

# VIP Agent Support Tutorial

A decorative graphic consisting of a solid red horizontal bar that spans the width of the slide. Below this bar, on the right side, there are several horizontal lines of varying lengths and colors, including red and white, creating a stepped or layered effect.

# Contact Information

Our Phone Number &

Website – <https://vipagentsupport.com>



**1-877-877-0539**

**<https://vipagentsupport.com>**

**AGENT**  
SUPPORT

[Home](#)

[Market Areas](#)

[Plans & Products](#)

[Agent Tools](#)

[Member Resources](#)

[Contact Us](#)

[Register today](#)

Agency or Agent Login

User ID:

Password:

[Log In](#)

[Forgot Password?](#)

# The VIP Agent Portal Home Page allows easy access to information without having to log in.

## MARKET AREAS

Founded and managed by physicians who care about developing better Medicare Advantage programs, along with key management staff, we have long standing experience in organizing, managing and providing medical care services under governmental programs.

Offering Medicare Advantage programs in Florida, North Carolina, South Carolina, and New York.

## PLANS & PRODUCTS

### **FLORIDA**

- Freedom Health, Inc
- Optimum HealthCare Inc.

### **SOUTH CAROLINA**

- America's 1st Choice Health Plan, Inc.
- America's 1st Choice of South Carolina, Inc.

### **New York**

- Easy Choice Health Plan of New York

**Register Today** ▶

## Quick Links

- › [Market Areas](#)
- › [Plans & Products](#)
- › [Agent Tools](#)
- › [Member Resources](#)
- › [Contact Us](#)

## AGENT TOOLS

VIP Agent Services is our commitment to providing you the support you need! We are accessible by phone, email, or agent portal communication.

Certify and get access to your commission reports, plan announcements, send on-line inquiries or order supplies on-line and have them shipped direct to you!

## MEMBER RESOURCES

These are just a few of the resources available to our members:

- 6 local walk-in Concierge offices
- Freedom and Optimum Health Care Assistance Program
- Online Resources for printing ID cards, order OTC and diabetic supplies.
- Special Care Programs designed for specific needs
- Member Newsletters

## MARKET AREAS



Whether you call a local concierge office or the Agent Services line, we strive to provide the most value in benefit design along with the best customer service for our agents and brokers.

[Click on the link to locate a sales office near you.....](#)

### FREEDOM HEALTH

[Hillsborough/Pinellas/Polk](#)  
[Hernando/Pasco](#)  
[Sarasota/Manatee](#)  
[Orange/Osceola/Seminole](#)  
[Marion/Lake/Sumter/Volusia](#)  
[Indian River/St. Lucie/Martin](#)



### OPTIMUM HEALTHCARE

[Hillsborough/Pinellas](#)  
[Hernando/Pasco](#)

Inside the Market Areas page you will find a link to each of our markets with additional information.

### America's 1st Choice of South Carolina

["Click Here to View Market Area"](#)

### AMERICA'S 1ST CHOICE HEALTH PLAN

["Click Here to View Market Area"](#)

### EASY CHOICE HEALTH PLAN OF NEW YORK

["Click Here to View Market Area"](#)



Hillsborough  
Pinellas  
Polk

Office Location

5403 N. Church Ave.  
Tampa, FL 33614  
Phone: (888) 211-9918  
www.freedomhealth.com

Key Staff

Tom Iurato – Sales Manager  
Robin Florez – Director of Sales Operations  
Joe Vessio – Vice President of Sales

Main Office: 1-877-877-0539 salesinfo@vipagentsupport.com



*Success is the result of good team effort.  
We are here to assist you!*

Key Staff and Office location are identified for each of our service areas

A map of each service area is available

## 2015 PLANS & PRODUCTS

### Freedom Health

[https://tools.globalmedicareapps.com/PlanSearch/PlanSearch.aspx?payer\\_id=FRH](https://tools.globalmedicareapps.com/PlanSearch/PlanSearch.aspx?payer_id=FRH)

### Optimum Health Care

[https://tools.globalmedicareapps.com/PlanSearch/PlanSearch.aspx?payer\\_id=OPT](https://tools.globalmedicareapps.com/PlanSearch/PlanSearch.aspx?payer_id=OPT)

