

How to Certify for on the VIP Portal



VIP Portal Link: <https://vipagentsupport.com/Account/Login>

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Welcome - Abbey Mills !

Agency Information

...

2017 Certification is now available !



2018 Certification is now available !



Certification History

No Records Found

Clearance to Market

No Records Found

Announcement

View	Date	Company	Announcement Category
Test 1	7/7/2017 6:59:07 AM	Optimum	Sales
Test 1	7/7/2017 6:59:07 AM	Freedom	Sales
Test 1	7/7/2017 6:59:07 AM	AFC SC HMO	Sales
Compliance Reminders	6/29/2017 6:12:36 PM	Optimum	Compliance
Compliance Reminders	6/29/2017 6:12:36 PM	Freedom	Compliance

Click on the Appropriate year you intend to certify for and begin the process

Pre-Test Compliance Attestation

The following Pre-Test Compliance Attestation contains 3 sections. At the end of all 3 sections, you will be asked to attest that you have read, understand and agree to comply with each of the requirements. Your digital signature will be taken.

1. Professional Profile & Compliance History Questionnaire
2. Sales Representative Commitment to Compliance
3. Medicare Managed Care Guidelines CH 3

Professional Profile & Compliance History Questionnaire

PROFESSIONAL PROFILE

I give the Company permission to appoint me for health lines with the State DOI

Please answer the following questions. For any "YES" answers, please provide an explanation in the box to the RIGHT.

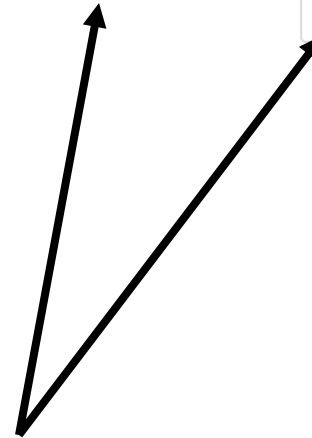
* Have you ever been convicted of or pleaded nolo contendere (no contest) to: Fraud, embezzlement, forgery, false statements, counterfeiting, extortion, or any other act involving misappropriation of funds?

Yes No

* Have you ever been convicted of conspiracy to commit any of the above offenses?

Yes No

Select to allow
Appointment with
State DOI



Complete the Professional Profile. For any **"Yes"** answers in this section, you are **required** to provide an explanation in the text box provided.

***I certify the foregoing answers, including explanations, are true and correct to the best of my knowledge and belief.**

Agree Disagree

disclosure of the use of consumer reports as part of its agreement process and from time to time following employment and />or contracting, The Company reserves the right to request consumer reports on its agents and prospective agents in connection with their contracts or employment. This may include personal interviews with sources such as your neighbors, friends, associates and/or former employers. Consumer reports and investigatory consumer reports may include information about any of the following: your character, general reputation, personal characteristics, mode of living, education, past employment, credit report, professional credentials or your driving or criminal record. If we request an investigative report, we are required by Fair Credit Reporting Act to notify you within three days after the report is requested and if you make a written request, we are obligated to disclose to you within 5 days the nature and scope of the investigation requested.

AUTHORIZATION: I authorize the Company to request and obtain one or more consumer reports and/or investigative consumer reports about me for my employment and/or contracting purposes:

*DIGITAL SIGNATURE John Jones

*DOI License (ANNNNNN or NNNNNNNNN)-Format

TIME STAMP: 7/17/2017 11:20:29 AM

[Home](#)

[Submit](#)

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Don't forget to select agree. Your name will be inserted for Digital Signature. You will need to add your DOI license number and click Submit.

Completing the Commitment to Compliance agreement; read each of the statements and select "I agree" when complete.

