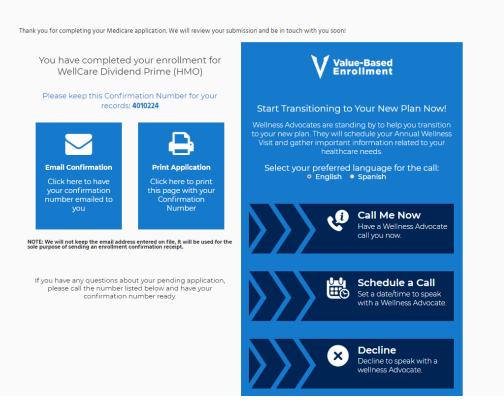
the best of your knowledge. Anyone giving false or misleading statements about a material fact in this electronic application, or causes someone else to do so, may face penalties under the law. By clicking "Apply Now" you are also electronically signing your completed application and submitting this 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.

Confirmation Page – Consumer VBE



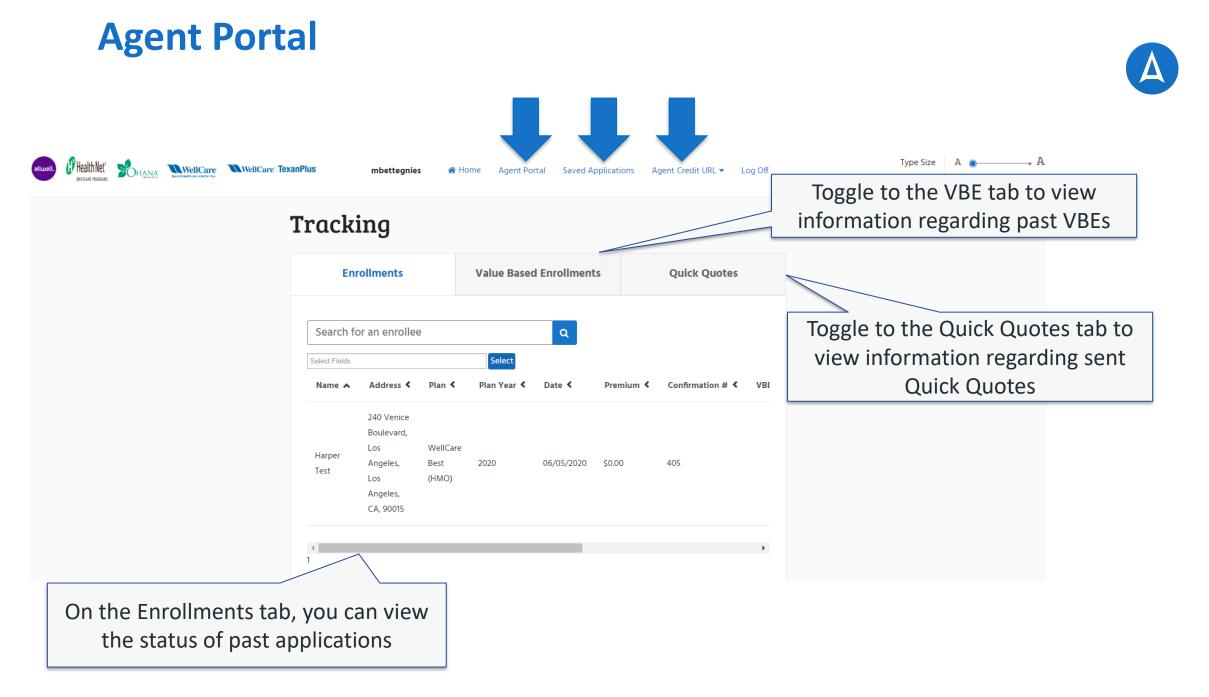
The prospect will be taken to the confirmation page where they can:

- Email their confirmation number
- Print their application summary
- Initiate VBE





