

2014 MEDICARE BASICS, MEDICARE ADVANTAGE & PART D TRAINING

2014 Blue Cross Blue Shield of Rhode Island (BCBSRI)
Medicare Sales Training and Certification Program
Sales Sentinel User Guide



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LOGIN / REGISTER FOR NEW PROGRAM

- Click on the link received to bring you to this login screen.
- To register for a new program **Please click “Click here to Register.”**
- Returning users can login by entering their username and self-assigned Password.
- Once registered, you can retrieve a forgotten password by clicking “Forgot password?”

The screenshot shows the Medicare Sales Sentinel login and registration interface. At the top left is the Medicare Sales Sentinel logo. Below it is a large white box containing the login form. The form has a title 'Login' and two input fields: 'Username:' and 'Password:'. To the right of the password field is a link that says 'forgot password?'. Below the password field is a link that says 'Click Here to Register'. To the right of this link is an orange button labeled 'Login'. At the bottom left of the page is the Gorman Health Group logo, and at the bottom right is the copyright notice 'Copyright © 2013, Gorman Health Group, LLC'. A blue arrow points to the 'Click Here to Register' link.

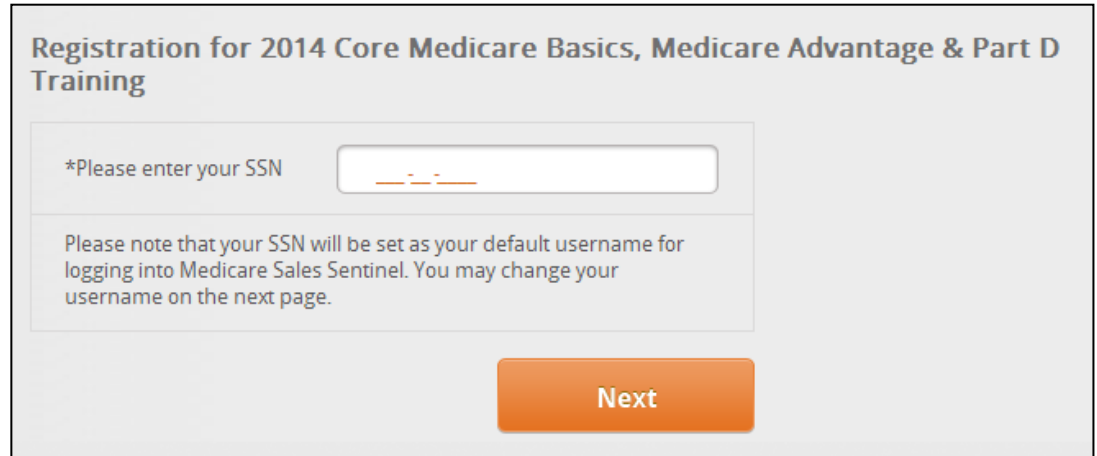
Return to a program already in progress go to: www.medicaresalessentinel.com

REGISTER FOR NEW PROGRAM

Your screen will say:

Registration for 2014 BCBSRI External Independent Agents or another BCBSRI specific program

- Input your SSN and click Next
- If you do not have a profile in Sentinel you will be directed to the registration screen.



Registration for 2014 Core Medicare Basics, Medicare Advantage & Part D Training

*Please enter your SSN

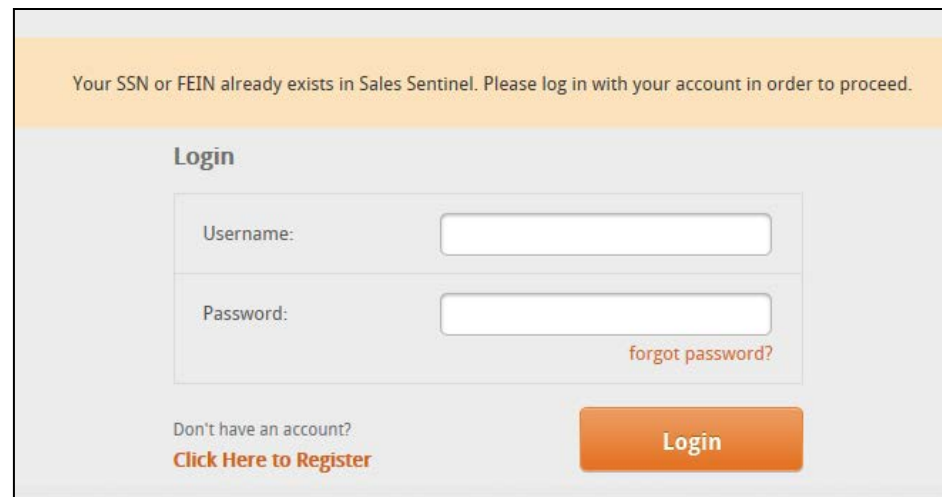
Please note that your SSN will be set as your default username for logging into Medicare Sales Sentinel. You may change your username on the next page.

Next

- If you already have a profile in Sentinel you will see this notification and be prompted to login

Username is SSN (or something you self-assigned)

Password self-assigned



Your SSN or FEIN already exists in Sales Sentinel. Please log in with your account in order to proceed.

Login

Username:

Password:

[forgot password?](#)

Don't have an account?
[Click Here to Register](#)

Login

REGISTRATION

Please verify or complete information below. To enroll in a **NEW** program you must verify your email address and click **'Save&Cont.'** at the bottom of the page to continue.

Registration for 2014 Core Medicare Basics, Medicare Advantage & Part D Training

Basic Contact Info

Username:

*First Name:

*Last Name:

Middle Name:

Suffix:

SSN:

Please check this box if you are registering as the principal of an agency

Date Of Birth:

*Email Address:

*Verify Email Address:

*NPN:

[NPN Lookup: Click Here](#)

*Primary Phone:

Phone Extension:

Home Address

*Address 1:

Address 2:

*City:

*State:

*Zip:

Mailing Address

Same as Home Address

*Address 1:

Address 2:

*City:

*State:

*Zip:

Address Type:

Save & Cont.



