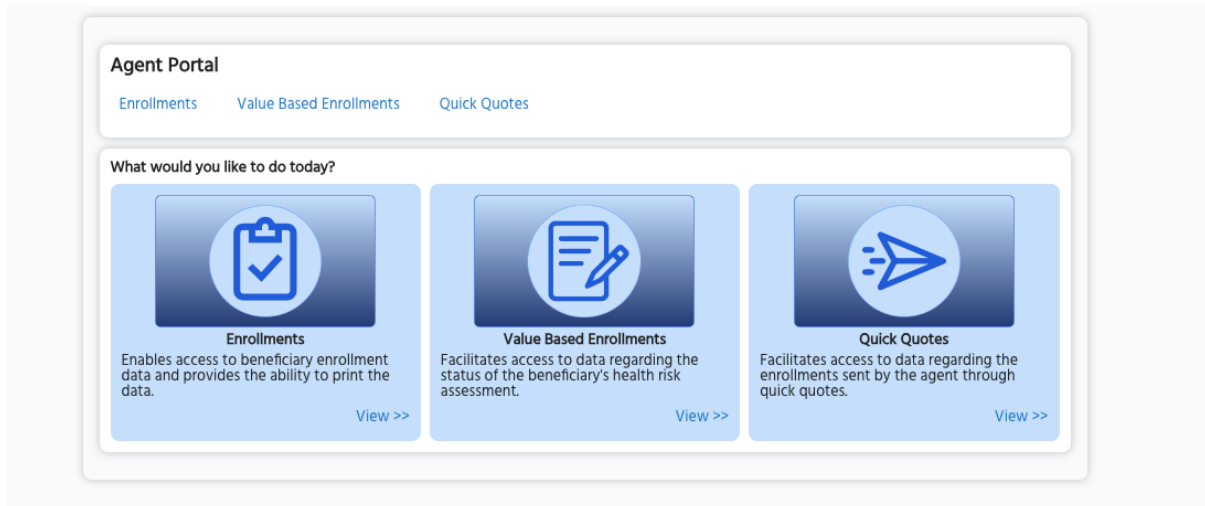


3. Update Agent Portal UI (Landing Pages & Styles)

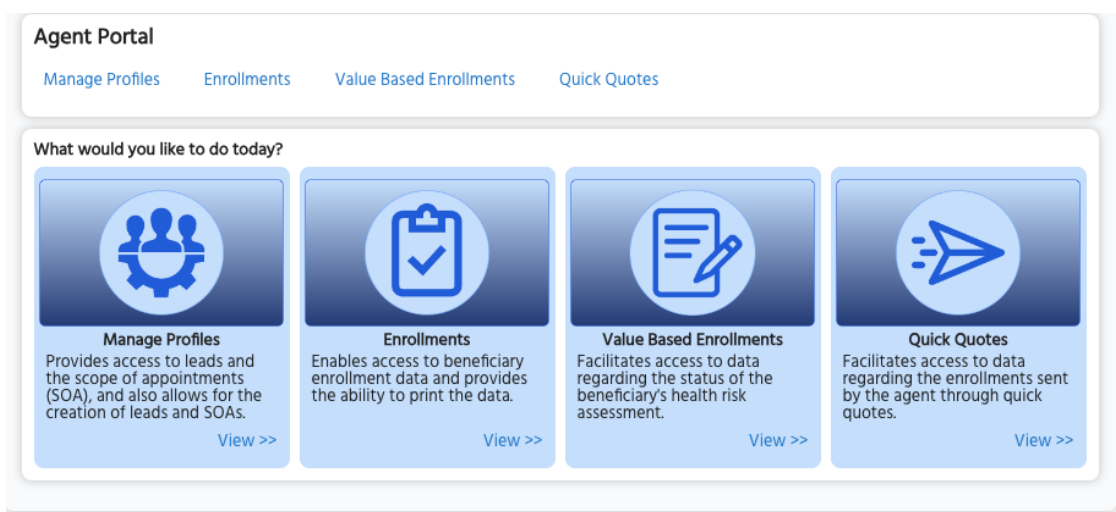
Update the look and feel of the landing page for Agent Portal. Added icons and hyperlinks to move between the different Agent Portal modules.



