

Gateway Health  
Producer  
Onboarding  
Guide  
2017

## Contents

|                                       |     |
|---------------------------------------|-----|
| Getting Started                       | 1   |
| Create Your Profile                   | 2   |
| Login to Workflow                     | 4   |
| Select States for Appointment         | 6   |
| Verify Your Information & Upload AHIP | 7   |
| Code of Conduct                       | 10  |
| Certification Training in Litmos      | 173 |
| Appointment                           | 175 |
| CRM                                   | 176 |
| Contact Information                   | 177 |

*Gateway Health  
Agent Support*

**888-871-0417**

Mon - Fri 8:30am - 6pm

## **Getting Started**

---

Thank you for

### **Before You Begin**

To successfully onboard with Gateway Health, you'll need the following:

- Your name as it appears on your insurance license(s);
- Your NPN number;
- 2017 AHIP certification.

Later in the process you will be asked to scan and upload copies of your AHIP, W-2, banking form and agent agreement (links to these documents are all provided in the onboarding process.)

***Need to find  
your NPN? Visit  
the National  
Insurance  
Producer  
Registry.***

**[http://www.nipr.com  
/PacNpnSearch.htm](http://www.nipr.com/PacNpnSearch.htm)**

---

## Create Your Profile


---

Your agency will send you a link to register with Workflow. It should look something like this:

Gateway Health 2017 Certification

Please use the link and code below to register with Gateway Health as an agent under GatewayHealthInternal2017.

| Agents                       |   |
|------------------------------|---|
| Agent Code                   | XXXX  |
| Onboarding URL<br>for Agents | <a href="https://social.webcomserver.com/wpm/caseEditPrepare.do?&amp;token=3fZX1%2BSY5dNPpr6jMWffw6Rz2AWw8RAQECeM5iA%2FaQajs4NxcqvLF6HaerS47ovG&amp;tenantName=gatewayhealthplan">https://social.webcomserver.com/wpm/caseEditPrepare.do?&amp;token=3fZX1%2BSY5dNPpr6jMWffw6Rz2AWw8RAQECeM5iA%2FaQajs4NxcqvLF6HaerS47ovG&amp;tenantName=gatewayhealthplan</a> |
| Domain                       | GatewayHealthPlan   |



---

[Login](#) to Onboarding using above Login Data.


Click the link in the email. This starts the Onboarding process.

You'll be directed to the following screen. Enter your first and last name, your email address, NPN, agent code (which you'll find in the email from your agency), and your desired user ID. Note that the system will automatically add the suffix 2017 to all user IDs. After you've filled in all the fields, click the Submit button.



You are browsing this page as guest user  
([Click here to login](#))

**Onboarding**

  
Gateway Health  
Medicare Assured™

Welcome to Gateway Health 2017 Agent Certification! Please fill out your information below. Once you have clicked submit, you will receive your user information to the email address you have supplied. **IMPORTANT: PLEASE CHECK SPAM/JUNK MAIL BOXES FOR YOUR EMAIL - the email will come from [AgentSpecialist@GatewayHealthPlan.com](mailto:AgentSpecialist@GatewayHealthPlan.com).**

Please follow the emailed directions to complete your certifications.

**All fields are required, please complete and click the submit button to receive your user information.**

First Name \*

Last Name \*

Email Address \*

NPN \*

Agent Code \*

Please input your desired Agent UserID.

Agent User ID \*

After you enter your information, you'll see a screen with the following warning. Close out of the application and look for your login email in your Inbox.



Based on system permissions you are not allowed to execute any action at this time.

## Login to Workflow

---

After you hit the submit key, you'll receive an email similar to the following from [agspec@gatewayhealthplan.com](mailto:agspec@gatewayhealthplan.com) (be sure to check your spam folder if you don't receive it).

Select the Click Here link in the email to move to the login screen.




### Gateway Agent Onboarding

Thank you for your interest in Gateway Health! We have a three step process for credentialing. Below is the link and information you will need to complete the 2017 Gateway Health Certification. Please complete this certification and if you have any questions about the site, please contact Gateway Health Agent Support at **1-888-871-0417**.