- Users will need to complete the required fields on the registration form. Required fields are indicated with an asterisk.
- Passwords will be created by the user and require the following:
 - Must be at least 8 characters long and contain at least:
 - 1 uppercase letter;
 - 1 lowercase letter;
 - 1 number; and
 - 1 special character.
- Once the registration is complete you will click **"Save and Continue"** to proceed to the next step.

INTRODUCTION SCREEN

Welcome to BCBSRI 2014 Medicare Sales Training and Certification Program.

Please read the Introduction screen in your program, then **click Save and Cont.** to proceed.

Welcome to Blue Cross Blue Shield of Rhode Island's 2014 Medicare Sales Training and Certification Program.

The Centers for Medicare & Medicaid Services' (CMS) marketing audit guidelines require that all employees and independent agents who approach Medicare beneficiaries be trained and tested in the Medicare program, on health plan benefits and procedures, and on the federal marketing requirements. Medicare plan sponsors whose employees or agents act outside these parameters risk the potential of hefty federal sanctions and having their reputations tarnished.

Blue Cross Blue Shield of Rhode Island (BCBSRI) has partnered with Gorman Health Group (GHG), one of the industry leaders in Medicare sales agent compliance and monitoring, to provide a comprehensive, computer-based training program that has been developed by the nation's leading Medicare marketing compliance experts. GHG's Medicare Sales Training and Certification program, called Medicare Basics, Medicare Advantage & Part D Training, demonstrates to CMS that BCBSRI has trained and tested the individuals who market and sell BCBSRI products. This in turn demonstrates to CMS a commitment by BCBSRI and its sales agents to promote best sales practices.

From an agent perspective, not only is the program easy to use but it will arm you for the practical challenges you face as a Medicare Advantage sales agent.

Need to logout? Below is how to return to your training:

1. Go to www.medicarealesentinel.com
2. Username is your SSN (or something self-assigned)
3. Password is what you created at registration

Need Support while using the Medicare Sales Sentinel site?

Call our BCBSRI Agent Support Line (855) 659-4912 or email your question to: salestraining@gormanhealthgroup.com.

What to Expect Next:

In the steps that follow, you will complete BCBSRI's 2014 Medicare Advantage Sales Training and Certification program.

The following link(s) will provide you with the User Guide and Checklist to assist you through this program:

Please click here to access the User Guide

Please click here to print a Checklist of all the steps in this program so you can track your progress

To proceed, please click **Save & Cont.**

Save & Cont. **Save for Later**

Please utilize the 2014 Sales Sentinel User Guide to assist you through the program.

Click **Save & Cont.** to proceed



BCBSRI 2014 Attestation of Required Certification

BCBSRI / 2014 Medicare Advantage Sales Training and Certification

The following is a list of all the steps in this program. Once all steps are complete, a summary will be provided to you on the Finish and Print step. You must complete each step in the order presented in the program. Your certification is not considered complete until all of the required steps listed below are completed.

- Welcome
- BCBSRI 2014 Attestation of Required Certification
- 2014 BCBSRI Medicare Certified Brokers Code of Ethics
- 2014 BCBSRI Code of Conduct
- Electronic Signature
- Acknowledgement and Authorization for Consumer Reports
- Background Check (step will remain pending while check is in progress)
- License Check
- Equivalent Certificate Upload (2014 AHP Upload Optional)
- Continuing Education Credits Notification (Optional)
- CE Payment (Optional)
- 2014 GHG Core Medicare Certification (Medicare Basics, Medicare Advantage & Part D Training)
- 2014 Privacy and Security – HIPAA
- 2014 BCBSRI Compliance Fraud, Waste and Abuse
- 2014 BCBSRI Individual Product Specific Training
- Finish and Print (Summary)

Note: You will be presented with the Product Specific Training upon successful completion of your GHG Core Medicare Certification Final Exam (or 2014 AHP), HIPAA Final Exam and FWA Final Exam. Failure to complete all training modules will result in an incomplete, and ineligibility to market and sell BCBSRI Products.

Please Note:

CMS requires Medicare Advantage sales agents to complete annual training and testing specific to the Medicare plan(s) they sell. Agents who do not complete plan specific training and testing requirements annually are not eligible to sell that plan's Medicare Advantage products for that selling year.

*Selling State: Please select Rhode Island as your selling state:

Rhode Island

*Please enter your Rhode Island license number: (This is your RI state issued health insurance license)

Please enter your BCBSRI Broker ID number: (This is the number you place on applications)

By clicking this checkbox, I attest that I have not marketed or sold any 2014 BCBSRI products prior to completion of this online training program in full.

By clicking this checkbox, I attest that I have read and fully understand the above statements on this screen what is required to be complete with the BCBSRI's 2014 online training program and certification requirements.

*Signature: (Please type full name)

*Date: (MM/DD/YYYY)

To proceed, please click **Save & Cont.**

ATTESTATION OF REQUIRED CERTIFICATION STEP

- Please read the entire screen that states what is required to be complete with this program.
- Answer all questions and agree to the statements provided by clicking all the check boxes.
- Input your full name and date
- Click Save & Cont. to proceed



MEDICARE CERTIFIED BROKERS CODE OF ETHICS

Medicare Certified Brokers Code of Ethics

Our mission is to improve the lives of Rhode Islanders by bringing them affordable, quality health insurance that provides peace of mind and security.

Vision Statement:

BCBSRI Medicare Certified broker, together with our provider and community partners will improve the quality of life for Rhode Islanders.

- Our role is to create unique and innovative provider partnerships throughout the state of Rhode Island
- We will create a reputation for distinctive quality and value with the health care services and products we offer
- We will create an open and integrated service environment, in which customers, providers and team members interact without barriers.

Our Commitment:

The following is expected of every BCBSRI Medicare Certified broker.