4. Scope of Appointment Integration – Manage Profiles

This will allow an agent to create and manage Client Profiles in AQE, create scopes of appointments for each client, send the scope to the client for review and approval, and start an application from a scope of appointment to tie the scope to the application.

The below screenshot displays Agent Portal with Client Profiles enabled.



4.1 Viewing Client Profiles

Agent Portal
Manage Profiles
Enrollments
Value Based Enrollments
Quick Quotes

Client Profiles

First Name	Last Name	State	County	Action
Cassandra	Cline	IN	Owen	View Edit Delete
Jenna	Galvan			View Edit Delete
Liza	Garrett	CA		View Edit Delete
Troy	Christian			View Edit Delete
Angelina	Mc Knight	SC		View Edit Delete
Levi	Rush			View Edit Delete
Ginger	Forbes			View Edit Delete

Agent Portal
Manage Profiles
Enrollments
Value Based Enrollments
Quick Quotes

Back to Client search

Cassandra Cline
Edit | Delete

Client Information
8128210942
mbentley@bloominsurance.com
495 Old Blvd.,
Permission To Contact:

Common Actions
Create Scope of Appointment
Shop for Plans (view all)
Shop for Plans (guided)

Scope of Appointments

ID	Start Date	Start Time	Status	Actions
455489	5/3/2022	4:25 PM	Pending	View Print Cancel
180582	9/14/2020	6:21 PM	Pending	View Print Cancel
148677	9/11/2019	5:38 PM	Pending	View Print Cancel
147962	8/27/2019	12:50 PM	Pending	View Print Cancel
147960	8/27/2019	12:49 PM	Pending	View Print Cancel
147959	8/27/2019	12:47 PM	Pending	View Print Cancel
105510	7/20/2018	5:23 PM	Pending	View Print Cancel
105506	7/20/2018	11:40 AM	Accepted	View Download Cancel
105505	7/20/2018	3:40 PM	Pending	View Print Cancel
105504	7/20/2018	3:39 PM	Pending	View Print Cancel
105163	7/13/2018	8:57 PM	Pending	View Print Cancel

Create Scope of Appointment

1801 S. Liberty Drive
 Bloomington, IN 47403
 812-650-5807
 BloomInsurance.com

4.2 Create a new Client Profile

[← Back to Client search](#)

Create a client profile

Personal Information

First Name *

Last Name *

Birthdate

Gender

mm/dd/yyyy

☐ Male

☐ Female

Address

Address 1

Address 2

City

County

State

Zip Code *

----- Select -----

Contact Information

Primary Phone

Secondary Phone

Email

Permission To Contact:

☐ Home

☐ Mobile

☐ Home

☐ Mobile

☐ Contact via Email

☐ Contact via Phone

☐ Contact via Mail

☐ Do not contact

Medicare Information

Medicare Claim Number

Part A Effective Date

Part B Effective Date

mm/dd/yyyy

mm/dd/yyyy

Save


Cancel


1801 S. Liberty Drive
Bloomington, IN 47403
812-650-5807
BloomInsurance.com

4.3 Edit an Existing Client Profile


Agent Portal
[Manage Profiles](#) [Enrollments](#) [Value Based Enrollments](#) [Quick Quotes](#)

[Back to Client search](#)


Cassandra Cline 

Personal Information 


Birthday:
Gender: Unknown

Address 

Address 1: 495 Old Blvd.,
Address 2:
City: Spencer
County: Owen
State: IN
Zip Code: 47404

Contact Information 

Primary Phone: (812) 821-0942 - Home
Secondary Phone:
Email: mbentley@bloominsurance.com

Medicare Information 

4.4 Create Scope of Appointment

Create Scope of Appointment

New Scope of Appointment

What kind of Scope of Appointment do you want to create?

Electronic Form

Paper Form

Cancel

New Scope of Appointment

Next Page

Scope of Sales Appointment Confirmation Form
The Centers for Medicare & Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Next Page

Cancel

New Scope of Appointment

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If you are the Authorized Representative, please sign above and print below

Representative's First Name:

Representative's Last Name:

Relationship to Beneficiary:

By signing this form, you agree to a meeting with a sales agent to discuss the product type(s) you checked above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. He or she does not work directly for the federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, impact your current or future Medicare enrollment status, or automatically enroll you in the plan(s) to be discussed.

