

Use this Certification User Guide to help you get logged in and started with your training.

System Requirements

- Platform: PC, iPad
- Browsers:
 - IE 7 – 10 with the following settings:
 - Tool bars disabled
 - Java plugin installed
 - JavaScript enabled
 - Security settings no higher than medium-high
 - Desktop mode for IE 10 (Non-metro mode)
 - Firefox 16.0.2
 - Chrome 25.0.1364.172
 - Safari 5.1.7 for Windows

Support

Please email GovtProgSalesOversight@bluecrossmn.com with questions regarding site access or navigation.

Account Set-up

Access the **Blue Cross Online Training Center** through your welcome email or at: <https://bcbsofminnesota.pinpointglobal.com/Apps/Medicare/default.aspx> If you are following the link from your email, skip to **step 2** on the next page.

1. All users will access the 2014 training system as a “First Time Visitor”. From the upper left-hand corner, select **Click here to register.**



2. Enter your **Registration ID** and click “Continue”. This ID was included in the email sent to you.

- For **licensed users**, your Registration ID = your NPN
- For **unlicensed users**, your Registration ID = unique number assigned to you by Sales Oversight

Enter the Registration ID from your welcome email. If you arrive at this page by mistake, click the 'Return to home page' link in the left navigation.

Registration ID:

3. The next page will prompt for additional information. Confirm that your last name is correct and then enter the following information and click “Submit”.

- **Date of birth (MM/DD/YYYY format)**
- **Last 4 digits of your Social Security Number (SSN)**

The screenshot shows the registration page with the following elements:

- Logo:
- Section: **Registration** (with a red asterisk indicating a required field)
- Section: **Confidential Information**
- Field: Last Name: * (with a red asterisk) containing the text "Wilson"
- Field: DOB: * (with a red asterisk) containing the text "11/11/1911" and a note "Must be in MM/DD/YYYY format."
- Field: Last 4 Digits of SSN: * (with a red asterisk) containing the text "XXX-XX-1111"
- Button:

4. From the “Registration page”, complete all required fields (highlighted by the red boxes):

- **Name**
- **Email**
- **NPN**
- **Address**
- **Password**
- **Security question**

5. Complete NPN Lookup (highlighted by the blue box)

- **Licensed users:** Use the **Lookup my NPN using NIPR** button to research and populate NPN information. This information must be populated using the lookup tool-you cannot type it yourself.
- **Unlicensed users:** Check the box **I do not have a NPN** and a user name will be generated for you.

6. Other Carrier Certification Import (highlighted in yellow)

Check this box if you **have already completed** 2014 Medicare Certification training through

- AHIP
- Medica
- Gorman Group

You will be required to attest and upload a copy of this training certificate in order to receive credit for the Medicare core training.

If you have already completed 2014 Medicare core training through another carrier, click below.

I have completed 2014 Medicare core training for this benefit year and will import my certificate of completion under the appropriate course.

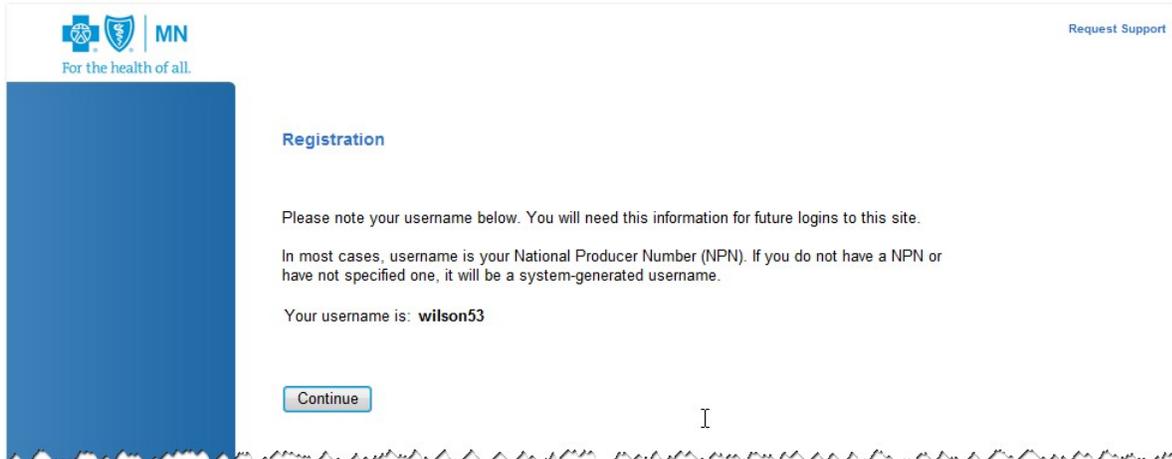
If you need to take the Medicare core training for 2014, leave the box unchecked and continue to the next step.