As a BCBSRI Medicare Certified broker, I will:

- Make the needs of my customer a priority.
- Always represent Blue Cross and Blue Shield of Rhode Island (BCBSRI) with honesty and integrity.
- Make no false or misleading statements regarding my product or competition.
- Adhere to all BCBSRI policies in relation to lead management, BCBSRI's Code of Conduct, privacy requirements, etc.
- Act in an ethical and compliant manner when conducting all roles and responsibilities
- Fully and accurately disclose all limitations and conditions necessary for my customer to make an informed choice.
- Respect the confidential and privileged information that may come my way in the course of representing BCBSRI.
- Not discriminate on the basis of race, religion, creed, color, national origin, ancestry, physical handicap, medical condition, marital status, age, sexual preference or any other basis protected by federal, state or local law, ordinance or regulation.

By clicking this checkbox and by signing below, I hereby acknowledge that I have read, understand and agree to follow all of the above conditions of the Code of Ethics.

***Signature: (Please type full name)**

Wendy Test

***Date: (MM/DD/YYYY)**

07/15/2013

To Proceed, please click **Save & Cont.**

Save & Cont. **Save for Later**

1. Please read the entire screen
2. Read statement and click the required checkbox
3. Input your full name and date
4. Click Save & Cont. to proceed

MEDICARE CERTIFIED BROKERS CODE OF CONDUCT

**Blue Cross Blue Shield of Rhode Island
CODE OF CONDUCT**

Please click on the following link to read and review the BCBSRI Code of Conduct.

Click Here: [BCBSRI Code of Conduct](#)

CODE OF CONDUCT ACKNOWLEDGEMENT


By clicking this checkbox and by signing below, I hereby acknowledge that I have received, read, understood and had an opportunity to ask questions regarding the Blue Cross & Blue Shield of Rhode Island (BCBSRI) Code of Conduct. Further, I agree to abide by the terms of the Code of Conduct throughout the course of my engagement with BCBSRI.

***Signature: (Please type full name)**

Wendy Test

***Date: (MM/DD/YYYY)**

07/16/2013

 Blue Cross Blue Shield of Rhode Island

Blue Cross Blue Shield of Rhode Island
500 Exchange Street, Providence, RI 02903-2699
(401) 459-1000 www.BCBSRI.com

To Proceed, please click **Save & Cont.**

1. Please read the entire screen
2. Click to open and read BCBSRI Code of Conduct
3. Read statement and click the required checkbox
4. Input your full name and date
5. Click Save & Cont. to proceed

ELECTRONIC SIGNATURE

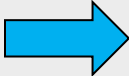
Signature

By re-entering your name and password, that you assigned yourself at registration, you will have electronically signed all documents contained in this program. This electronic signature attests to your familiarity with and intent to be legally bound by all statements in each document you have been presented on this site.

*Full Name:

*Password:

*Verify Password:



- Type your full name in the box
- Enter your password you assigned yourself
- Click “Next Step” to proceed

ACKNOWLEDGEMENT AND AUTHORIZATION FOR CONSUMER REPORT

ACKNOWLEDGEMENT AND AUTHORIZATION FOR CONSUMER REPORTS

Blue Cross Blue Shield of Rhode Island

In connection with your application for services with Blue Cross Blue Shield of Rhode Island and their agent, Gorman Health Group, you understand that consumer reports or investigative consumer reports may be requested about you including information about your character, general reputation, personal characteristics and mode of living, employment record, education, qualifications, criminal record, driving record, credentials, and/or credit and indebtedness, and may involve personal interviews with sources such as supervisors, friends, neighbors, associates, public record or various Federal, State, or Local agencies.

You hereby authorize the obtaining of such consumer reports and investigative consumer reports at any time after execution of this authorization. By signing below, you hereby authorize without reservation, any party or agency contacted by Blue Cross Blue Shield of Rhode Island and/or its agent, Gorman Health Group, or the consumer reporting agency acting on behalf of Blue Cross Blue Shield of Rhode Island or its agent, Gorman Health Group, to furnish the above mentioned information to Blue Cross Blue Shield of Rhode Island, its agent, Gorman Health Group, or any other agents, affiliates, or designated representatives. You further authorize ongoing procurement of the above mentioned reports at any time during your continued contract for services. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

You can find the complete text of the Fair Credit Reporting Act, including your rights under the Fair Credit Reporting Act, on the Federal Trade Commission's web site at <http://www.ftc.gov>.

For California, Minnesota or Oklahoma residents only: If you would like to receive a copy of the consumer report, if one is obtained, please check this box.

For California residents only: If public record information is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information unless you check this box waiving your right to obtain a copy of the report.

For New York residents only:
A consumer report will be requested in connection with your application, and additional consumer reports may be requested during your continued contract for service with Blue Cross Blue Shield of Rhode Island. You have the right, upon request, to be informed whether or not a consumer report was requested, of the name and address of the consumer reporting agency that furnishes to consumer report.

My signature below indicates that I have read, understand, and accept all disclosure and acknowledgements.

AUTHORIZATION

Entering my name below constitutes my digital signature, and is intended by me to have legally binding effect.

*Signature/Name:

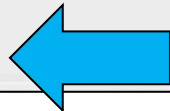
*Date:

*SSN:

Other Names Used:

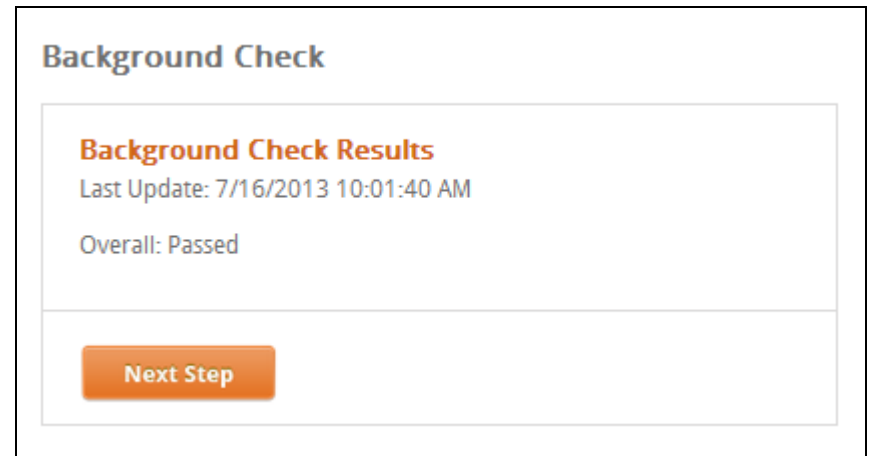
Include Maiden or Name Changes, No Direct Derivatives Ex: Susan vs. Sue, David vs. Dave, etc.