AGENT PORTAL

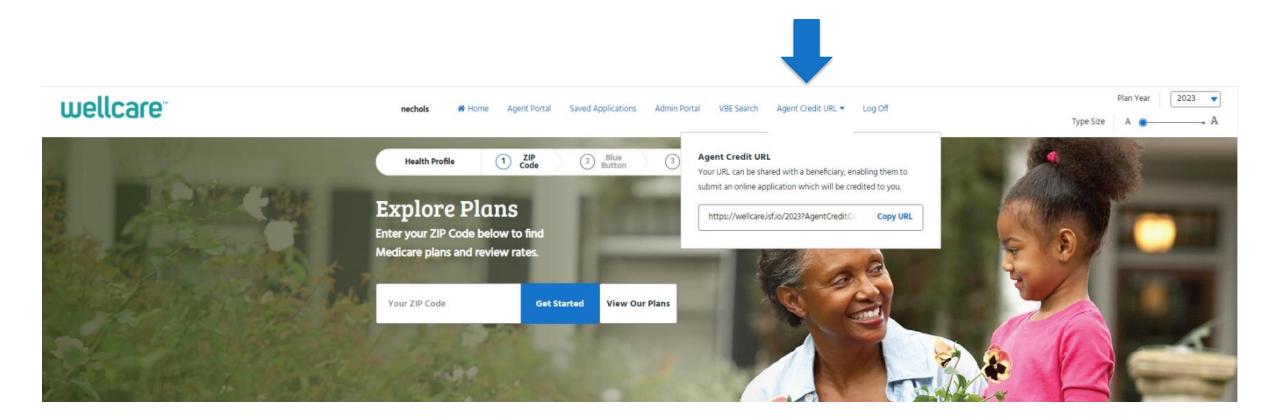


Agent Credit URL/Personal URLs



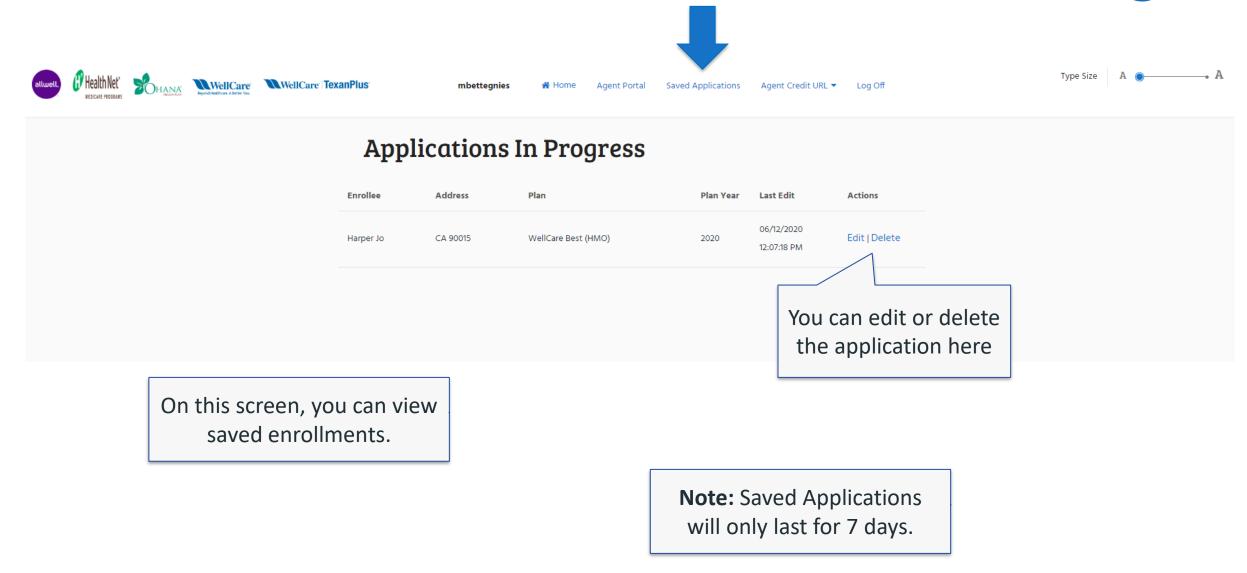
- Each Agent will have a Personal URL (PURL) to use to connect prospects with the online enrollment tool if they are not doing a face-to-face meeting with Ascend
- The PURL can be found in the Agent Portal and accessed with your same Ascend credentials
 - Visit the Agent Portal tile on your Home screen
 - Click on 'Agent Credit URL'
- Your PURL is unique to you and is created on your first login to Ascend
- 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