The screenshot shows a registration form for NPN (National Provider Number) lookup. The form is titled "Registration" and includes several sections:

- Confidential Information:** Fields for Last Name, DOB, and Last 4 Digits of SSN.
- Personal Information:** Fields for First Name, Middle Initial, Last Name, Suffix, E-mail, and Confirm E-mail. This section is highlighted with a red box.
- NPN Lookup:** A section with a blue border containing a "National Producer Number" field, a "Confirm National Producer Number" field, and a "Lookup NPN using NIPR" button. There is also an unchecked checkbox for "I do not have a NPN".
- Company Information:** Fields for Company Name, Address 1, Address 2, City / Town, State / Territory, and ZIP Code. Address 1 and Address 2 fields have red boxes around them with the instruction "Do not list State/Unit number here". The State / Territory field has a red box with the instruction "List State/Unit number here".
- Attestation:** A yellow highlighted box containing the text: "If you have already completed 2014 Medicare core training through another carrier, click below. I have completed 2014 Medicare core training for this benefit year and will import my certificate of completion under the appropriate course."
- Create / Modify Your Password:** Fields for Password and Confirm Password. The Password field has a red box with the instruction "Passwords must be at least 8 characters long and contain at least one numeric digit."
- Password Recovery Security Question and Answer:** A dropdown menu with a red box around it, containing the question "What was the color of your first car?".

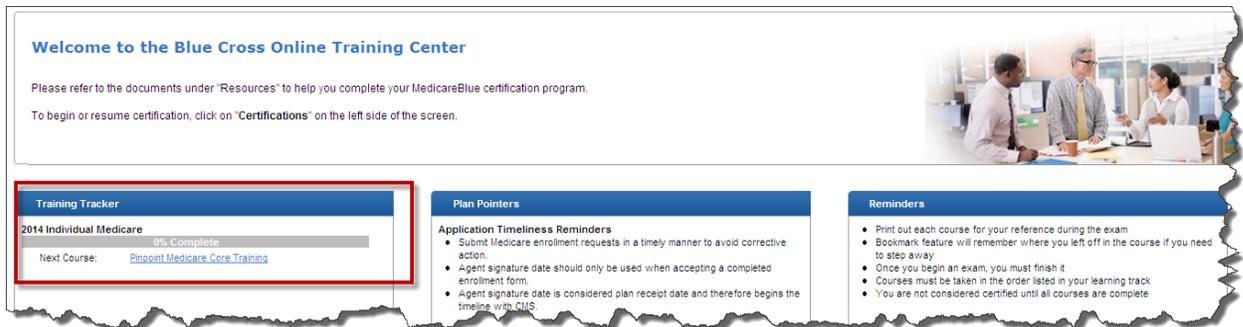
The "Register" button is located at the bottom of the form.

7. You will now be provided with your username for the training site. For licensed users, this will be your NPN. For unlicensed users, this will be a system generated ID. Please keep this for your records. Click the “Continue” button to proceed to the Home page.

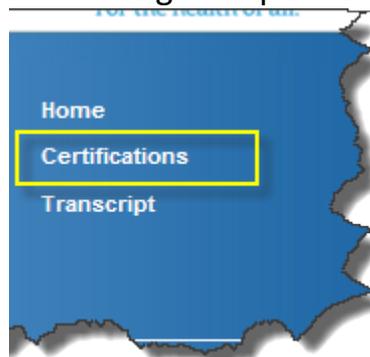


To Begin Certification and take Pinpoint's Medicare Core Training If you have completed certification through another carrier, skip to page [9](#).