[Previous Page](#)[Next Page](#)[Cancel](#)

New Scope of Appointment

Previous Page

Next Page

To be completed by the agent prior to meeting with beneficiary

Agent First Name:

Matt

Agent Last Name:

Bentley

Agent Phone Number:

9644559988

Agent NPN:

GUS9462

Plan assigned agent ID:

Beneficiary First Name

Cassandra

Beneficiary Last Name

Cline

Phone

8128210942

Address

495 Old Blvd.,

City

Spencer

State

Zip Code

47404

County

Owen

Previous Page

Next Page

[Cancel](#)



New Scope of Appointment

[Previous Page](#)

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Initial Method of Contact (check one):

☐ Sales Event

☐ Walk-In

☐ Inbound Call


☐ Permission To Call Card

Other:

Plan(s) the agent represented during this meeting:

Agent Signature:

Date of appointment

mm/dd/yyyy 

By signing this form, Agent agrees and attests that this SOA was documented and agreed to by the beneficiary or their authorized representative prior to discussing plan information. Agent also agrees to provide a copy of this SOA when submitting the beneficiary's enrollment request. All SOA forms must be retained by the agent for no less than 10 years and available to Centene upon request regardless of whether or not the appointment resulted in an enrollment.

IMPORTANT: Beneficiary Medicare number to be completed by agent only after receipt of enrollment application.

Beneficiary Medicare number:

[Previous Page](#)

[Next Page](#)

[Cancel](#)

New Scope of Appointment

[Previous Page](#)[Next Page](#)

To be completed by the Beneficiary or Authorized Representative

Check the product type(s) you want the agent to discuss (required):

(refer to page 3 for product type descriptions)

- ☐ Stand-alone Medicare Prescription Drug Plans (Part D)
☐ Medicare Advantage Plans (Part C) and Cost Plans

Signature First Name

Signature Last Name

Signature Date

 [Previous Page](#)[Next Page](#)[Cancel](#)

Permission To Contact



By choosing the options below for text and/or email, I consent to receive updates about my upcoming appointment.

- ☐ Email
☐ Text

[Submit SOA](#)[Cancel](#)[Create Scope of Appointment](#)

SOA form submitted successfully!

4.5 View Scope of Appointment

View Scope of Appointment

ID: 465730
9/7/2023 at 3:15 PM
Status: Pending

[Print](#) [Create a Quote](#) [Cancel Scope of Appointment](#) [Close](#)

Scope of Sales Appointment Confirmation Form
The Centers for Medicare & Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.
To be completed by the Beneficiary or Authorized Representative

Check the product type(s) you want the agent to discuss (required):
(refer to page 3 for product type descriptions)
☐ Stand-alone Medicare Prescription Drug Plans (Part D)
☐ Medicare Advantage Plans (Part C) and Cost Plans

Signature First Name
TEST

Signature Last Name
TEST

Signature Date
2023-09-07

If you are the Authorized Representative, please sign above and print below

Representative's First Name:

Representative's Last Name:

Relationship to Beneficiary:

By signing this form, you agree to a meeting with a sales agent to discuss the product type(s) you checked above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. He or she does not work directly for the federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, impact your current or future Medicare enrollment status, or automatically enroll you in the plan(s) to be discussed.

To be completed by the agent prior to meeting with beneficiary

Agent First Name:
Matt

Agent Last Name:
Bentley

Agent Phone Number:
9644559988

Agent NPN:
GUS9462

Plan assigned agent ID:

Beneficiary First Name
Cassandra

Beneficiary Last Name
Cline



5.0 Scope of Appointment - 48 quoting restrictions (enabled upon request)

Added a feature that when enabled will restrict agents from accessing the quoting section of AQE unless they are starting a quote from a Scope of Appointment that was created 48 hours prior and is ***approved***. This feature is independent of the Scope of Appointment feature that allows scopes to be created but if enabled will impact all agents.