SAVED APPLICATIONS



Saved Applications



Steps for Completing a Saved Application





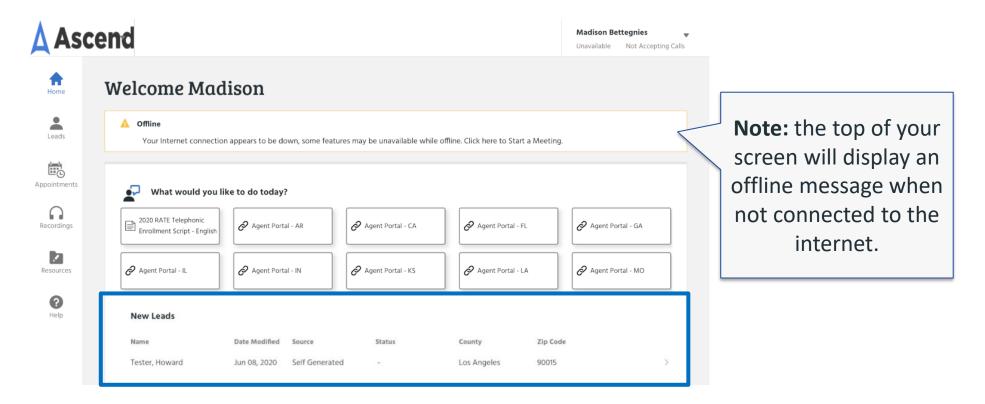


OFFLINE APPLICATIONS

Selecting a Lead



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

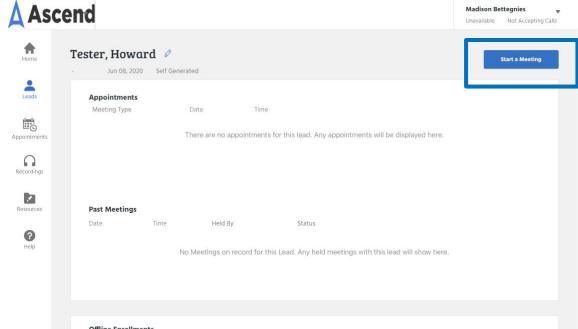


View All Leads

Start a Meeting



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



Offline Enrollments

Meeting Time Status ID

No Offline Enrollments pending for this Lead. Any Offline Enrollments created through Ascend for 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

	Do you l	have a Scop	e of Appointi	ment?	
	Date	Time	Form Type	Status	
	Sep 27, 2018	<u>-</u>	Electronic	 Accepted 	>
You can also search for SOAs by entering in the SOA Appointment ID		of Appointment ID Meeting	O (Optional) Cancel Meeting		

Accepting the Disclaimer



 Once the meeting has started, you will be asked to acknowledge that the meeting is being recorded

Recording Disclaimer

Agent: Ascend Mobile Application (AMA) is intended for appointments where the beneficiary or their authorized representative is physically present with the sales agent. Telephonic enrollments require access to AMA's Remote Agent Telephonic Enrollment (RATE) feature on a compatible iOS device and may only occur following an in-person appointment. RATE is currently not available in all sales regions.

Beneficiary: 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

Entering the Zip Code



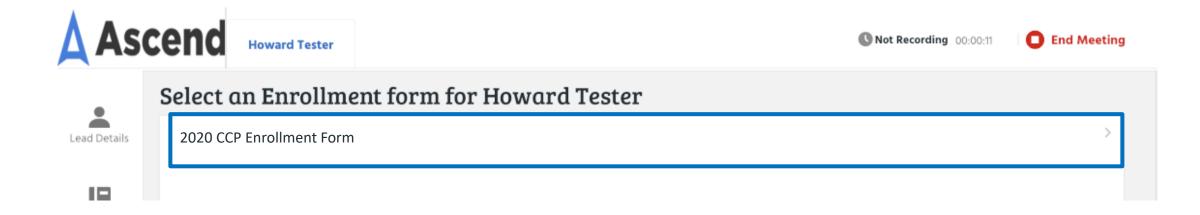
- The enrollment application will already list the lead you selected earlier in the process
- To proceed, you must type in the zip code that the beneficiary lives in
- Once entered, click 'Continue' to be taken to the next screen

This health plan will cove	: Howard Tester 🔻
Your current zip code is	90015
Continue	

Let's get started!