1. Once you have successfully logged in, you will be brought to the Home page. From the "Training Tracker" section you can launch your first course. Courses must be completed in the order displayed.



You can also view required courses and print modules slides by selecting **Certifications** from the left-hand navigation panel.



2. From either the **Training Tracker** on the home page or **Certifications** page, click **Pinpoint Medicare Core Training**. A new window will open for you to complete registration for the core training. Some information (fields highlighted in blue) will cross-over from the previous registration page. Complete the following sections (highlighted in red) and click **Register**:

- Company information
- Agree to Legal terms of service
- Agree to Privacy statement
- Create password (this can be the same password used on previous page)
- Credit card information

Medicare Certification System

Welcome back! Please review your information for accuracy.

Registration

*required field

Confidential Information

Last Name:

DOB: Must be in MM/DD/YYYY format

Last 4 Digits of SSN: XXX-XX-XXXX

Personal Information

First Name:

Middle Initial:

Last Name:

Suffix:

E-mail:

Confirm E-mail:

NPN must match the data provided by the NIPR website to ensure unique ID information. Please click [Lookup NPN using NIPR](#) to populate your National Producer Number.

National Producer Number:

Confirm National Producer Number: I do not have a NPN

Please save your NPN in a secure location, as it will become your username.

Company Information

Company Name:

Address 1: Do not list Suite/Unit number here.

Address 2: List Suite/Unit number here.

City / Town:

State / Territory:

ZIP Code:

LEGAL TERMS OF SERVICE (TOS)

IMPORTANT - THE MATERIALS AND SOFTWARE YOU SEEK TO VIEW OR DOWNLOAD BY ENROLLING IN THE TRAINING PROGRAM OR USING THIS SITE ARE LICENSED ONLY ON THE CONDITION THAT YOU AGREE TO THE TERMS AND CONDITIONS IN THE TERMS OF SERVICE ("TOS") SET FORTH BELOW. PLEASE READ THE TERMS OF SERVICE.

Agree to the Legal Terms of Service

d/b/a PINPOINT GLOBAL COMMUNICATIONS ("Pinpoint Global Communications") or its contractors personal information relating to your training and/or certification under this program (e.g., your enrollment in the training program, confirmation of your contact information, your test scores, or the number of times you took the exam before receiving your certification).

Agree

Create / Modify Your Password

If you are a new user, please create a password below. If you are a returning user and do not enter a new password below, your current password will be used.

Password: Passwords must be at least 8 characters long and contain at least one numeric digit.

Confirm Password:

Password Recovery Security Question and Answer

Please select a question:

No Security Question Found for this username.

To register, please enter your credit card information below.



Course Fee: \$70.00

Card:

Card Number:

Expiration Month:

Expiration Year (YYYY):

Card Security Code (CSC):

All course purchases from this site will be listed under 'Online Medicare Training' on your credit card statement.

Note: Please only click 'Register' once. Clicking more than once may result in multiple charges to your account.

By clicking Register, I certify that I am registering on this site as myself. I understand that registering on this site under the name of another individual, completing training on behalf of another individual, or requesting another individual to register on this site or complete training on my behalf, is strictly prohibited.

3. From the next page, your user name will display and you will be provided with your Registration payment receipt. Click the “Click here to proceed to the training page” button to access your courses.

The screenshot shows a web page titled "Medicare Certification System". It includes a "Welcome" message, registration details, and a payment receipt. A button at the bottom is highlighted with a red box and labeled "Click here to proceed to the training page."

Medicare Certification System

Welcome

Your registration is complete!
Please print for your records. A confirmation email will be sent to the address you provided.