- Read the screen
- Electronically sign and date this document
- Click “Next Step” to proceed



BACKGROUND CHECK

- Please be patient while your background check is being processed
- Results may take several days to complete
- Once cleared, you will receive a notification email and be able to proceed with the rest of the program



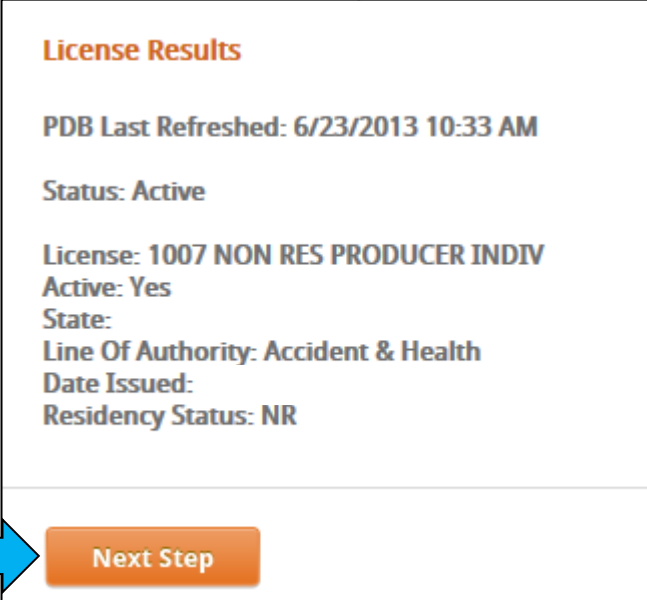
(below is an example of email you will receive)



LICENSE CHECK

- You are required to have an active health license in the state you wish to sell products.
 - **You must have an active Rhode Island state issued health insurance license.**
- If you have an active license you will automatically get results.
 - **Click "Next Step" to proceed.**
- If you do not have an active license you will see this screen, please return to program once you have obtained an effective license.

Example:



License Results

PDB Last Refreshed: 6/23/2013 10:33 AM

Status: Active

License: 1007 NON RES PRODUCER INDIV
Active: Yes
State:
Line Of Authority: Accident & Health
Date Issued:
Residency Status: NR

[Next Step](#)

A blue arrow points from the text 'Click "Next Step" to proceed.' to the 'Next Step' button.



License Check

License Results

PDB Last Refreshed: 7/8/2013 3:34 PM

Status: No Active Licenses!

You must have a valid and active license for this Program to continue.

[Next Step](#)

EQUIVALENT CERTIFICATE UPLOAD (2014 AHIP UPLOAD OPTIONAL)

If you have already completed the 2014 AHIP certification, you can upload or fax a copy of your official certificate of completion to receive credit for the Gorman Core Certification.

Click the picture of the laptop to browse your computer to upload
"OR"


Click the picture of the fax machine to receive a fax cover sheet to utilize.


If you do NOT have an AHIP certificate, simply click **"Next Step"** to bypass this screen and move forward with Gorman Core Certification.

Instructions:
Upload your 2014 AHIP in its original format to show completion.

If you need to upload your 2014 AHIP for this plan year, use the link below to browse for the saved file and upload to the website, or click the Fax link to print a cover sheet with instructions for sending the certificate via fax.

Please note that if you choose to fax your AHIP certificate, the CMS Core training and exam may still be listed in your curriculum. We recommend faxing your AHIP certificate prior to beginning the Training portion of your Certification. If your AHIP is deemed invalid for this plan year, you will be required to take Core Certification training and exam.

 Upload

 Fax

If you do not have an AHIP Certificate, please click "Next Step" to continue.

[Next Step](#)

Important Notice Regarding Receiving Continuing Education Credits

As a Continuing Education (CE) provider, Gorman Health Group will offer CE credits for the completion of the "2014 Medicare Basics, Medicare Advantage & Part D Training". If you should choose CE to be awarded for successful completion of the 2014 course, please understand that course approval varies state-by-state and CE may not be available in all states.

Please Note: Electing to receive CE is optional. On the following screen, you will be able to elect and receive CE credits and remit any applicable payment. You are not required to pay for CE credits if you do not wish to receive CE credits. Also note that CE credits are NOT available for the completion of plan specific trainings.

You will only be awarded CE credits in the resident state in which you hold your license. A list of approved states will be provided to you on the following screen. If your resident license state does not appear on this list, this means the "2014 Medicare Basics, Medicare Advantage and Part D Training" course has not been approved in that state, therefore, GHG will not be able to award you CE credits.

PROCTOR NOTIFICATION

Some states require that you complete the Final Exam testing in the presence of a "disinterested 3rd party" proctor and complete a state proctor form attesting to such. A disinterested 3rd party is defined as: "a person not related to the examinee, an immediate supervisor or employee of the examinee, and not concerned, with respect to possible gain or loss, in the result of a pending course final examination". Examples of a disinterested 3rd party are testing centers, public libraries, public schools, independent insurance schools, colleges or universities.

Failure to comply with the proctoring requirement may result in disciplinary action against your license and without a completed proctor form, GHG will not submit CE credits to your resident license state.

All individuals who hold a resident license in the following states are **REQUIRED** by the state to have the final exam proctored by a disinterested 3rd party and to submit the provided **CE Proctor Form**, completed in its entirety, to Gorman Health Group within 3 days of completion of the final exam:

- Alabama
- Connecticut
- Georgia
- Michigan
- Pennsylvania
- Vermont
- West Virginia

The following steps are required to be completed in order to receive CE credits:

1. Elect CE by checking the corresponding box on the following payment screen
2. If applicable, remit payment for CE credits
3. Accurately choose your resident license state
4. Accurately enter your resident state license number
5. Successfully complete all course material and final exam testing
6. Complete and submit the **CE Proctor Form** if required by your resident license state

Failure to complete any of the above listed steps may DELAY or PREVENT you from receiving CE credits for this course.