Selecting an Enrollment Form

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





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.

Cend Howard Tester		() N	ot Recording 00:00:37 C End Me
Enrollment Form for	Howard Tester		Go Ba
Personal Information			
Users typically take 18 to 25 minutes to	complete enrollment. To speed up the process	, please have your Medicare card handy.	
First Nam	he:* Howard	Middle Initial:	
Last Nam	ne:* Tester	Gender:*	Select
Birthdar	te:* Enter Date	Phone:*	8123201832
Email Addre	ess: mbettegnies@bloominsurance.com		
Medical Insurance Information			
	card, please complete the information below.		
You must have Medicare Part A and Par	t B to join a Medicare Advantage Plan		
Medicare Numb	er:*		
Hospital Part A Dat	te:* Enter Date		
Medical Part B Dat	te:* Enter Date		
Permanent Residence Addres (P.O. Box i	s Not Allowed)	-	
Address	^{5 1:*} 240 Venice Blvd	Address 2:	
Cit	ty:* Los Angeles	State:*	CA
Z	^{ip:*} 90015	County:*	Los Angeles
Mailing Address (Only If Different Than F	Permanent Residence Address)		
Mailing Addres	ss 1:	Mailing Address 2:	
Mailing C	ity:	Mailing State:	Select
			Submit

Ending the Meeting



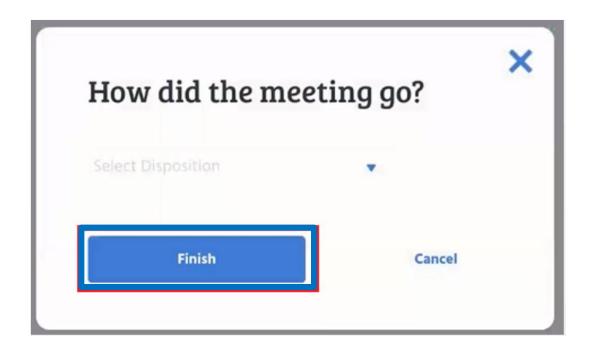
- Once the form has been submitted, a confirmation page will appear saying the form was successfully saved
- Click 'End Meeting' in the upper right-hand corner to end the meeting



Dispositioning the Meeting



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



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 delivered electronically 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

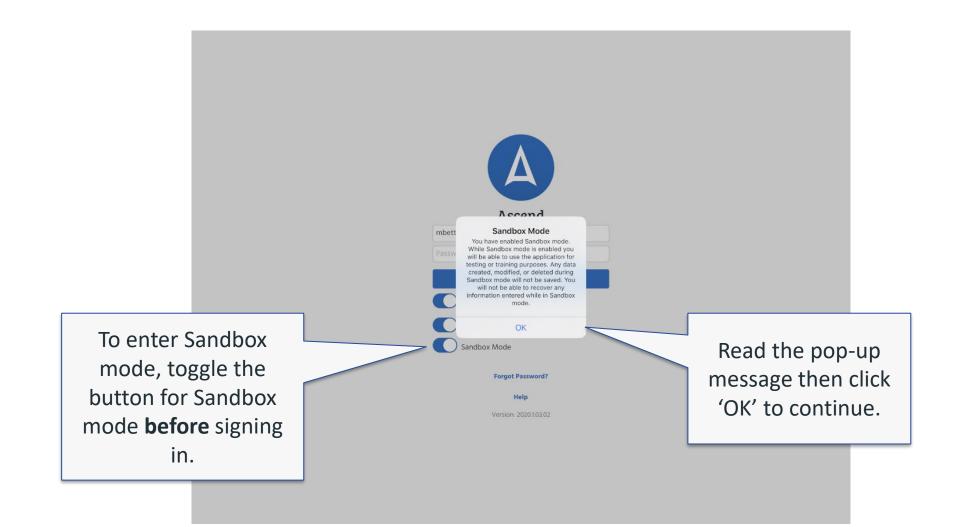
Ensure that the 'Lead Status' has been updated accordingly to represent the application submission