**Step 1:** Enter and submit your information.

Click the link below and follow the instructions to enter your contact information and upload your AHIP and GatewayHealth Agent Agreement (a pdf version is available when you log in under Agent Agreement). Once all information is uploaded, entered, and saved, you **MUST** click **SUBMIT** on the last screen.

|                  |                            |
|------------------|----------------------------|
| Login Name       | agent2017                  |
| Password         | Welcome@1                  |
| Onboarding Login | <a href="#">Click Here</a> |
| Agency Code      | XXXX                       |



**Step 2:** Complete your Gateway Product exam.

Once you have successfully submitted your information in Step 1, you will receive a link via email to our 2017 Product Certification exam. **PLEASE BE SURE TO CHECK YOUR SPAM/JUNK FOLDER FOR THIS SECOND EMAIL.**

**Step 3:** Welcome and CRM Training

After passing the Product Certification exam and your information has been verified, you will receive an email with instructions for Gateway Health CRM training for new agents, or existing agents, that wish to participate as a refresher. **PLEASE ALLOW UP TO THREE BUSINESS DAYS AFTER PASSING THE EXAM FOR WELCOME EMAIL.**

Thank you,

Gateway Health Agent Support  
P: 1-888-871-0417  
F: 1-888-456-5502  
E: [agentspecialist@gatewayhealthplan.com](mailto:agentspecialist@gatewayhealthplan.com)

The link in the email takes you to the Workflow login screen, as shown in the screenshot below. Using the information from the email, enter your login name, the temporary password and the domain.

A screenshot of the Workflow login form. It contains three input fields: "Login Name \*", "Password \*", and "Domain". Below the fields is a blue "Submit" button and a checkbox labeled "Remember me". A red arrow points from a text box below to the "Domain" field.

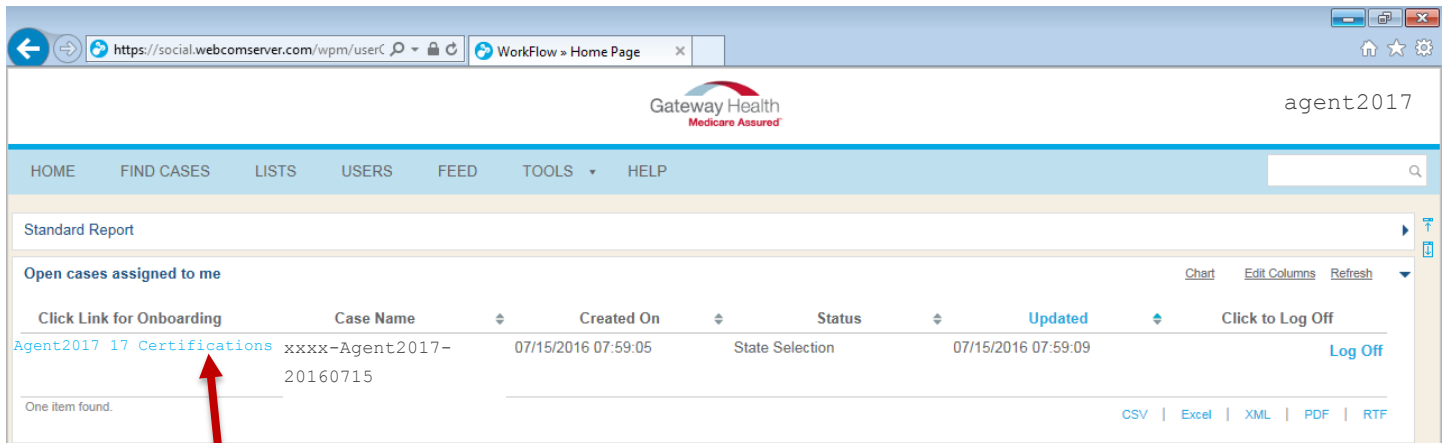
The domain is always GatewayHealthPlan. It is *not* case sensitive.

Next, you'll be prompted to enter a new password. Confirm the password and click the Change Password button.