Your Registration Information

Registration Item: BCBSNPA : External : 2014
Registration Date: 08/26/2013
Name:
Address:

Username:
E-mail:
Password:

Your Registration Payment Receipt

Item Purchased: BCBSNPA : External : 2014
Transaction Type: Initial Registration
Purchase Date: 08/26/2013
Card Type: Visa
Card Number: XXXX-XXXX-XXXX-1111
Confirmation Number: 185PNI
Purchase Price: \$70.00

All course purchases from this site will be listed under "Online Medicare Training" on your credit card statement.

[Click here to proceed to the training page.](#)

4. To launch your training, click on the title **Part 1-Original Medicare Basics**.

The screenshot shows a list of training modules under the heading "Medicare 2014". The first module, "Part 1 - Original Medicare Basics", is highlighted with a red box. Below the list are "IMPORTANT NOTES" regarding the final exam.

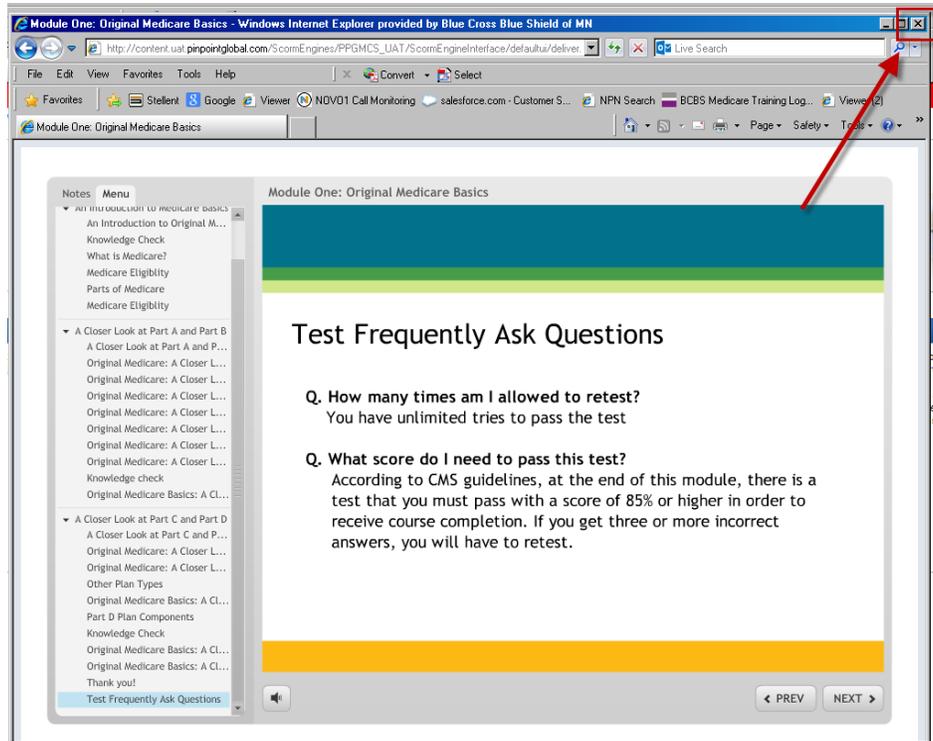
Medicare 2014

- REQ** [Part 1 - Original Medicare Basics](#)
- REQ** [Part 2 - Medicare Compliance & Sales Oversight](#)
- REQ** [Medicare Final Exam](#)

IMPORTANT NOTES:

- The final exam can't be launched until all required training modules are completed.
- The final exam is closed book and training modules are not accessible when conducting exam.
- You must achieve an eighty-five percent (**85%**) **passing grade** for successful completion.
- Each time you access the exam, it counts as an attempt.

5. The training module will launch in a new window. Upon completing the course, close the browser window to return to your required training list.



6. Upon completing both modules and the final exam, close the browser window to return to the Blue Cross training site and complete the product specific courses.

Click the link under the **Training Tracker** to launch your next course. In this example, it is the **Individual Blue Essentials Product Module**.

Once you complete the module, close the browser window (like in step 5 above) to return to your **Training Tracker** to complete the exam. You must view EVERY slide in the product module in order for the associated exam to unlock.



To Begin Certification and Import a Completion Certificate from Another Carrier

Blue Cross and Blue Shield of Minnesota will accept completion of 2014 AHIP, Medica or Gorman Group Medicare core training to satisfy the Medicare basics section of the training.