Sales Representative

Sales Representative Commitment to Compliance

The Centers for Medicare and Medicaid Services (CMS) and The Plan have a zero tolerance for non-compliance. As a company, we are committed to excellence in the way we conduct our business practices. Our company's continued growth and leadership depend upon the integrity of all the individuals who represent us. Each Medicare Sales Representative who represents our company and products subscribes to this Commitment of Compliance as an expression of their commitment to fair and honest marketing practices. In addition, Brokers/Agents will conduct all coordinated marketing in accordance with all applicable Part D laws, CMS policies, including CMS marketing guidelines and all Federal health care laws (including civil monetary penalty laws). Brokers/Agents understand that they will not engage in any of the following prohibited marketing activities as stated in the Medicare Marketing Guidelines, or any other prohibited marketing activities as published by CMS and summarized below. In this document, "client" means a person who may enroll in a benefit plan and "enrollee" means someone who has enrolled in such a plan. "The Plan" means the health plan I represent.

Click the check box, enter Your DOI License Number and click Submit

I have read and agree to comply with the Sales Representative Commitment to Compliance.

*DIGITAL SIGNATURE Abbey Mills

*DOI License (ANNNNNN or NNNNNNNNNN)-Format

Z181926

DATE 7/18/2017 12:48:30 PM

[Home](#)

[Submit](#)



- Agent Quick Links**
- Agent Personal
 - Agent License
 - Agent Address
 - Producer Agreement
 - Certification Status
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* Indicates Mandatory Field  Agent Name: Abbey Mills License Number: Z181926 Agency: Category: Broker

Producer Agreement

Year:* Company:*

You will need to select a year and a company you wish to Certify for.

- Global – Freedom Health/Optimum Health Care
- AFC SCHMO – America’s 1st Choice

If you plan to certify for both you will need to sign a producer agreement for both lines of business

* Indicates Mandatory Field



Agent Name: Abbey Mills License Number: Z181926 Agency:

Category: Broker

Producer Agreement

Year:* Company:*

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2017 PRODUCER AGREEMENT

[Download Producer Agreement](#)



I, Abbey Mills, have had the opportunity to thoroughly read and analyze this Agreement. I fully understand all the terms and conditions and agree to them without reservation IN WITNESS WHEREOF, Company and the Producer have executed this Agreement as of the date first written above

IN WITNESS WHEREOF, Company and the Producer have executed this Agreement as of the date first written above

I accept all terms and conditions as outlined in the agreement

PRODUCER:

Name*

DOI License*

Date*

[E-Sign and Submit Agreement](#)

Download the “Terms of Appointment”

2017 TERMS OF APPOINTMENT

[Download Terms of Appointment](#)

I, Merrideth Grey, have had the opportunity to thoroughly read and analyze this Agreement. I fully understand all the terms and conditions and agree to them without reservation IN WITNESS WHEREOF, Company and the Producer have executed this Agreement as of the date first written above

IN WITNESS WHEREOF, Company and the Producer have executed this Agreement as of the date first written above

I accept all terms and conditions as outlined in the agreement

PRODUCER:

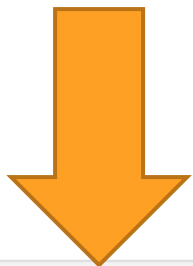
Name* Merrideth Grey


DOI License*

Date*

[E-Sign and Submit Agreement](#)

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 TOA.pdf



Show all



Open Downloaded PDF at bottom of screen

* Indicates Mandatory Field  Agent Name: Abbey Mills License Number: Z181926 Agency: Category: Broker

Producer Agreement

Year:* Company:*

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2017 PRODUCER AGREEMENT

[Download Producer Agreement](#)

I, Abbey Mills, have had the opportunity to thoroughly read and analyze this Agreement. I fully understand all the terms and conditions and agree to them without reservation IN WITNESS WHEREOF, Company and the Producer have executed this Agreement as of the date first written above

IN WITNESS WHEREOF, Company and the Producer have executed this Agreement as of the date first written above

I accept all terms and conditions as outlined in the agreement

PRODUCER:

Name* Abbey Mills

DOI License*


Date*

[E-Sign and Submit Agreement](#)

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After you have downloaded and read the producer agreement ensure you click on the check box and E-Sign the Agreement.