### America's 1st Choice Health Plans

[https://tools.globalmedicareapps.com/PlanSearch/PlanSearch.aspx?payer\\_id=AFS](https://tools.globalmedicareapps.com/PlanSearch/PlanSearch.aspx?payer_id=AFS)

### America's 1st Choice of South Carolina, Inc.

[https://tools.globalmedicareapps.com/PlanSearch/PlanSearch.aspx?payer\\_id=AFS](https://tools.globalmedicareapps.com/PlanSearch/PlanSearch.aspx?payer_id=AFS)

### Easy Choice of New York

[https://tools.globalmedicareapps.com/PlanSearch/PlanSearch.aspx?payer\\_id=ECN](https://tools.globalmedicareapps.com/PlanSearch/PlanSearch.aspx?payer_id=ECN)



**Inside our Plans & Products page you will find a link to the Corporate website of each Plan that will take you to the Search Tool for Plan Products.**

## AGENT TOOLS

### PROVIDER SEARCH

Freedom Health  
Optimum HealthCare  
America's 1st Choice of South Carolina  
America's 1st Choice Health Plans  
Easy Choice Health Plans of New York

### PHARMACY FINDER

Freedom Health  
Optimum HealthCare  
America's 1st Choice of South Carolina  
America's 1st Choice Health Plans  
Easy Choice Health Plans of New York

### AGENT TOOLS

- **Agent Service** - staffed 8am-8pm M-F & 8:30am - 5pm during AEP
- **Online Inquiries** - submit and receive commission, member or general inquiries securely
- **View & Print Commission Reports** - Posted every Friday at 5 p.m.

### DRUG FINDER

Freedom Health  
Optimum HealthCare  
America's 1st Choice of South Carolina  
America's 1st Choice Health Plans  
Easy Choice Health Plans of New York

### TRAINING & CERTIFICATION

If you have questions about online certification, our supplemental trainings for AEP, SEP or failed certification, or need assistance with the VIP portal, please feel free to contact us at 1-877-877-0539.



The Agent Tools page contains many helpful links to our corporate websites as well as helpful information that is available to agents in the VIP Agent Portal

## MEMBER RESOURCES

From your client's first contact during enrollment to getting care when they need it most, we are there every step of the way. We focus on preventive care so our members can focus on the fun things in life! In addition to great benefits, here are some additional member resources



### LOCAL MEMBER CONCIERGE OFFICES

We have 6 Concierge Offices located Statewide for easy access so our Members can talk to one of our friendly, helpful and knowledgeable staff members about any issue that concerns them and receive World Class Customer Service. That's our promise!

### On-Line Resources

From our corporate website members can print ID cards, order OTC and diabetic supplies.

### Freedom And Optimum Health Care Assistance Program

You may be eligible for EXTRA HELP from State and Federal programs designed to assist you with premiums, copays, coinsurance and more. Many times beneficiaries don't take action qualifying for available help because of cumbersome processes or they simply aren't aware there is assistance available. As a member of our plan, we can submit the applications for you.

### MEMBER NEWSLETTERS

Our quarterly newsletters provide health education and every day tips for living life to the fullest! And of course, a little dose of just plain fun!

### Special Care Programs

Some of our plans offer special care programs designed for specific needs. The Plan's Disease Management Programs provide support for members with chronic conditions such as Diabetes or Heart Disease. The program is voluntary. Members who participate find the program helpful in better managing their condition and plan of care.

Learn about all our Member resources.



**You can reach Agent Services several different ways. By phone, email or log in and use VIP Answers Online!**

**\*Please note all Member information must be sent via VIP Answers Online for HIPPA Compliance.**

[Home](#)

[Market Areas](#)

[Plans & Products](#)

[Agent Tools](#)

[Member Resources](#)

[Contact Us](#)

#### **CONTACT US**

At VIP Agent Support we're committed to providing World Class Service. We have a dedicated Agent Services Team should you have questions about our plans & products, or member concerns & resources..

#### **CONTACT INFORMATION**

Call Agent Services at 1-877-877-0539

8am - 8pm Mon-Fri. or 8.30am - 5pm Sat & Sun during AEP

#### **EMAIL COMMUNICATION**

If you are interested in learning about independent agent opportunities, you can click here to contact us - [salesinfo@vipagentsupport.com](mailto:salesinfo@vipagentsupport.com)

If you are currently appointed with us, please use our secure messaging feature on your VIP Agent homepage to send inquiries containing protected health information (PHI).