You must upload your valid 2014 certificate and complete the Blue Cross product training to be considered certified to market, sell or service Blue Cross products for 2014.

Blue Cross Sales Oversight will manually review the certificate that was uploaded. If it is determined that the certificate is invalid, you will be required to upload a valid certificate or complete the Pinpoint Medicare Core training to satisfy the training requirements.

If you did not select the check box to indicate that you are uploading another carrier's certificate when you registered ([step 6, page 3](#)) click **My Profile** in the upper right-hand corner of the page. **If you have already completed this step, continue to [step 1 on page 10](#).**

From the **My Profile** page, check the box (highlighted below in red) and click submit. Click **Home** from the left-hand navigation panel to return upload your certificate.

Welcome

My Profile

National Producer Number:

DOB: ()
Must be in MM/DD/YYYY format.

Last 4 Digits of SSN: XXX-XX-

Personal Information

First Name:

Middle Initial:

Last Name:

Suffix:

E-mail:

Confirm E-mail:

Company Information

Company Name:

Address 1:

Address 2:
Do not list Suite/Unit number here.

City / Town:

State / Territory:

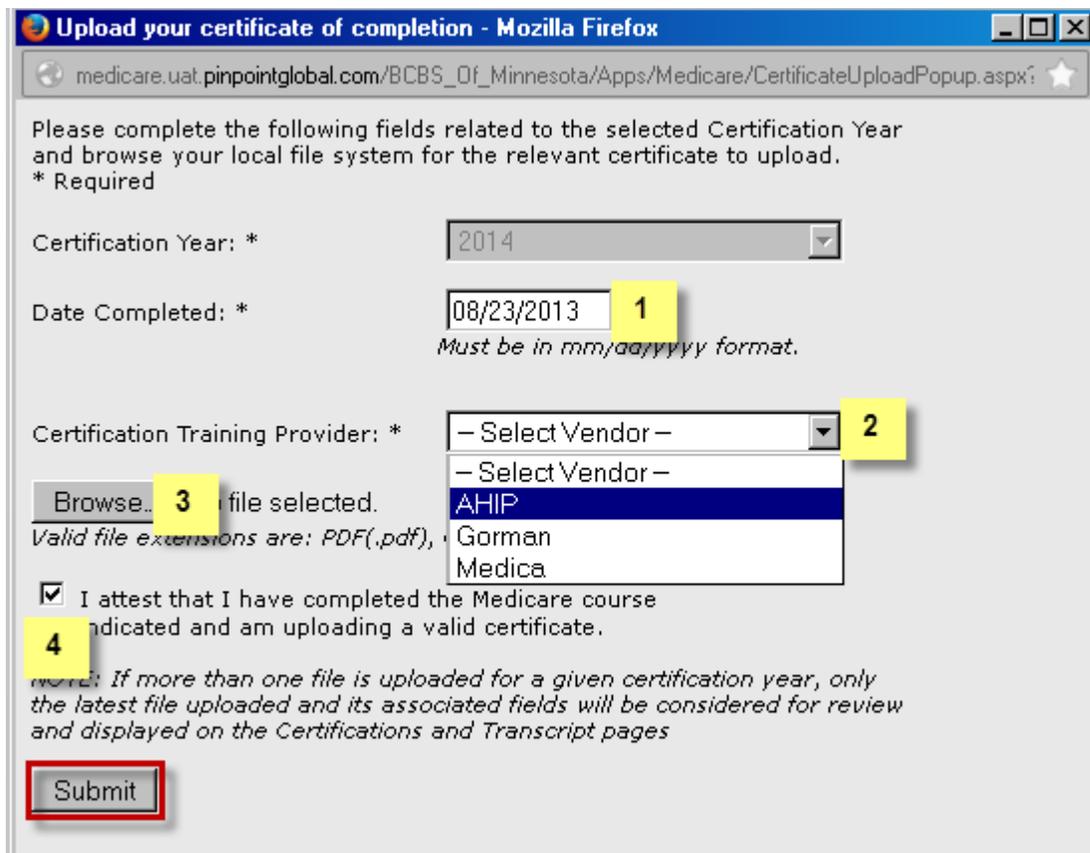
ZIP Code:

If you have already completed 2014 Medicare core training through another carrier, click below.
 I have completed 2014 Medicare core training for this benefit year and will import my certificate of completion under the appropriate course.