Repeat the Process for any other Line of business you intend to certify for:

* Indicates Mandatory Field  Agent Name: Abbey Mills License Number: Z181926 Agency: Category: Broker

Producer Agreement

Year:* Company:*

[Home](#) [Reset](#) [View](#)

2017 PRODUCER AGREEMENT

[Download Producer Agreement](#)

I, Abbey Mills, have had the opportunity to thoroughly read and analyze this Agreement. I fully understand all the terms and conditions and agree to them without reservation IN WITNESS WHEREOF, Company and the Producer have executed this Agreement as of the date first written above

IN WITNESS WHEREOF, Company and the Producer have executed this Agreement as of the date first written above

I accept all terms and conditions as outlined in the agreement

PRODUCER:


Name*

DOI License*

Date*


Click the Home Bottom to return you back to the main screen



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* Indicates Mandstory Field  Agent Name: Abbey Mills License Number: Z181926 Agency: Category: Broker

Producer Agreement

Year:* Company:*

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Welcome - Abbey Mills !

Agency Information

2017 Certification is now available !



2018 Certification is now available !



Certification History

No Records Found

Clearance to Market

No Records Found

Announcement

Click on the year you intend to certify for

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Agency Information

2017 Certification is now available ! 

2018 Certification is now available !

Certification History

No Records Found

Clearance to Market

No Records Found

Announcement

Click on the year you intend to certify for

* Indicates Mandatory Field

Warning! You have 60 minutes to complete individual tests before system times out.

Testing Attempts

- 2 failures in same day =lock out to study for 24 hours
- 3rd failure=one to one coaching
- 4th failure=may not market for season

You are ready to go to the training & testing section, select the company you wish to certify for.

You can opt out of the Medicare General with an AHIP Certificate.

Certification

Step 1: Select certification year from the list below

Certification Year *

Step 2: Select a company from the list below

Company *

Step 3:

Enter DOI License *

Optimum

AFC SC HMO

Confirm DOI License *

Step 4: Select one of the following

I have taken AHIP and received Certification for the General Medicare Test and only need to take Plan Specific Training & Tests

I would like to take General Medicare,Part D & Plan Specific Tests for the Certification Year & company selected above

→ Submit



Click Submit once you are ready for testing

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You will be presented the Medicare General and that Plan specific training & testing information. When you are finished, you will be able to then select the additional plan specific certification you wish.

Uploading an AHIP Certificate

Step 4: Select one of the following

- I have taken AHIP and received Certification for the General Medicare Test and only need to take Plan Specific Training & Tests
- I would like to take General Medicare, Part D & Plan Specific Tests for the Certification Year & company selected above