SANDBOX MODE

Signing In





Home Screen



Once logged in, you will see a banner across the top in red lettering with yellow highlight.

end		. Changes made will not be kit Sandbox	e saved.	Madison Bettegnies Unavailable Not Acco
Welcome M	adison			
New Action Items! View Notifications				
You have a new lead as	signed to you!			
🛱 You have a new Home	Visit assigned to you!			
What would y	nou like to do today?	Agent Portal - CA	🔗 Agent Portal - FL	Agent Portal - GA
🔗 Agent Portal - IL	Agent Portal - IN	Agent Portal - KS	🔗 Agent Portal - LA	Agent Portal - MO
Agent Portal - MS	Agent Portal - NM	Agent Portal - OH	Agent Portal - OR	Agent Portal - PA
Agent Portal - SC	Agent Portal - TX	Agent Portal - WI	& Broker Portal	Arizona Quick Quote



AGENT VIRTUAL MEETING – ASCEND VIDEO

Agent Virtual Meeting



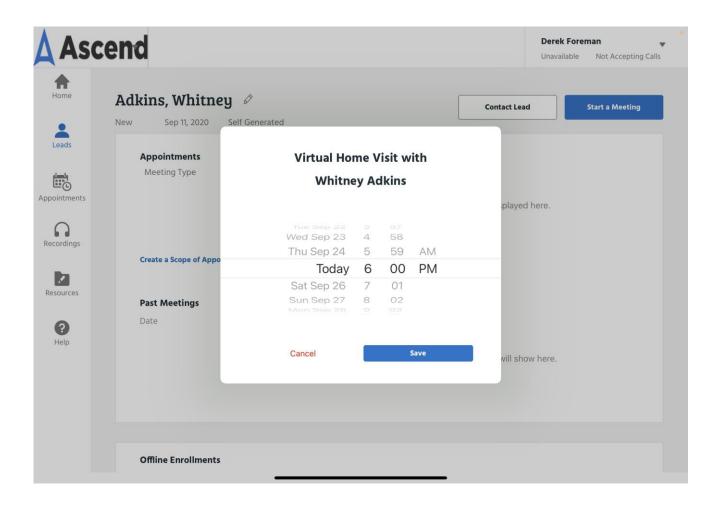
1. Agent schedules a virtual home visit

Asc	end					Derek Fore Unavailable	man Not Accepting Cal	▼ Is
Home	Adkins, Whit	•			Contact Lead		Start a Meeting	
Leads	Appointments Meeting Type	Dat		me				
Recordings	Create a Scope of A		ppointments for this Create Home Visit	lead. Any appointmen		here.		
Resources	Past Meetings							
? Help	Date	Time No Meetings on	Held By record for this Lead	Status . Any held meetings wit	th this lead will show	w here.		
	Offline Enrollme	nts						

Schedule Virtual Home Visit



2. Agent selects date and time of meeting.



Meeting is Scheduled



3. Once the meeting isscheduled it shows underthe appointments list onBOTH the lead detail andAppointment screens.

Asc	end			Derek Fo	•				
Home	Adkins, Whitney	Ø If Generated	(Contact Lead	Start a Meeting				
Leads Appointments	Appointments Meeting Type Virtual Home Visit	Date Sep 25, 2020	Time 06:00 PM		>				
Recordings	Create a Scope of Appointment Create Home Visit Create Virtual Home Visit Past Meetings								
? Help	Date Time Held By Status No Meetings on record for this Lead. Any held meetings with this lead will show here.								
	Offline Enrollments								

Upcoming Appointments



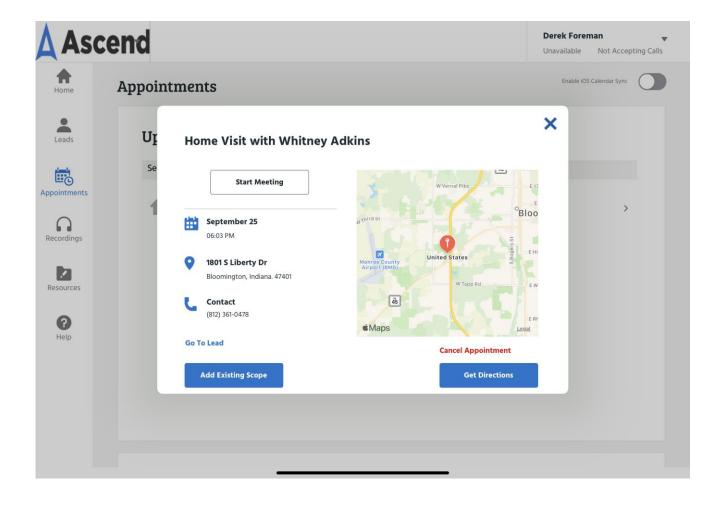
4. The meeting now shows up in the upcoming appointments listing.