#### **CORPORATE OFFICE**

Vip Agent Support  
5403 N. Church Avenue  
Tampa, FL 33614

**TO REGISTER:**

**You will need the 3 digit Agency ID provided to you by your contracted TMO. Click the “Register Today” button.**

**1-877-877-0539**

**<https://vipagentsupport.com>**



[Home](#)

[Market Areas](#)

[Plans & Products](#)

[Agent Tools](#)

[Member Resources](#)

[Contact Us](#)

[Register today](#)

Agency or Agent Login

User ID:

Password:

[Log In](#)

[Forgot Password?](#)

Enter the 3 digit Agency ID provided by your agency and then click to select the certifications available to your agency.

### Agent SignUp Form

*\* Indicates Mandatory Field*

Agency ID\*

(Enter your 3 digit Agency ID assigned by your contracted Agency and click to select available certifications)

452

[Click here to select available certifications](#)

Freedom

Optimum

AFC N

AFC S

EasyChoice

Company \*

**PLEASE NOTE:** You will have to sign a producer agreement for each of the selected certifications (See Producer Agreement pg. 1)

You must click link after entering Agency ID for contracted lines of business available for your contracted agency. Choose those companies you wish to train and certify for. Then complete your agent profile. Please only select lines that you have an active Insurance license to market for.

# All Fields with a Red \* are a required field

Title	Mr
First Name*	
Last Name*	
Middle Name	
Email Address * (Valid email address is required)	
Confirm Email Address *	
Social Security Number(xxx-xx-xxxx) * (Invalid SSN will not be appointed) (Required for background check)	
DOI License* (Florida Format) - 1 Alpha 6 digits (ANNNNNN) (Carolina Format) - 9-12 digits(NNNNNNNNNNN) (Easy Choice) - 6-10 digits(NNNNNNNNNN) (If your ID is 9 digits, please add zeros at the end) (This is your username and writing #. Other licenses held will be requested during testing)	
Confirm DOI License*	
License State*	Select
DOB (mm/dd/yyyy)*	mr dc yyyy
Drivers LIC*	
Driver License Expiration Date*	
Address1*	
Address2	
City*	
State*	Select
Zip*	
Home Phone(xxx-xxx-xxxx)	Extn
Work Phone(xxx-xxx-xxxx)*	Extn
Cell(xxx-xxx-xxxx)	Extn
Fax(xxx-xxx-xxxx)	Extn
<input type="checkbox"/> I acknowledge that the driver's license number I have provided is accurate and that my driver's license is valid and in good standing.	

You must provide a valid Email address to receive your user name and password.

Social Security # is required to be appointed

DOI License/User ID:  
Florida: P123456  
South Carolina: 23456789  
New York: 123456

Valid DL in good standards is required to be appointed

Be sure to validate your DL is in good standings

Select Submit once Complete

**1-877-877-0539**

**<https://vipagentsupport.com>**



[Home](#) [Market Areas](#) [Plans & Products](#) [Agent Tools](#) [Member Resources](#) [Contact Us](#)

Agent CHRISSY TEST created successfully



[Your User Name and Password was sent to your email address , You may retrieve and Log in](#)

Once you click submit, you will receive a message stating that your profile was created successfully. If you click on the link you will be directed back to the User Home Page to log-in with the password emailed to the email address provided.

**1-877-877-0539**

**<https://vipagentsupport.com>**



[Home](#) [Market Areas](#) [Plans & Products](#) [Agent Tools](#) [Member Resources](#) [Contact Us](#)

**Register today**



Agency or Agent Login

User ID:

Password:

[Log In](#)

[Forgot Password?](#)



Agent CHRISTINA STAHL created successfully

Your User Name and Password was sent to your email address , You may retrieve and Log in

Once you have submitted your profile, you will receive a message to check for your Welcome email containing your password at the email address provided

**VIP Agent Support - Agent Profile**  
**TESTER TESTED**  
Welcome from your VIP Agent Support Team!

Review the VIP Agent Training and Certification Tutorial at:  
[Click here to review information on Agent Registration, Training and Certification](#)

---

Get Agent Support

- Online or
- By Phone

Log in and click on VIP Answers Online

or

Call our ACT Line  
877-877-0539

**YOUR AGENT LOG IN:**

Username:	Z777790
Password:	67ba88
<a href="http://www.vipagentsupport.com">www.vipagentsupport.com</a>	

**YOUR AGENT PROFILE:**

Agent Name:	<b>TESTER TESTED</b>
Address1:	123 SESAME ST
Address2:	
City:	TAMPA
State:	FL
Zip Code:	33634
Agent Phone:	8135066000
Agent Fax :	
Agent Email:	<a href="mailto:TWRIGHT@BEACONH.COM">TWRIGHT@BEACONH.COM</a>

Your user ID (Insurance License number) and your password will be sent to your email.