Upload AHIP Certification

Choose File

No file chosen

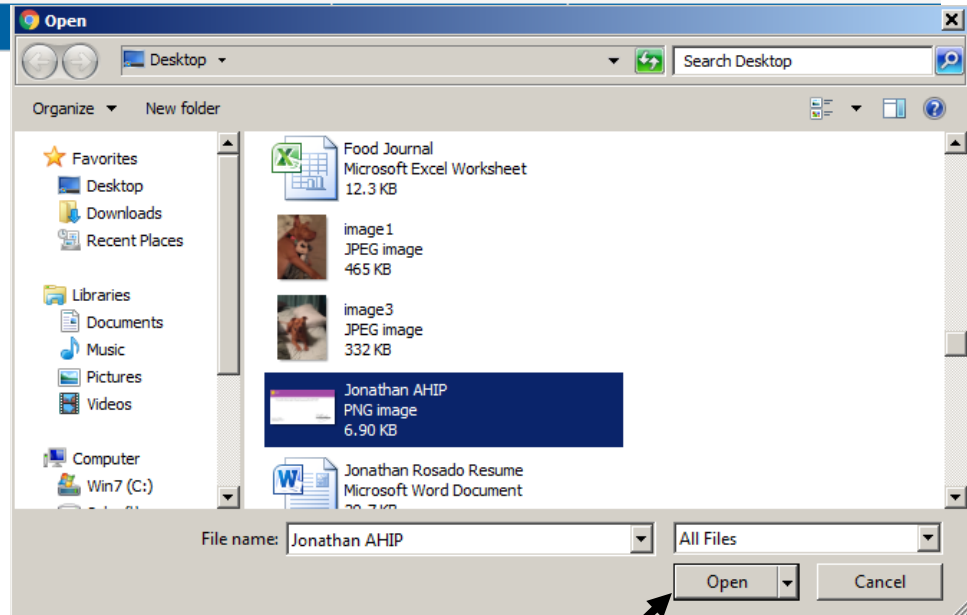
Upload

3. Click Upload

Document Name

YearOfCertification

1. Click Choose File



2. A box will open to allow you to select your AHIP certificate

Upload AHIP Certification No file chosen

Document Name	YearOfCertification	Status	InsertDatetime
17072017114657_Jonathan AHIP.png	2017	Waiting for Approval	7/17/2017 11:46:58 AM

Once AHIP has been loaded, Agent Services staff will Approve/Deny based on document loaded

Upload AHIP Certification No file chosen

Document Name	YearOfCertification	Status	InsertDatetime
17072017114657_Jonathan AHIP.png	2017	Approved	7/17/2017 11:46:58 AM

Status will update to Approved or Denied.

* Indicates Mandatory Field

Warning! You have 60 minutes to complete individual tests before system times out.

Testing Attempts

- 2 failures in same day =lock out to study for 24 hours
- 3rd failure=one to one coaching
- 4th failure=may not market for season

Certification

Step 1: Select certification year from the list below

Certification Year *

Step 2: Select a company from the list below

Company *

Step 3:

Enter DOI License *

Confirm DOI License *

Step 4: Select one of the following

- I have taken AHIP and received Certification for the General Medicare Test and only need to take Plan Specific Training & Tests
- I would like to take General Medicare,Part D & Plan Specific Tests for the Certification Year & company selected above

The order of the testing will first include the Medicare General (unless you have an Approved AHIP) and then the Plan Specific for the company you selected.

Select the company you want to certify for first.

Then enter DOI License and click Submit.

→ Submit ←

Questions are multiple choice or True & False.

There are 30 Medicare General questions and 55 Plan specific. You must pass with 85% on each.

You will not be able to take a Plan specific test without either passing the Medicare General or providing a valid AHIP Certificate.

Medicare General Testing

Medicare General Test Training Information – Please review the attachments

Please review each button before taking test:

[Compliance Plan and FWA Prevention](#) ←

[Medicare Marketing Guidelines](#) ←

When you have reviewed the training material and are ready to begin the test, please Click below to Take Test.

↓ You will be presented with testing based on your previous selections. You must pass with 85% on each test. You are allowed 2 attempts in 24 hours. You are allowed a 3rd attempt the next 24 hour period. If you have not successfully passed after 3 attempts, you will be contacted for alternative retraining and be allowed 1 final attempt.

I have reviewed all the training Materials.

←

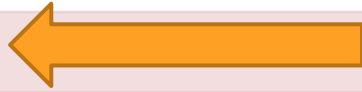
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Click on each link to download and review the training materials

When you are done review the materials you must check that you have reviewed the training materials and you may begin the test

Medicare General Testing, cont.

0h 59m 51s



The tests are timed, you will have 60 minutes to complete each test presented

General Certification Test

Agents/Brokers must be tested annually on Medicare rules and regulations and plan specific products. T or F?

- TRUE
- FALSE

When enrolling a prospective member on a Medicare Advantage plan, a beneficiary might also have health and/or prescription drug coverage from a former or current employer or union that could affect their choices. T or F?

- TRUE
- FALSE

Medicare Part A covers?