Ascend					Derek Foreman Unavailable N	■ ▼ lot Accepting Calls	
Home		pointments				Enable iOS Cale	indar Sync
Leads		Upcoming Ap	pointments				
Ē		Sep 25, 2020					
Appointments		06:03 PM	1801 S Liberty Dr, Bloom Whitney Adkins	nington, Indiana 4740	n (812) 361-0478		>
Recordings					()		
Resources		No	future seminars found. Any f	uture seminars assign	ed to you will be displaye	ed here.	
? Help							

Appointment Details



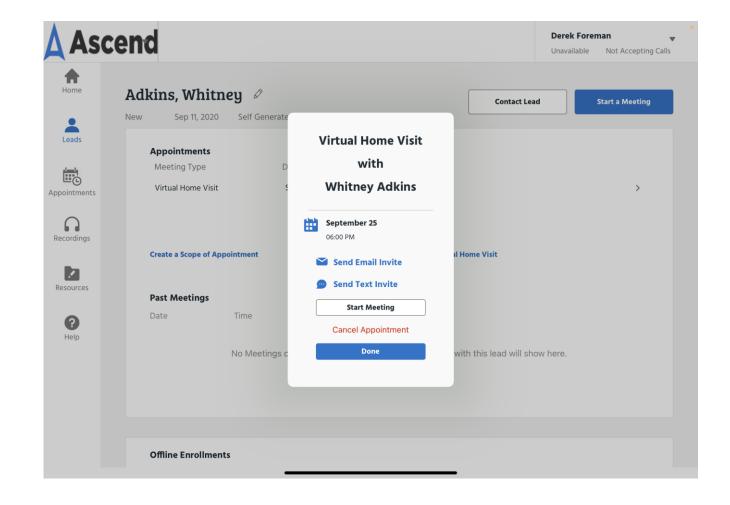
5. Selecting the appointment will show the details.



Meeting Controls



6. The agent can text or email beneficiary the meeting details.



Agent Starts Virtual Meeting

7. Agent starts the meeting. Agent is shown a preview of their video and waits for the beneficiary to join.

Ascend **Derek Foreman** Unavailable Not Accepting Calls A Home Adkins, Whitney 🖉 **Contact Lead** Start a Meeting Sep 25, 2020 Self Generated New -Leads Appointments Meeting Type Date Time Past Appointments Virtual Home Visit Sep 25, 2020 06:00 PM 00 \cap Recordings **Create a Scope of Appointment Create Home Visit Create Virtual Home Visit** . Resources **Past Meetings** Date Time Held By Status 0 Help No Meetings on record for this Lead. Any held meetings with this lead will show here. **Offline Enrollments**



Agent Meeting Controls

8. Touching the video screen shows common controls for the meeting such as *mute*, stop video, hang-up.

Ascend Unavailable Not Accepting Calls т Home Adkins, Whitney 🖉 Start a Meeting **Contact Lead** New Sep 25, 2020 Self Generated Leads Appointments Date Meeting Type Time Past Appointments Virtual Home Visit Sep 25, 2020 06:00 PM \cap Recordinas **Create a Scope of Appointment Create Home Visit Create Virtual Home Visit** 1 Resources **Past Meetings** Time Held By Status Date 0 Help No Meetings on record for this Lead. Any held meetings with this lead will show here.