1-877-877-0539

<https://vipagentsupport.com>



Home

Market Areas

Plans & Products

Agent Tools

Member Resources

Contact Us

Register today

Agency or Agent Login

User ID:

Password:

Log In ▶

[Forgot Password?](#)

Log in using the user ID and password received via email

### Quick Links

Home

Agency

Agent

Join Agency

View/Edit Profile

Complete / Print producer agreement

Complete / Update payment options

Complete / Update W9

Certification

Take Test

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.

# 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 text box to the RIGHT.

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

Yes  No

**\*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 its agents and prospective agents in connection with their employment and/or contracting, The Company reserves the right to its agents and prospective agents in connection with their s may include personal interviews with sources such as your and/or former employers. Consumer reports and investigatory information about any of the following: your character, general eristics, mode of living, education, past employment, credit als or your driving or criminal record. If we request an equired by Fair Credit Reporting Act to notify you within three ested and if you make a written request, we are obligated to the nature and scope of the investigation requested.

**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.**

**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

CHRISSEY TEST

\*DOI License  
(ANNNNNN or NNNNNNNNN)-Format

C123456

TIME STAMP

8/27/2012 10:06:43 AM

Submit

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

### 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.

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

\* **DIGITAL SIGNATURE**

CHRISSEY STAHL

\* **DOI License**  
(ANNNNNN or  
NNNNNNNNN)-  
Format

C111111

**DATE**

8/20/2014 11:36:00 AM

Submit

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

PA-Global PA-AFCSC PA-EasyChoice



### 2015 PRODUCER AGREEMENT

**THIS PRODUCER AGREEMENT** ("Agreement") is made and entered into as of **2014** ("Effective date") by and between America's 1st Choice Holdings of Florida, LLC, a Florida limited liability company and the parent organization of Freedom Health, Inc. and Optimum Healthcare, Inc. (hereinafter collectively referred to as the "Company") and **CSTest CSTest**, whose address is **5403 N Church ave, , Tampa, FL 33614** (hereinafter referred to as "Producer"). For purposes of this Agreement, Company and Producer are sometimes collectively referred to as "parties" and individually as "party."

You will need to complete a producer agreement by selecting the tab at the top that corresponds to the lines of business you will be selling:

Freedom & Optimum: PA-Global

AFC South Carolina: PA-AFCSC

New York: PA-EasyChoice

You may update either your payment option or W-9 at a later time by revisiting you profile and selecting "update payment options" or "update W-9"

\*  I accept all terms and conditions as outlined in the agreement

PRODUCER:

\*Name: TEST TESTER

\*DOI License

Date: 8/27/2012 4:33:03 PM

Submit

You will need to sign the producer agreement, click submit and sign again and click submit in the pop-up box.

PRODUCER:

\*Name: TEST TESTER

\*DOI License

Date : 8/27/2012 4:35:08 PM

Submit

# Payment Options

## Electronic Funds Transfer (EFT):

You must enter all correct account information and agree to the terms and conditions for EFT, then click the submit button to process.

## Mail Paper Check:

You must provide name and address information



### Payment Option

Payment Option:  Electronic Fund Transfer form  Mail Paper Check

\* Account Type:  Checking  Savings  Other

\* Account Number:  \* [click here to see sample check](#)

\* Confirm Account Number:  \*

\* Routing No:  \* [click here to see sample check](#)

\* Confirm Routing No:  \*

\* Financial Institution Name:  \*

\* City:  \*

\* State:  \*

\* Zip Code:  \*

**Important Notice:** It is the applicant's responsibility to ensure that the information provided on this form is complete and accurate. America's Health Management Services will not be responsible and shall be held harmless for errors made in EFT payments that are a result of inaccurate or incomplete information provided on this form. In no event and under no circumstances will America's Health management Services' liability exceeds the amount of the EFT payments in question.