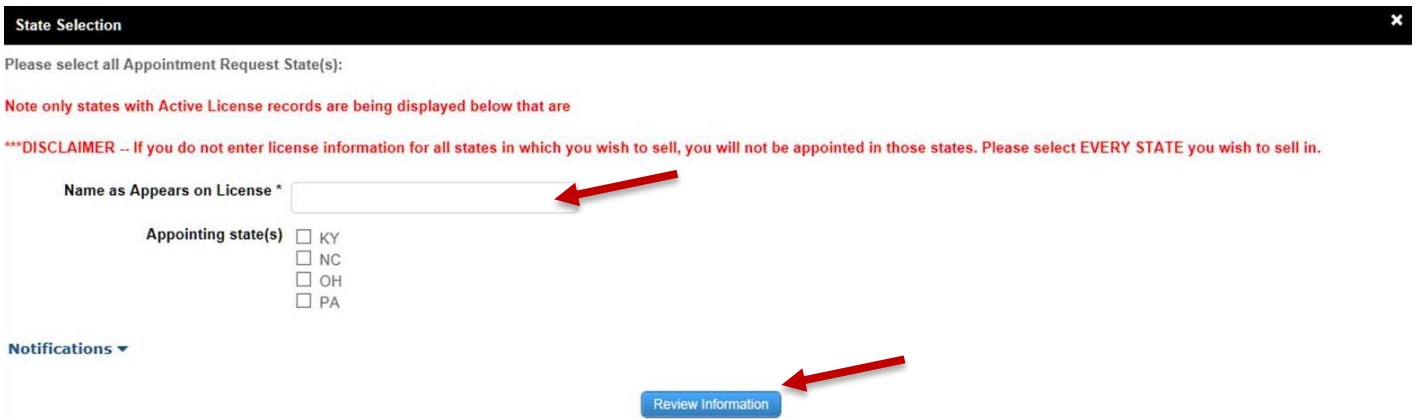
A screenshot of the "Change Password" screen. At the top, a message box says "You are logged in as agent2017". Below this is a blue information box with a list of password requirements: "Please set a new password. Your password must be changed to protect the integrity of your account.", "Password must contain Lowercase letters, uppercase letters, numbers and special characters", "Password expires after 90 day(s)", "Last four passwords may not be reused", "Password must have more than 8 characters.", and "Password must have less than 20 characters." Below the information box are two input fields: "New Password \*" and "Confirm Password \*". At the bottom are two buttons: "Change Password" and "Log Off". A red arrow points to the "Change Password" button.

## Select States for Appointment

After you change your password, you'll be directed to a screen similar to the screenshot below. Click on the blue link to go to the next step, selecting your states for appointment.



The next screen allows you to select the states in which you are licensed and would like to be appointed to sell for Gateway Health: Pennsylvania, Ohio, North Carolina and/or Kentucky.




Enter your name as it appears on your insurance license and select the box for each of your chosen states. Then click the Review Information icon. Unsure how your name appears on your insurance license(s)? Visit <http://www.nipr.com/> and to see your license in each state.



## Enter Your Information & Upload AHIP

Now it's time to enter your personal information and upload your AHIP, agent agreement and other forms. After you select your states for appointment, the following screen appears, with some of the fields already filled in – review the pre-populated fields for accuracy. Complete the empty fields and click on the NEXT button (*not* Submit) once everything is complete.

| Personal Information   | Agreement and AHIP Uploads                    | Code of Conduct/Authorization for Consumer Reports   | Banking Information |
|--|---|--|---------------------|
| First Name *<br>Agent  | Email Address *<br>2017agent@isellgateway.com | Business Phone *<br>412-555-1212   |                     |
| Last Name *<br>2017  | SSN *<br>                                     | Mobile Phone<br>   |                     |
| Agent ID<br>xxxxx  | Date of Birth *<br>                           | Fax Number<br>   |                     |
| NPN *<br>1234566   | Address Line 1 *<br>                          | Numbers will be provided to beneficiaries to contact you about Gateway, please place appropriate number. |                     |
|  | Address Line 2<br>                            |  |                     |
|  | City *<br>                                    |  |                     |
|  | State *<br>PA                                 |  |                     |
|  | Zip *<br>                                     |  |                     |
| <input type="button" value="Next"/>  |   |  |                     |
| Notifications ▾  |   |  |                     |
|  |   |  |                     |