Offline Enrollments



Derek Foreman



Beneficiary Start Screen



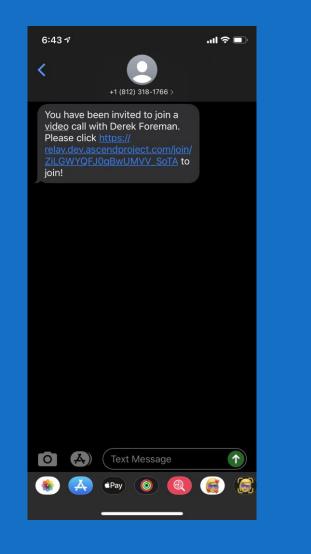
• The beneficiary can click link from their email or text and the meeting ID will be automatically entered and the beneficiary will not see this screen. If they manually open a browser to the website, this is shown.



Welcome, please enter meeting code to join!

Meeting Code

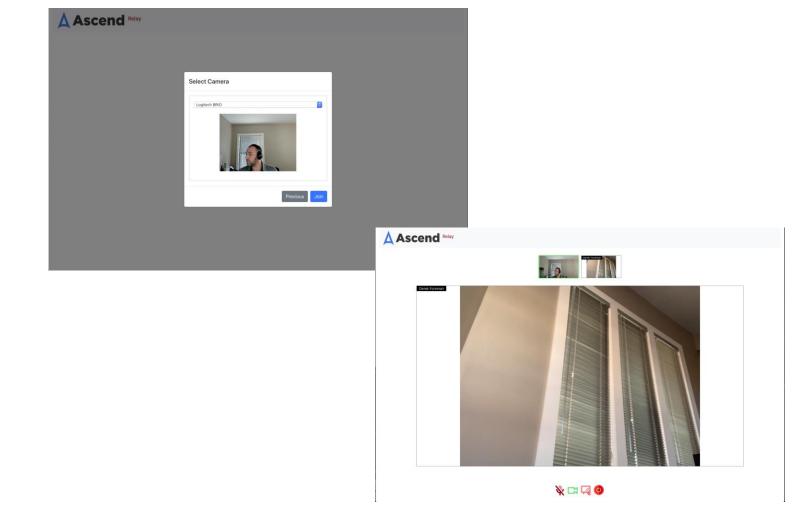
Beneficiary Text Invitation





Beneficiary Joining

 When joining meeting, Beneficiary selects camera and microphone to allow Ascend access.