Global Electronic fund transfer form

AHMS Electronic fund transfer form

[Easy Choice Electronic Funds Transfer Form](#)

\*  I agree with terms and condition for EFT fund transfer for my commission

Submit



### Payment Option

Payment Option:  Electronics Fund Transfer  Mail Paper Check

Attention:

Company Name:

Address:

City:

State:

Zip Code:

Submit

**Request for Taxpayer  
 Identification Number and Certification**

Give Form to the  
 requester. Do not  
 send to the IRS.

\*Name (as shown on your income tax return)

 \*

Business name disregarded entity name, if different from above

\*Check appropriate box for federal tax:

- individual/Sole proprietor  
  C Corporation  
  S Corporation  
  Partnership  
  Trust/estate  
 Limited liability company Enter the tax classification (C=C corporation, S=S corporation, P=partnership)   
 Other(see instructions)

Exemptions (see instructions)

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

\*Address (number, street, and apt. or suite no.)

 \*

\*City:  State:  \*ZIP:

Requester's name and address (optional)

List account number(s) here (optional)

**Part I**

**Taxpayer Identification  
 Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other

\*Social security number

 -  - 

\*Employer identification number

You must complete an updated W9 form, all fields with a **Red \*** must be completed to continue.

Print or type See Specific Instructions on page 2.

## 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

3rd failure=one to one coaching

4th failure=may not market for season

STEP 1: Select certification year from the list below

Certification Year

Defaults to 2015

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

STEP 2: Select a company from the list below

Company

STEP 3:

Enter DOI License\*  
(ANNNNNN or NNNNNNNNN)-Format

Confirm DOI License\*

STEP 4:

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 Plan Specific Tests for the Certification Year & company selected above

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

Click Submit once you are ready for testing

# Uploading an AHIP Certificate

STEP 4:

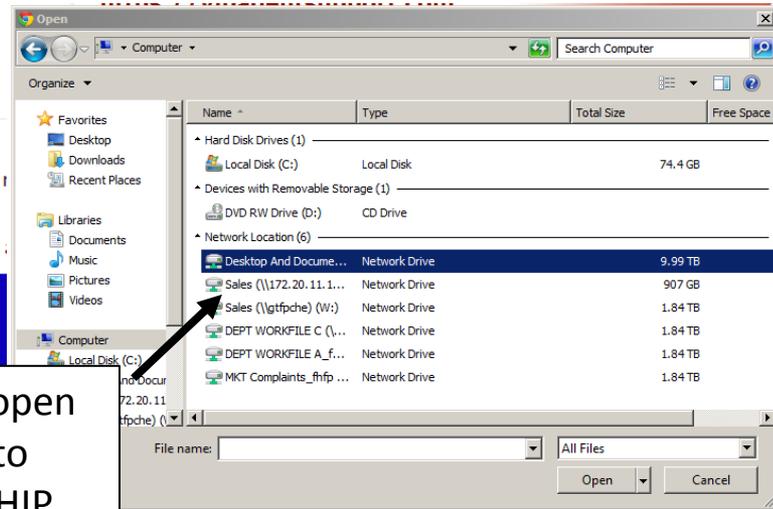
- I have taken AHIP and received Certification for the General Medicare Test and only Specific Training & Tests.
- I would like to take Plan Specific Tests for the Certification Year & company selected.

Upload AHIP Certification:  No file chosen

1. Click Choose File

3. Click Upload

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



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

## AHIP Approval by Agent Services

Upload AHIP Certification:  No file chosen

Document Name	YearOfCertification	Status	InsertDatetime	History	Notes
<a href="#">HUTSON GORDON 2012 AHIP201208270131.jpg</a>		Waiting for Approval	8/27/2012 1:31:04 PM		

Status will update to Approved or Denied. Notes will be added if denied.