*Need help  
accessing or  
uploading forms?*

*Gateway Health  
Agent Support*

**888-871-0417**

Mon - Fri 8:30am - 6pm

*If you do not have  
uploading  
capabilities, you  
may fax your  
documents  
directly to Agent  
Support at  
844-207-0335.*


Clicking Next moves you the Agreement and AHIP Uploads tab.





First, select your agent type.


- Captive – agents contracted through an upline agency;
- Non-captive – agents contracted directly with Gateway Health;
- Internal – Gateway Health employees.

Click on the red links to download the appropriate forms.



- Captive – Agent Acknowledgement and Assignment Signature Pages;
  - Sign and upload the Signature Pages;
- Non-captive – Agent Contract and Agent Signature Pages;
  - Sign and upload the Signature Pages;
- Internal – n/a.

Read, scan and save the signed forms to your computer. Click on the  icon to submit the signed document to Gateway.


|  |  |  |
|--|--|--|
| Personal Information <small>errors</small>   | Agreement and AHIP Uploads <small>errors</small> | Code of Conduct/Authorization for Consumer Reports <small>errors</small> |
| Banking Information  |  |  |
| <p>Click the document links below to download the 2016 Agent Agreement and Agent Agreement Signature pages. Please read the entire Agent Agreement, once complete print and sign the Agent Agreement Signature pages.</p> <p>Upload the completed pages in the <b>Upload File</b> below and attest.</p> <p><b>Captive Agent/Non Captive Agent *</b> <input type="radio"/> Captive <input type="radio"/> Non Captive <input type="radio"/> Internal <small>[required]</small></p> <p style="text-align: center;"><b>Captive Agent</b></p> <p><b>Agent Acknowledgement and Assignment Signature Pages</b></p> <p>Upload File <input type="text"/>  </p> <p style="text-align: center;"><b>Non Captive Agent</b></p> <p><b>Agent Contract Agent Signature Pages</b></p> <p>Upload File <input type="text"/>  </p> |  |  |

Now it's time to upload your completed AHIP certificate. If you haven't yet completed your certification, click on the blue link. Save your AHIP certificate to your desktop and submit it to Gateway by using the  icon. Then type in the date you completed your AHIP certification and click on the Next button (*not* Submit).


*Upload Education Certificates here.*  
*Don't have your AHIP Certification? [CLICK HERE](#) to get one.*

Upload File \*   

[required]

2016 AHIP Upload Date  

Notifications ▾



# Code of Conduct & Authorization for Consumer Reports

The next step is to read and accept Gateway's Code of Conduct and Authorization for Consumer Reports. You'll also attest to having errors and omissions coverage. First, read the Code of Conduct and click on the Accepted box – you should see a check mark appear.

|                      |         |                            |  |
|----------------------|---------|----------------------------|--|
| Personal Information | License | Agreement and AHIP Uploads | Code of Conduct/Authorization for Consumer Reports |
|----------------------|---------|----------------------------|--|

Banking Information

Please check to authorize the following forms.

Gateway Health Plan-Code of Conduct  
Gateway Health Plan®  
External Sales Agent Code of Conduct


As a Gateway Health Plan® external sales agent, I agree to abide by all of the following terms while representing Gateway Health Plan® Medicare products to Medicare beneficiaries and/or their representatives, family members, friends, and in the communities in which I solicit and sale Medicare products.