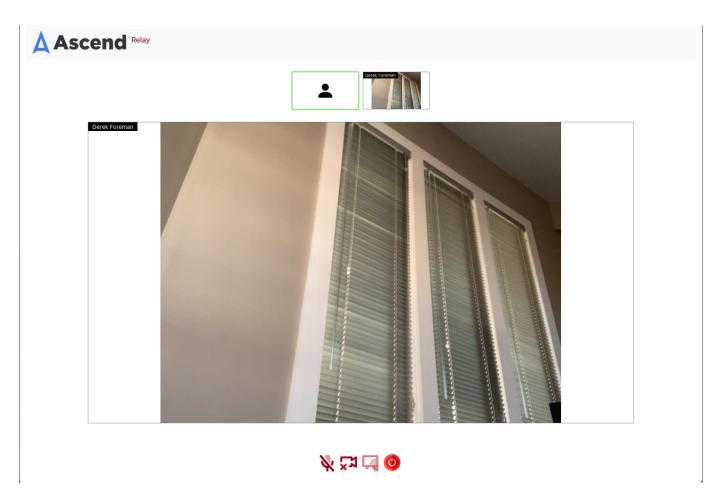




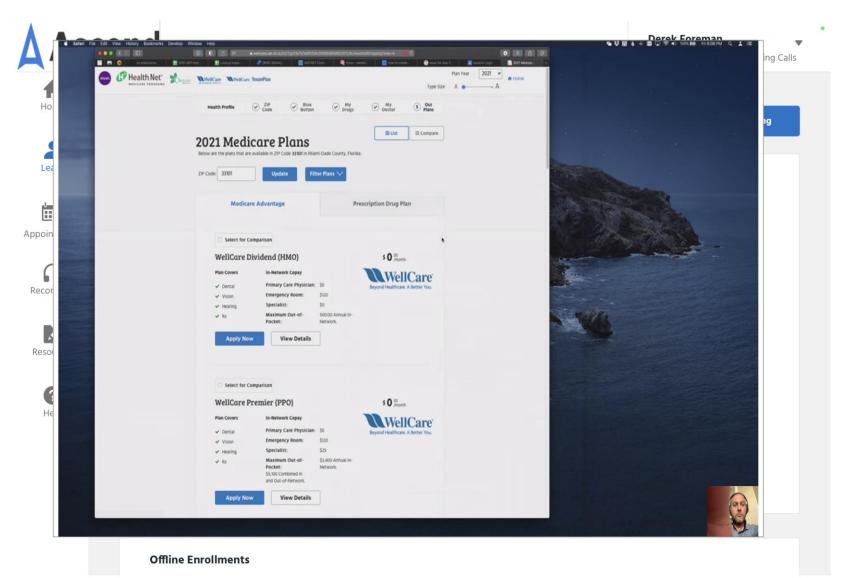
Beneficiary Stopping Video



 Beneficiary can stop, start video mute and share their desktop (browser dependent)

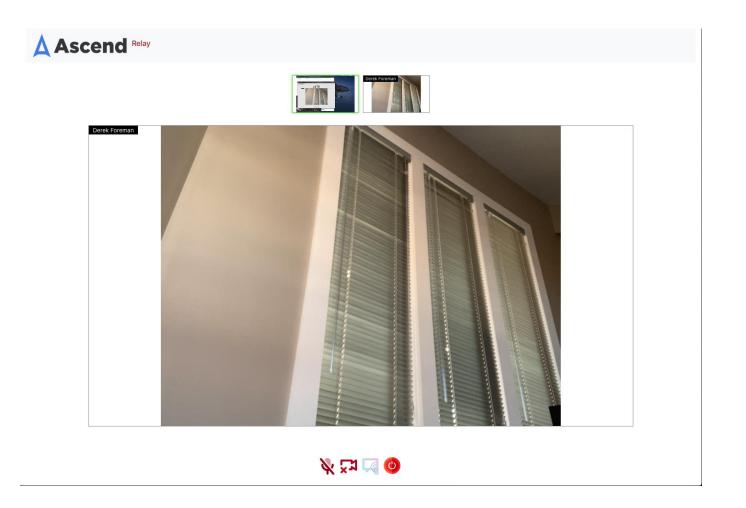






Beneficiary Viewing Agent Video



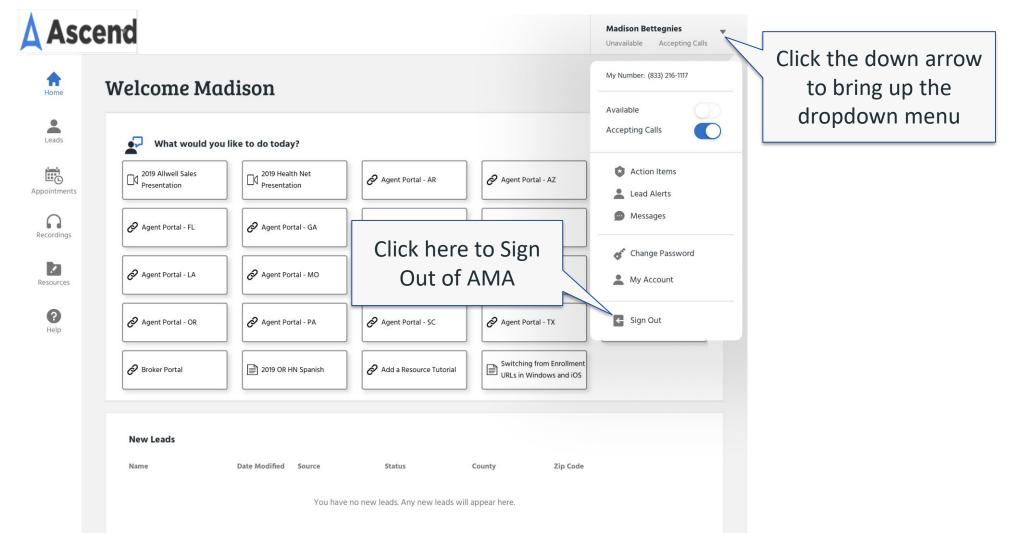




SIGNING OUT

Sign Out of AMA







THANK YOU FOR ATTENDING THE TRAINING!