



## AHIP Online Medicare Training Course User Guide

This guide will help you to navigate the online system. You may print this document and use it to assist you in the process.



АНІР	Medicare Fraud, Waste and Abuse	Step 1: Register Confidential Information should appear from Step 1.
Step 2 of 3 Confidential Inform		Type your first name in the First name Field and select
	quely identify yourself for the AHIP Medicare Training System	Find my NPN
L	Last name         Grant           DOB         02/21/1947           st 4 Digits of SSN         2907	
National Producer	Number	
	First name* NPN Find my NPN Continue Cancel	There are required fields in this form marked*.





			Step 1: Register
Step 2 of 3			Complete all of the
			required sections
Confidential Information			- highlighted with an
Provide some information to uniquely identify yourse	elf for the AHIP Medicare Training Syste	m	asterisk (*). If you do
Last name	Christian		not remember your
DOB Last 4 Digits of SSN	04/03/2000		NPN, click the link to
	4900		look-up your NPN on
National Producer Number			the NIPR website.
Provide your National Producer Number if you have	one. Your NPN will become your usernal	me. If an NPN isn't provided your email address will be used as your osername.	· L
NPN*	Click here to lookup NPN on NISP website.		
Confirm NPN*			
	Verify NPN		
Password			
Provide a password to access the system. The passwo	ord must have at least 6 characters		
Password*	Fatas Basaward		
Confirm password*	Enter Password		
	Verify Password		
Email address			
Provide the mailing address you would like to be read	ched at. This email address will be used fo	or password recovery and as your username if you do not have a National Producer Number.	
Email address*			
	Enter email address		
Confirm email address*	Verify email address		
Personal Information			
Name			
Prefix	•		
First name* Middle name			
Last name*	Christian		
Suffix			
Designation	•		
Additional information Company name			
Job title			
Phone number			
Mailing Address			
Provide the mailing address you can be reached at.			
Address 1*			
Address 2			
City*			
State / Territory*			
Zip code*	Enter your five digit zip code		
	United States		
Language			
Indicate your preferred language for taking courses.			
Language	English  Select your preferred language		Step 1: Register
Site Usage Agreements			
			Review all of the
Legal terms of service	_		information provided
	I agree to the Legal terms of service		then click the "Register"
Privacy statement	T Learne to the Drivery statement		
	I agree to the Privacy statement		·
	Register Cancel	There are required fields in this for	m marked*
	$\smile$	i nere are required fields in this for	m maneu .



It is for your records and should not be submitted to any state DOI. If you wish to obtain CE credit, please send an email to <u>support@ahipinsuranceeducation.org</u> to obtain instructions on how you can receive CE credit for this course.

АНІР	Medicare Fraud, Waste and Abuse	health plan		
Billing Information				
Product Name 2012 Marketing Medicare Ar Enrollment Requirements	Ivantage and Part D Prescription Drug Plans: Understanding Medicare Basics, Plan Types, and Marketing and	Price         Qty         Subtotal           \$175.00         1         \$175.00           Subtotal         \$175.00         \$175.00           Grand Total         \$175.00		
Billing Information				
Copy profile inform First Name* Company Address* City* Zip/Postal Code* Telephone*	Ation Last Name* Last Name* State/Province* Please select region, state or province Country* United States		Step 2: Payment Complete all of the required sections highlighted with an asterisk (*). Review all of the information provided, and then click the "Place Order" button.	
Edit Credit Card Type *Please Select- Credit Card Number * Expiration Date * Month Card Verification Numbe What is this?	▼ ] Year ▼ r*	"Required Fields Place Order	)	2
AHIP	Medicare Fraud, Waste and Abuse Medicare Course Home Transcript		tep 2: Payment	

	Medicare Course Home Tra	anscript					
ORDER CONFIRMATION					After you submit your credit card information,		
Your order has been	received						a screen will appear
Thank you for your purcha							showing that your order has been paid.
Your order # is: 10000019	1.						
You will receive an order c	onfirmation email with details of ye	our order and a link to track its progress.					Click on the "here to
Click here to print a copy of	fyour order confirmation.						print" link to bring up a
Items ordered							printable version of your order shown below.
Product Name			SKU	Price	Qty	Subtotal	
AHIP Learning Plan (Initi	31)		PLN-40	\$175.00	Ordered: 1	\$175.00	A digital copy of your receipt will also be send
					Subtotal	\$175.00	to the email address
		Go to my courses.		Gra	and Total	\$175.00	provided within your profile.





AHIP	Medicare © Fraud, Waste and Abuse	health plan
	Medicare Course Home Transcript	
Transcript     Transcript     Logout     Logout     User Guide     AHIP Insurance Education     AHIP Conferences     AHIP Home     Support	This is new, customized text that we can provide dynamically. Any information, links, documents, or references listed here are shared only with your unique population accessing your custom URL. This online format allows you to study at your own pace by viewing learning modules made up of content slides interspersed with review questions. Each module culminates with a practice review, which is designed to reinforce learning and prepare you for the Final Exam. Instructions Please complete required modules in order to access and complete the Final Exam. The AHIP Medicare Training Certification is capable of being shared amongst numerous health plans. Please be sure to contact your intended health plan to determine the most appropriate method for transmitting your results. Certain health plans may also have additional requirements or limitations in place, as such we strongly recommend talking to your bealth plans prior to proceeding with your training.	Earn the <u>HEAFA</u> designation AHIP Professional Designations
Step 3: Begin the course	In plans prior to proceeding with your training. Inctions Ise complete required modules in order to access and complete the Final Exam. IAHIP Medicare Training Certification is capable of being shared amongst numerous health plans. Ise be sure to contact your intended health plan to determine the most appropriate method for transmitting your results.	ACA rules + requirements Consider yourself an expert?
To access the course material, please click on one of the links for the	ain health plans may also have additional requirements or limitations in place, as such we strongly recommend talking to your	ACA Compliance Training
various Parts.	AHIP Medicare Training (Initial)	-
As you move through the training, the status of each part will be reflected in the box to the left of the Part.	IAHIP Medicare Training (initial)       Available, Unstarted         2015 - Part 1 - Overview of Medicare Program Basics:       In progress         2015 - Part 3 - Medicare Part D: Prescription Drug Con       Complete passed         2015 - Part 4 - Marketing Medicare Advantage and Par       Complete failed         2015 - Part 4 - Infolment Guidance Medicare Advantage       Recommended         2015 - Part 5 - Final Exam       Recommended	
Click on the "Course symbol key" link for more information.	<ul> <li>▲ 2015 - Medicare Fraud, Waste, &amp; Abuse</li> <li>▲ 2015 - Medicare Fraud, Waste, &amp; Abuse Exam</li> <li>▲ 2015 - CMS General Compliance Training</li> </ul>	Course symbol key