****CLICK HERE TO ACCESS THE CE PROCTOR FORM****

I hereby, do attest, that I have read and understand the above information regarding the requirements necessary to receive Continuing Education (CE) credits for the successful completion of the "2014 Medicare Basics, Medicare Advantage and Part D Training" course should I elect to do so.

*Signature:

*Date: (MM/DD/YYYY)

Save & Cont.

Save for Later

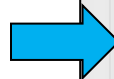
CONTINUING EDUCATION (CE) NOTIFICATION

- Please read the entire screen
- Receiving CE Credits is optional
- If your resident state requires a Proctor, click to access the Proctor Form highlighted in yellow.
- **NOTE: At this time, RI does "not" require a Proctor Form.**
- Input your name and date
- Click Save & Cont. to proceed



PAYMENT (CE IS OPTIONAL)

If you see this screen,
Click Pay Now to proceed
to payment screen



Brainshark Curriculum

Pay for your courses and continuing education credits.

Pay Now

You do NOT need to pay for courses

Next Step

Please click 'Pay Now' to purchase your CE Credits

Do you wish to receive CE credits for this course if offered in your state?

Curriculum	Price	Pay?
Core 2014 BCBSRI External - Continuing Education Credits	16.00	<input type="checkbox"/>

Cardholder First Name

Cardholder Last Name

Credit Card#

Security Code

Expiration Date(MM/YY)

Address

City

State

ZIP

Pay Now Cancel

- Click the checkbox next to \$16.00 if you wish to obtain CE credits
- Complete the remainder of the screen and click Pay Now to proceed
- **NOTE:** CE Credits are optional, if you **do not wish to receive CE Credits** do not check the box, simply **click Cancel** to proceed

2014 MEDICARE BASICS, MEDICARE ADVANTAGE & PART D TRAINING

- The screen below displays a curriculum which is made up of modules and exams. (You may have more than one curriculum in your Current Enrollment screen)
- Each Module is followed by a Module Exam to help you learn and prepare for the Final Exam. You will be required to view each module and complete each exam.
- Module Exams, you are required to score 85% or higher to proceed to the next training module.
- The Final Exam has a limitation of attempts to obtain 85% or higher to pass and be certified. The Attempts Remaining is displayed on the bottom right of the screen.

Curriculum Name ▲	Status	Topic	Expiration	Passing Score	Type	Duration	Attempts Remaining
2014 BCBSRI Medicare Basics, Medicare Advantage & Part D Training (0 of 10 complete)	Enrolled						
2014 BCBSRI Core Module 1 - Instructions *	Enrolled			n/a	Brainshark	5:45	
2014 BCBSRI Core Module 2 - Medicare Basics *	Enrolled			n/a	Brainshark	42:37	
Exam 2014 BCBSRI Core Module 2 – Medicare Basics *	Enrolled			85%	Brainshark	3:20	
2014 BCBSRI Core Module 3 - Enrollment and Disenrollment *	Enrolled			n/a	Brainshark	43:37	
Exam 2014 BCBSRI Core Module 3 – Enrollment and Disenrollment *	Enrolled			85%	Brainshark	3:20	
2014 BCBSRI Core Module 4 - Beneficiary Protections *	Enrolled			n/a	Brainshark	15:02	
Exam 2014 BCBSRI Core Module 4 - Beneficiary Protections *	Enrolled			85%	Brainshark	3:21	
2014 BCBSRI Core Module 5 - Marketing Guidelines and Regulations *	Enrolled			n/a	Brainshark	34:44	
Exam 2014 BCBSRI Core Module 5 – Marketing Guidelines and Regulations *	Enrolled			85%	Brainshark	3:23	
2014 BCBSRI Core Final Exam *	Enrolled	MAPD Final		85%	Brainshark	11:00	2

- If you select a course where a prerequisite has not been completed, a notification will display on your screen letting you know that you need to complete another course before you will be able to advance to the next course, if this happens, simple Select '**Cancel**' to return to your Current Enrollments.

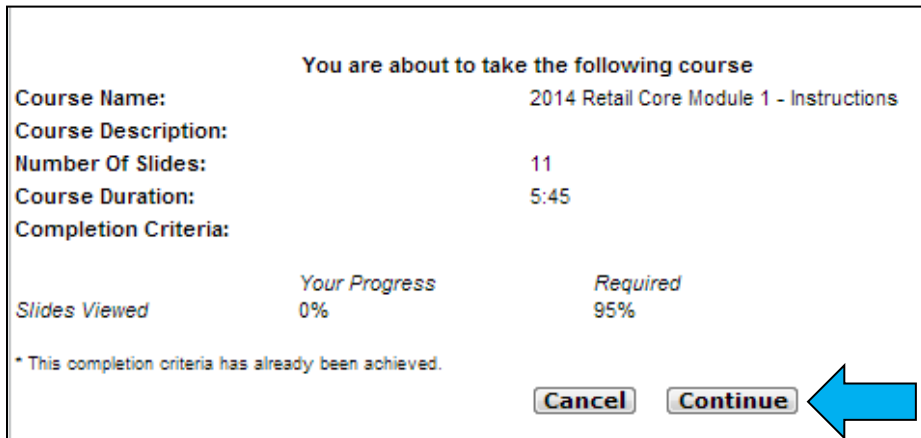
CERTIFICATION STEP

Opening Courses and Exams



A screenshot of a course list. The first row is highlighted in light blue and contains a checkbox, the course name '2014 Medicare Basics, Medicare Advantage & Part D Training (0 of 10 complete)', and the status 'Enrolled'. Below it, the second row is highlighted in dark blue and contains the course name '2014 Retail Core Module 1 - Instructions', a 'Take Now' button, and the status 'Enrolled'. A blue arrow points to the 'Take Now' button. Other rows include '2014 Retail Core Module 2 - Medicare Basics *', 'Exam 2014 Retail Core Module 2 - Medicare Basics', '2014 Retail Core Module 3 - Enrollment and Disenrollment *', and 'Exam 2014 Retail Core Module 3 - Enrollment and Disenrollment *', all with 'Enrolled' status. A blue arrow also points to the '2014 Retail Core Module 2 - Medicare Basics *' row.