Upload AHIP Certification:  No file chosen

Document Name	YearOfCertification	Status	InsertDatetime	History	Notes
<a href="#">HUTSON GORDON 2012 AHIP201208270131.jpg</a>		Approved	8/27/2012 1:31:04 PM		

## 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  
3rd failure=one to one coaching  
4th failure=may not market for season

STEP 1: Select certification year from the list below

Certification Year

Defaults to 2015

STEP 2: Select a company from the list below

Company

STEP 3:

Enter DOI License\*  
(ANNNNNN or NNNNNNNNNN)-Format

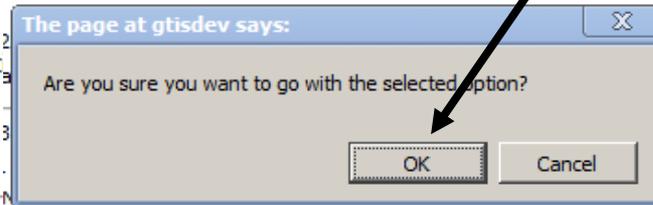
Confirm DOI License\*

STEP 4:

- 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 Plan Specific Tests for the Certification

Select the company you want to certify for first. 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. Then enter DOI License and click Submit.

Click OK, when prompted if you want to go with the selected option?



# Medicare General Testing

## Medicare General Test Training Information – Please review the attachments

Please review each button before taking test:

Medicare General Training

MEDICARE MARKETING GUIDELINES-5/16/11



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

Click on Every link to download or view the training material.

When you are done reviewing the training material, select that you have reviewed and click “Ready to Take Test”.

## Medicare General Testing, cont.

### General Certification Test

#### Section 1

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

According to CMS Guidelines, a plan sponsor's Agent appointment guidelines should be in accordance with which regulatory body?

The State's appointment laws.

the Federal gov't's appointment laws.

The Plan's appointment policy.

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.

## 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

3rd failure=one to one coaching

4th failure=may not market for season

## Plan Specific Testing



**Freedom Health Plan Training Information – Please review the attachments**

**Please review each Link before taking test:**

[Freedom Plan Specific Training](#)



[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 acknowledge I have received and I will comply with the Compliance Policies and Procedures, the Compliance Plan, Plan's Standards of Conduct and the MMG issued by CMS.

I acknowledge I have read the Plan Specific Training material.



**Ready to Take Test**



When you have completed the Medicare General, then Click “Take Test” again, and you will be presented the Plan Specific Training Material for the company you selected (Sample: Freedom Health). Continue this process if you are taking multiple company testing.

Training Materials, acknowledgement and click Ready to Take Test

# Agent Home Page

1-877-877-0539

<https://vipagentsupport.com>



[Home](#) [Market Areas](#) [Plans & Products](#) [Agent Tools](#) [Member Resources](#) [Contact Us](#)

Welcome : Q987654 !! You are Logged in as : Agent

[Logout](#)

## Quick Links

### Home

### Agent

- [Join Agency](#)
- [View/Edit Profile](#)
- [Complete / Print producer agreement](#)
- [Complete / Update payment options](#)
- [Complete / Update W9](#)

### Certification

- [Take Test](#)

### VIP Answers Online

- [Create a Message](#)
- [View Received Messages](#)
- [View Sent Messages](#)

### Announcements

- [View Announcements](#)

### FAQ

- [View FAQ](#)

### Marketing Materials

- [Order Materials Here](#)
- [Online Enrollment Application](#)
- [View Document](#)

### Administration

- [Change Password](#)
- [Compliance Documents](#)

### Reports

- [Agent Statement](#)

## Welcome CStest CStest !

[2015 Certification is now available !](#)

### Agent ID is: Q987654

2015-General Test Certification # :  
201446240/Score 100.00 %

2015-Freedom Test Certification # :  
201446242/Score 100.00 %

2015-Optimum Test Certification # :  
201446314/Score 100.00 %

### Your Contracted Agency is:

Name: Test Chrissy

Address:

Email:

## Clearance To Market

Company Name	Year Of Clearance	Market Clearance Date	Inse
Freedom	2015	08/19/2014	8/19/20

## Agent News

AnnouncementId	Title	Date	Comp
244	<a href="#">tufailannouncement</a>	8/19/2014 6:14:53 PM	EasyC
242	<a href="#">tufailannouncement</a>	8/19/2014 6:14:53 PM	AFC S
240	<a href="#">tufailannouncement</a>	8/19/2014 6:14:53 PM	Optimu
239	<a href="#">tufailannouncement</a>	8/19/2014 6:14:53 PM	Freedo
231	<a href="#">newAnnouncement</a>	8/5/2014 9:59:30 AM	EasyC

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.

# Welcome!

Agent Services 1-877-877-0539

Monday - Friday 8:00am - 8:00pm

Saturday & Sunday 8:30am - 5:00pm during AEP