L\_\_\_\_\_







		plan and to discuss other products her plan sponsor offers.	Step 4j: Final Exam
		<ul> <li>4. You may not call Mrs. Slade, unless you discover that a plan offered by a different organization would better meet her needs.</li> </ul>	
			When you have
ime Remain 1:59:09	J		reviewed your answer choices, click the "Submit all and finish"
Marks: 1		rned 65. He has been seeing the same general practitioner for annual check-ups for the past 15 years, lik and would like to continue obtaining these services as a Medicare beneficiary. What should you tell him k-ups?	button at the bottom of the final exam screen.
		C 1. Medicare will cover only a one-time "Welcome to Medicare" wellness visit.	Then click the "OK" button on the
		C 2. Physical exams, in the absence of illness or injury, are never covered under any circumstances.	confirmation pop-up
		C 3. He can have as many preventive physical exams as he feels that he needs. The full all be covered by Medicare.	window to submit your exam.
		C 4. Medicare will cover an annual wellness visit, even if he has no illnesses or injuries.	
			Please note the final exam will be
essage from	o weboare	Submit all and finish	submitted automatically after 2 hours if you do not close the final exam window.
issage from	n webpage	×	
🗳 You	u are about to close this	attempt. Once you close the attempt your will no longer be able to change your answers.	
		OK Cancel	

				Step 5: Purchase CE (Optional)		
	My Certifications					
	AHIP Medicare Training (Initial)			If you expressed		
	Purchase credits You have successfully completed this course. You must now pay for the stadits you selected before you took the exam. Finalize purchase			interest in CE credits, you will see the Purchase credits box on		
	<ul> <li>AHIP Medicare Training (Initial)</li> <li> <ul> <li>2015 - Part 1 - Overview of Medicare Pro</li> <li>2015 - Part 2 - Medicare Health Plans</li> <li>2015 - Part 3 - Medicare Part D: Prescrip</li> <li>2015 - Part 4 - Marketing Medicare Advar</li> <li>2015 - Part 5 - Enrollment Guidance Med</li> <li>2015 - Final Exam</li> </ul> </li> <li>AHIP Fraud, Waste &amp; Abuse Training</li> <li>2015 - Medicare Fraud, Waste, &amp; Abuse</li> <li>2015 - Medicare Fraud, Waste, &amp; Abuse</li> <li>2015 - CMS General Compliance Training</li> </ul>	ntage and Part D Plans licare Advantage and Part D Plans Exam		your homepage. Click the "Finalize purchase" button.		
AHIP	Medicare Fraud, Waste and Abuse Medicare Course Home Transcript		health pla	n		
Credit selection				Step 5a: Purchase		
Finalize credit purcha	ase			CE (Optional)		
You have selected the fol	llowing credits for purchase.			Review the credits you		
State		Credits	Cost	$\int_{1}^{1}$ have selected to		
South Carolina		6	\$20.00	purchase and click the		
Virginia		6	\$20.00	/ "Pay for Credits" butto		
West Virginia		4	\$26.00	/		
Add or remove credits		Home	Pay for cre	edits		
lling Information						
Product Name			Price Qty Subtot	at		
CE Credits			\$88.00 1 \$88.0	10		
			Subtotal \$88.0 Grand Total \$66.0			
Billing Information						
🗖 Copy profile informat	ion					
First Name*	Last Name*					
Company						
Address*						
				Step 5b: Purchase		
City *	State/Province *			CE (Optional)		
City *	Please select region, state or	province 💌				
Zip/Postal Code*	Country*	•		Complete all of the		
Telephone *	United States			required sections		
				highlighted with an		
ayment Information <u>dit</u>			/	asterisk (*).		
Credit Card Type* Please Select	•		/	After carefully reviewing		
Credit Card Number*			/	all fields, click the		
Expiration Date*	Year 🔻		/	"Place Order" button.		
Card Verification Number*	Year 💌		/	L		
What is this?			* Required Fields	<		
			Place Order			





AHIP	Default Medicare Fraud, Waste and Abuse
AHIP	Medicare Course Home Course (2017 Fraud, Waste, and Abuse) Transcript Reporting Administration
Instructions 🖂	No report to display
Once training has been completed, please click here.	Fraud, Waste, and Abuse Training
Contact Us	Fraud, Waste, and Abuse Training
Support@AHIPInsurance Education.org	Contents Fraud, Waste, and Abuse Training Fraud, Waste, and Abuse Training
	You are currently on attempt 0 of unlimited attempts.



866.234.6909

Support@AHIPInsura Education.org

Contents

Developed by the Centers for Medicare & Medicard Services

General Compliance Training

You are currently on attempt of unlimited attempts.

Start first attempt