<input type="checkbox"/>	2014 Medicare Basics, Medicare Advantage & Part D Training (0 of 10 complete)	Enrolled
	2014 Retail Core Module 1 - Instructions	Enrolled
	2014 Retail Core Module 2 - Medicare Basics *	Enrolled
	Exam 2014 Retail Core Module 2 - Medicare Basics	Enrolled
	2014 Retail Core Module 3 - Enrollment and Disenrollment *	Enrolled
	Exam 2014 Retail Core Module 3 - Enrollment and Disenrollment *	Enrolled



A screenshot of a course confirmation dialog box. The title is 'You are about to take the following course'. The course name is '2014 Retail Core Module 1 - Instructions'. The course description is empty. The number of slides is 11, and the course duration is 5:45. The completion criteria are listed as 'Slides Viewed' (0%), 'Your Progress' (0%), and 'Required' (95%). A note at the bottom states '* This completion criteria has already been achieved.' There are 'Cancel' and 'Continue' buttons at the bottom right. A blue arrow points to the 'Continue' button.

You are about to take the following course

Course Name: 2014 Retail Core Module 1 - Instructions

Course Description:

Number Of Slides: 11

Course Duration: 5:45

Completion Criteria:

Slides Viewed	Your Progress	Required
0%	0%	95%

* This completion criteria has already been achieved.

Cancel Continue

- To begin, click on the Curriculum name, then select the first course displayed with a red *, click on the course and select '**Take Now**'
- Once you select '**Take Now**', the training will load this window, displaying the course or exam details.
- The course may have prerequisite requirements and completion criteria. Completion criteria is the amount of the material within each course that must be viewed and/or the amount of audio.
- Each curriculum will have a specific set of completion criteria guidelines that are set.
- Click **Continue** to Proceed

SLIDE NAVIGATION IN THE MODULES

Before you start the training, make sure your volume is turned on.

The screenshot shows a training module window titled "2014 Retail Core Module 1 - Instructions". In the top right corner, a red indicator with the text "Completion criteria have not been met" is circled in blue. The main content area displays the title "SLIDE NAVIGATION IN THE MODULES" and a list of bullet points. A table of contents is visible on the left side of the window. The bottom of the window features a GORMAN HEALTH GROUP logo, copyright information, and a progress bar.

2014 Retail Core Module 1 - Instructions

Completion criteria have not been met

GORMAN HEALTH GROUP

Module 1: Instructions

SLIDE NAVIGATION IN THE MODULES

- The slides will advance automatically after a pre-designated time.
- There are also navigational buttons that can be used to control the advancement of the slides:
 - ▮ Pauses the slide
 - ◀ Returns to the previous slide
 - ▶ Advances to the next slide
 - ▶ Resumes auto play of the training

Total duration: 05:01/05:45

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Module 1: Instructions - Page 2

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Slide 2 of 11 00:25 / 00:27

Note: Completion Criteria Indicator:

The completion criteria indicator is displayed in the upper right hand corner of the Module Window.

RED indicates that the completion criteria has not been met.

The indicator will turn **GREEN** when you have met the completion criteria for the module.

ATTACHMENTS

Attachments Tab:

The Module trainings have two tabs displayed on the left-hand side of the window. One is titled '**Contents**' and the other is titled '**Attachments**'. The attachments listed can be downloaded to help you during the training.

Simply click on one of the attachments to open or save.

The screenshot shows a training module window titled "2014 Retail Core Module 1 - Instructions". The window has a GORMAN HEALTH GROUP logo in the top left and a status bar at the bottom. The main content area is titled "Module 1: Instructions" and displays a list of downloadable attachments. A blue arrow points to the "Attachments" tab in the left-hand navigation pane.

Module 1: Instructions

DOWNLOADABLE ATTACHMENTS

- GHG Glossary
- Medicare Managed Care Manual (MMCM) Chapter 2 – Medicare Advantage Enrollment and Disenrollment
- MMCM Chapter 3 – Medicare Marketing Guidelines
- Medicare & You Handbook
- Basic Election Periods
- Low Income Subsidy Benefits (“Extra Help”)
- Standard Medicare Part D Benefit
- Ethics Acknowledgment
- Comparison of Part A, B, C and D Appeal Process Flowchart – Source: CMS

Total duration: 01:48/05:45

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Module 1: Instructions - Page 7

Slide 7 of 11

00:00 / 00:13

COMPLETING AN EXAM

2014 Retail Core Final Exam ● Completion criteria have not been met

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Contents

- 1. 2014 Gorman Co... 00:27
- 2. Examination 1 00:10
- 3. Examination 2 00:10
- 4. Examination 3 00:10
- 5. Examination 4 00:10
- 6. Examination 5 00:10
- 7. Examination 6 00:10
- 8. Examination 7 00:10
- 9. Examination 8 00:10
- 10. Examination 9 00:10
- 11. Examination 10 00:10
- 12. Examination 11 00:10
- 13. Examination 12 00:10
- 14. Examination 13 00:10
- 15. Examination 14 00:10
- 16. Examination 15 00:10
- 17. Examination 16 00:10
- 18. Examination 17 00:10
- 19. Examination 18 00:10

Total duration: 09:23/11:00
Score: 30 of 600 (5%)

Medicare Part B is also called:

- a. Hospital Insurance
- b. Prescription Insurance
- c. Medicare Advantage
- d. Medical Insurance

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Submit

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Slide 8 of 62 00:10 / 00:10

- Select an answer and then click “**Submit**” at the bottom right corner of the screen.
- A message will be displayed indicating if your answer is correct or incorrect.

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Correct

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Continue

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- Click “**Continue**” at the bottom right corner of the screen to proceed

COMPLETING THE FINAL EXAM

You are able to review the course materials as many times you need prior to selecting to take the final exam.