1. From the **Training Tracker** on the **Home** page, click on the “**Import Medicare Certificate of Completion**”.

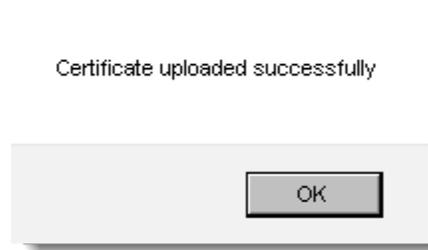


2. From the pop-up box:
 1. Enter the **date you completed** the 2014 Medicare training you are uploading.
 2. Select the training provider you used
 3. Click **Browse** to search your computer and upload the correct file
 4. Check the box to attest that you are uploading a valid certificate



5. Click “Submit”. If the file was successfully uploaded, you will receive this message.

Note: This certificate will be in a “Pending” status until Blue Cross Sales Oversight reviews the certificate. You will be allowed to continue with the training.

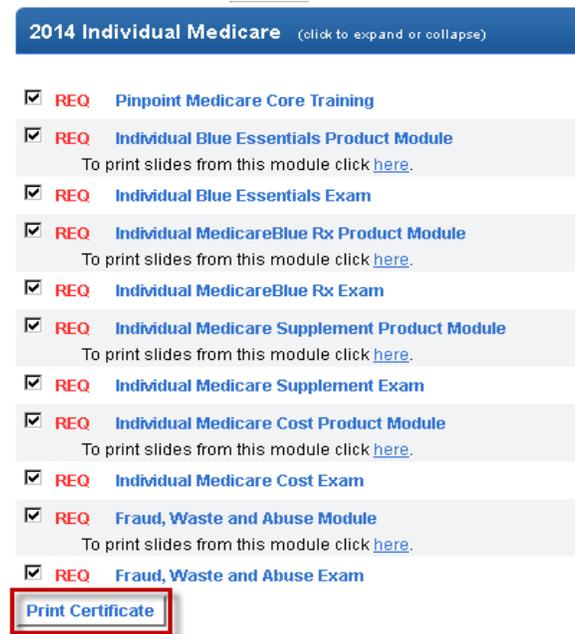


6. Click **Home** from the left-hand navigation panel to return to your **Training Tracker** to access the first Blue Cross product course.

Print your Certificate

You must complete all product courses and exams and the Fraud, Waste and Abuse module and exam in order to print your Blue Cross Medicare Certification certificate. To print your certificate:

1. Select **Transcript** to view the list of completed courses.
2. Click the **Print Certificate** to view and print your 2014 Blue Cross Medicare Certificate of Completion.



How to Get Help

Blue Cross Online Training Center course accessibility and/or system problems

Contact the online Help Desk via email by clicking on the "Request Support" link located on the upper right side of your screen.

Course content

- Questions about certification requirements, including course content, should be sent to GovtProgSalesOversight@bluecrossmn.com or you may submit your question via the Blue Cross Online Training Center by clicking on **Request Support** located on the top right hand corner of your screen upon logging in.
- Questions about marketing, sales functions, or guidelines should be sent to GovtProgSalesOversight@bluecrossmn.com or Medicare_Sales@bluecrossmn.com.
- Questions about Blue Cross products for 2014 can be directed to the **pre-enrollment** broker helpdesk.
 - Platinum Blue and Senior Gold: 1.800.262.0821
 - MedicareBlue Rx: 1.866.849.2498
 - Blue Essentials: 1.866.318.2311

Blue Cross agent appointment, agent agreement or service fee questions

Questions about your agent appointment, your agent agreement with Blue Cross or service fee payments must be directed to agency_relations@bluecrossmn.com.