- Medical Insurance
- Hospital Insurance
- Medicare Advantage
- Prescription Drugs

Certification

You have 60 minutes to complete individual tests before system times out
Testing Attempts

2 failures in same day =lock out to study for 24 hours

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4th failure=may not market for season

Plan Specific Testing



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2017 Certification is now available !

2018 Certification is now available !

Certification History

ID	Certification Date	Test Score	Test Name	Year
70579	7/18/2017 1:43:15 PM	85%	General	2017

In order to continue to the Plan Specific testing you will need to click on the Home button

Then click on the Year you are certifying for

You will notice on the Home Screen your Certification Score will be listed

* Indicates Mandatory Field

Warning! You have 60 minutes to complete individual tests before system times out.

Testing Attempts

- 2 failures in same day =lock out to study for 24 hours
- 3rd failure=one to one coaching
- 4th failure=may not market for season

Certification

Step 1: Select certification year from the list below

Certification Year *

Step 2: Select a company from the list below

Company *

Step 3:

Enter DOI License *

Confirm DOI License *

Step 4: Select one of the following

- I have taken AHIP and received Certification for the General Medicare Test and only need to take Plan Specific Training & Tests
- I would like to take General Medicare,Part D & Plan Specific Tests for the Certification Year & company selected above

Upload AHIP Certification No file chosen

Document Name	YearOfCertification	Status	InsertDatetime
18072017014111_Jonathan AHIP.png	2017	Denied	7/18/2017 1:41:11 PM
18072017014240_Jonathan AHIP.png	2017	Approved	7/18/2017 1:42:40 PM

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Make your selections for the line of business you are going to take the Plan Specific Testing for

Click on the link to review the Plan Specific info prior to taking exam

Freedom Health Plan Training Information – Please review the attachments

Please review each button before taking test:

[Freedom Plan Specific Training](#)

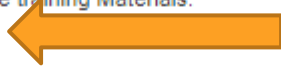


When you have reviewed the training material and are ready to begin the test, please Click below to Take Test.

You will be presented with testing based on your previous selections. You must pass with 85% on each test. You are allowed 2 attempts in 24 hours. You are allowed a 3rd attempt the next 24 hour period. If you have not successfully passed after 3 attempts, you will be contacted for alternative retraining and be allowed 1 final attempt.

I have reviewed all the training Materials.

✓ Ready to Take Test



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Click on the check box verifying you have reviewed the training material

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0h 58m 44s

Plan Specific Certification Test

Billing for Services not furnished, Identity theft and Double billing may be considered Fraud. (True or False)

- TRUE
- FALSE

Events designed to steer, or attempt to steer, potential enrollees toward a plan or limited set of plans are called:

- Promotional Events
- Educational Events
- Marketing/Sales Events

An In-Home meeting with a beneficiary is an example of what type of event?

- Formal Sales Event
- Informal Sales Event
- Educational Event

Questions are multiple choice or True & False. There are 30 Medicare General questions and 55 Plan specific. You must pass with 85% on each.

You will not be able to take a Plan specific test without either passing the Medicare General or providing a valid AHIP Certificate.

When you have successfully passed the test you will receive a confirmation screen providing you with the score. This is not the final Clearance to Market.

Success Message

You have successfully passed this test! The required score to pass was 85.00 %, and you recieved a score of 100.00 %.
[Click here to take the next test](#)

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Certification History

ID	Certification Date	Test Score	Test Name	Year
70579	7/18/2017 1:43:15 PM	85%	General	2017

Clearance to Market

No Records Found

Announcement

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Compliance Reminders	6/29/2017 6:12:36 PM	Optimum	Compliance
Compliance Reminders	6/29/2017 6:12:36 PM	Freedom	Compliance

Your homepage will have your certification confirmation number, test scores, Clearance to Market, Announcements and contracted agency contact info. You do not need to send anything to your agency. They have access to your scores and confirmation information. You can now use the support services on the left such as internal inquiries with plan support staff, view/order materials, online enrollment application, etc.