Once you begin the final exam, you must complete it in its entirety. **Ending the exam without completion may result in a failing score and will count towards one of your attempts to pass the final exam.**

If you need to take the final exam a second time, you will be able to review the course material again, prior to taking the final exam again. Remember the Final Exam is limited to a specific number of attempts.

2014 GORMAN CORE CERTIFICATION FINAL EXAM

- You are now ready to take the Final Exam.
- You cannot stop once the test is in progress. You must complete the entire exam within a single session.
- You must attain a passing score of 85% or higher. If you score less than 85% you will be required to re-take this exam.
- Your score will be provided upon completion of each question on the bottom of the table of contents on your left. The total will be displayed after you answer the last question.



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CURRICULUM COMPLETION CERTIFICATE OF COMPLETION

If you have successfully passed your Final Exam, your completed curriculum moves from My Current Enrollments to My Prior Enrollments

A **certificate** of completion is available to you in **My Prior Enrollments**.

THANK YOU

- You have completed the **2014 Gorman Core Certification Final Exam**.
- Please look in the lower left corner to view your score.
- If you have not achieved a passing score of 85%, and you have not exhausted all of your attempts, you will be able to retake the exam.
- If you have successfully passed your exam, a **certificate of completion** is available to you in **My Prior Enrollments**.

Learning | Catalog | Reporting | My Profile

My Current Enrollments | **My Prior Enrollments**

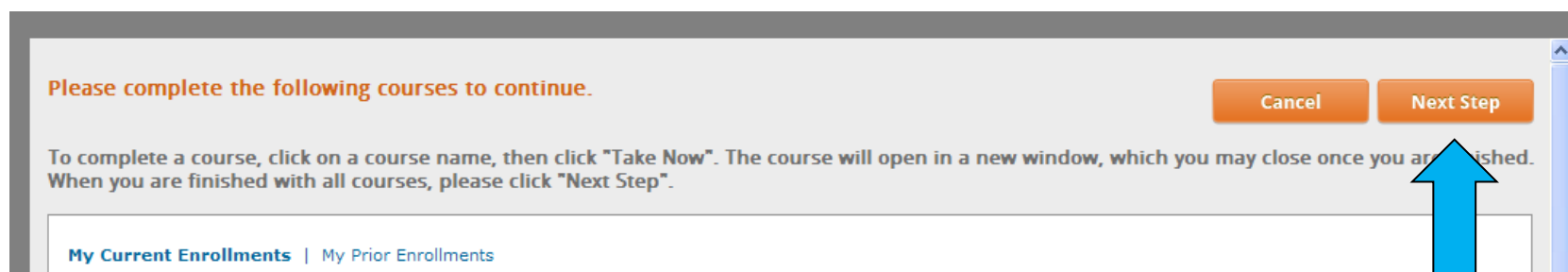
Curriculum Name	Status	Date Completed	Expiration	Passing Score	Type	Duration	Attempts Remaining

Print Certificate

NEXT STEP

After you have successfully passed the curriculum

Click **"NEXT STEP"** to advance in your program



2014 BCBSRI requires you to complete Compliance FWA, Privacy & Security, HIPAA and their 2014 BCBSRI Plan Specific training.

Click "Next Step" you will be presented with the next training curriculum upon completion.

BCBSRI FWA, HIPAA AND PRODUCT TRAINING

You are required to complete all the 2014 BCBSRI trainings listed below:

Privacy and Security – HIPAA



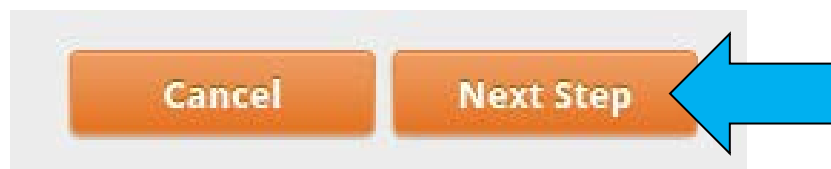
Compliance Fraud, Waste and Abuse



Individual Product Specific

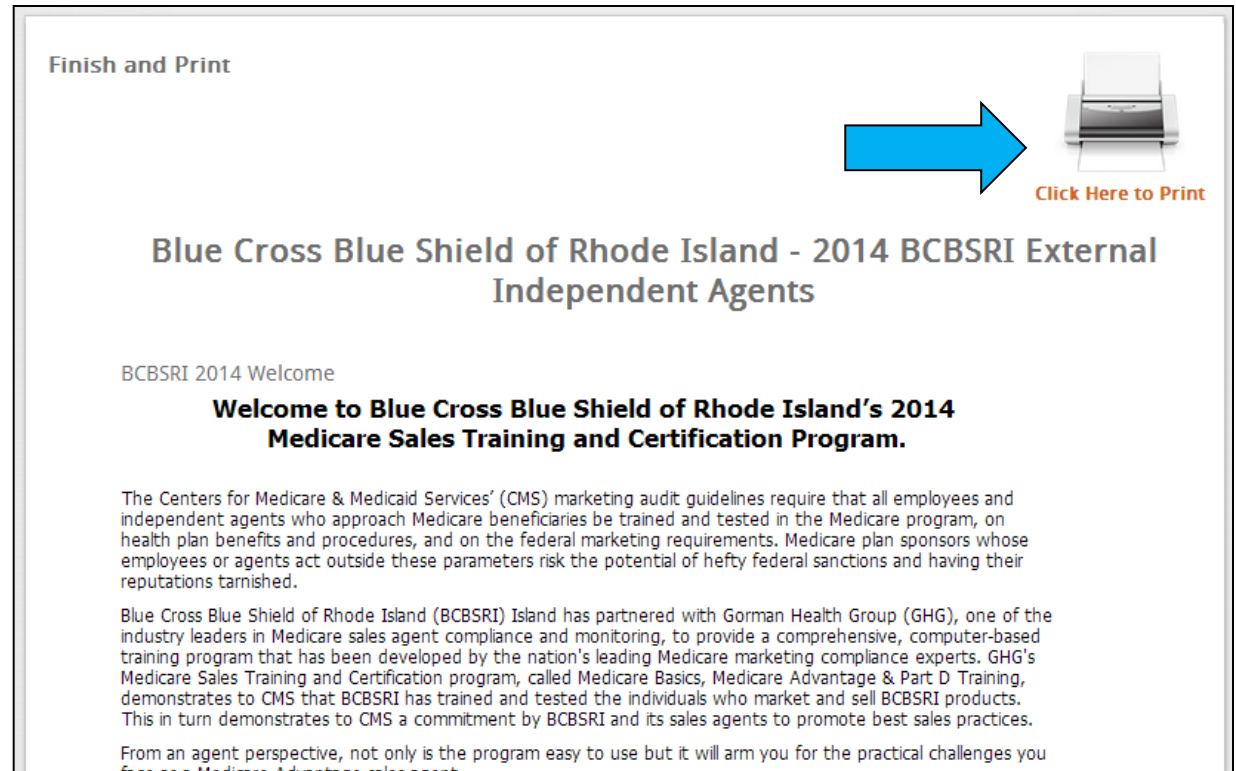


Upon Completion: Click “Next Step” to proceed





PROGRAM COMPLETION / FINISH AND PRINT

- Once you completed all required steps in the program. The final **“Finish and Print”** screen will become available.
- This screen is a summary of everything you completed in the program.
- **“Click Here to Print”** allows you to print or save this comprehensive record of all completed program steps.
- This is the Final step.



Finish and Print



[Click Here to Print](#)

Blue Cross Blue Shield of Rhode Island - 2014 BCBSRI External Independent Agents

BCBSRI 2014 Welcome

Welcome to Blue Cross Blue Shield of Rhode Island's 2014 Medicare Sales Training and Certification Program.

The Centers for Medicare & Medicaid Services' (CMS) marketing audit guidelines require that all employees and independent agents who approach Medicare beneficiaries be trained and tested in the Medicare program, on health plan benefits and procedures, and on the federal marketing requirements. Medicare plan sponsors whose employees or agents act outside these parameters risk the potential of hefty federal sanctions and having their reputations tarnished.

Blue Cross Blue Shield of Rhode Island (BCBSRI) has partnered with Gorman Health Group (GHG), one of the industry leaders in Medicare sales agent compliance and monitoring, to provide a comprehensive, computer-based training program that has been developed by the nation's leading Medicare marketing compliance experts. GHG's Medicare Sales Training and Certification program, called Medicare Basics, Medicare Advantage & Part D Training, demonstrates to CMS that BCBSRI has trained and tested the individuals who market and sell BCBSRI products. This in turn demonstrates to CMS a commitment by BCBSRI and its sales agents to promote best sales practices.

From an agent perspective, not only is the program easy to use but it will arm you for the practical challenges you face as a Medicare Advantage sales agent.

COMPLETION EMAIL

- Upon completion of your program, you will receive an email stating you have successfully completed your the 2014 BCBSRI program.

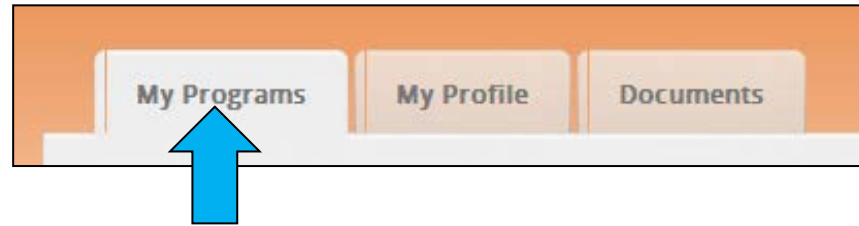
(below is an example of email you will receive)



MY PROGRAMS TAB

Additional Information in Sales Sentinel – My Programs Tab

- The **“My Programs”** tab will display the name of your program(s) and all steps in the program(s).



- By clicking on a **Program Name**, it will display all the program steps below for that program.

2014 Core Medicare Basics, Medicare Advantage & Part D Training	2014 Retail Core Medicare Certification	Complete	6/19/2013 5:09:22 PM	2014 Gorman Core Medicare Basics, Medicare Advantage & Part D Training	Remove Agent
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- The **Status** indicates if the step has been **completed**, **incomplete**, **optional**, or not started.

Program Steps for 2014 Core Medicare Basics, Medicare Advantage & Part D Training			
Name	Status	Last Activity	Date Completed
Introduction	● Complete	6/19/2013 5:01:59 PM	6/19/2013 5:01:59 PM
2014 Attestation of Required Certification	● Complete	6/19/2013 5:05:48 PM	6/19/2013 5:05:48 PM
Continuing Education (CE) Notification	● Complete	6/19/2013 5:09:22 PM	6/19/2013 5:09:22 PM
2014 Gorman Core Medicare Basics, Medicare Advantage & Part D Training	● Incomplete	6/19/2013 5:01:56 PM	
Finish and Print			

- If you clicked Log Out prior to completing your program, simply click the Incomplete step name and pick up where you left off as long as the prerequisite prior has been met.



MY PROFILE TAB AND DOCUMENTS

Additional Information – My Profile and Documents Tabs



- The “**My Profile**” tab will display what you input on the registration screen. You can make changes such as the spelling of a name, an address and recreate/change a password.
- The “**Documents**” tab will contain any documents/forms you have uploaded or faxed to the Sales Sentinel site.

NEED SUPPORT?



Need Support with your 2014 BCBSRI program?

Call: 1-855-659-4912

Weekdays: 8:00 am – 5:00 pm (Eastern Time)

Extended hours will be available during season

To return to a program already in progress go to:

www.medicaresalesentinel.com

Gorman Health Group is a national health care and federal programs consultancy staffed by subject matter experts, former health plan executives and seasoned regulators. For 15 years, hundreds of clients serving millions of consumers have leveraged GHG's strategic counsel and technology solutions to achieve growth objectives, maintain compliant operations, improve market positions, and advance profitability.