I will:

1. Treat each individual with whom I work representing Gateway Health Plan® Medicare products with respect, courtesy, understanding, professionalism, and empathy.
2. Accurately represent my professional designations, qualifications, professional licenses, and other such endorsements or criteria. I will not provide advice or guidance beyond my professional capabilities or qualifications nor, under any circumstance, represent or infer that I work for or am endorsed by Medicare, the Centers for Medicare and Medicaid Services (CMS) or any other governmental agency.
3. Represent Gateway Health Plan® Medicare products with complete accuracy, thoroughness, and honesty. Under no circumstance will I exaggerate, intentionally misinform, mislead or knowingly misrepresent the benefits, premiums, member cost-sharing, administrative rules, or any other feature about any Gateway Health Plan® Medicare product. I will not make any promises on behalf of Medicare or Gateway Health Plan®.
4. Strive to assure that each Medicare beneficiary comprehends the fundamentals of the Gateway Health Plan® Medicare products in which they are enrolling, that each Medicare beneficiary understands their choice of enrolling in a Gateway Health Plan® Medicare product and terminating any other Medicare coverage they may have, and that all required materials have been provided to the Medicare beneficiary before enrollment occurs.
5. Refrain from using technical or industry jargon to describe Gateway Health Plan® Medicare product(s) unless a law or regulation requires such specific terminology.
6. Abide by all applicable federal and state laws, regulations, Gateway Health Plan® FMO/External Sales Agent Guide, and Gateway Health Plan® policies and procedures governing the solicitation and sale of Medicare products and the associated confidentiality and security provisions of the Health Insurance Portability and Accountability Act ("HIPAA") and the American Recovery and Reinvestment Act ("ARRA").
7. Use my professional skills and ethical judgment to always provide proper guidance and act in the best interest of each Medicare beneficiary with whom I work. This means that I will place my client's and prospective client's needs ahead of my own considerations in all situations.
8. Use only advertising, marketing, sales presentation, enrollment and other materials which have been provided to me by Gateway Health Plan® or that have been previously approved in writing by Gateway Health Plan® for my usage. I will also obtain prior written approval from Gateway Health Plan® for any advertising medium, except for generic marketing material as defined by CMS that requires review and approval, I would like to use to solicit prospective Gateway Health Plan® members.
9. Abide by professional courtesy. Under no circumstance will I involve any Medicare beneficiary in any type of dispute or debate relative to compensation or client relationship.
10. Continue to learn about the Medicare Program, Gateway Health Plan® Medicare products, and other government programs that may impact my clients and potential clients.
11. Provide timely service to my clients with professionalism, competence, and sincerity.
12. Seek to assure that the Medicare beneficiary understands that the person discussing Medicare plan options with them is either employed, contracted or authorized through a contracted entity with Gateway Health Plan® and may be compensated based on the beneficiary's enrollment in a Gateway Health Plan® Medicare product
13. Report to Gateway Health Plan®'s Medicare Compliance Officer or the Gateway Health Plan® hotline (800-685-5235) any potential or actual misconduct, breach situation, fraud/waste/abuse, or non-compliance by any agent, potential or current member, or Gateway staff without fear of retaliation.
14. Participate in any specialized training required by Gateway Health Plan®.
15. Agree to fully and truthfully cooperate in any compliance or regulatory investigation or audit.
16. Notify Gateway Health Plan®'s Medicare Compliance Officer immediately if I am excluded from participation in Federal health care programs.

*As an external sales agent under contract with Gateway Health Plan®, I acknowledge that I have read this Code of Conduct and understand the requirements and prohibitions set forth above. I agree to comply with these requirements and prohibitions, all other applicable Medicare statutes, regulations and guidelines, as well as Gateway Health Plan®'s guidelines and requirements as set forth in Gateway Health Plan® FMO/External Sales Agent Guide, as same may be amended from time to time.*

Code of Conduct Acceptance \*  Accepted



Now scroll down to read the Authorization for Consumer Reports and click the Yes box. Again, you should see a checkmark. Do the same for the Attestation of Errors and Omissions Coverage.

Authorization for Consumer Reports  
**ACKNOWLEDGEMENT AND AUTHORIZATION FOR CONSUMER REPORTS**  
**Gateway Health Plan**  
In connection with your application for services with Gateway Health Plan, 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 Gateway Health Plan, or the consumer reporting agency acting on behalf of Gateway Health Plan, to furnish the above mentioned information to Gateway Health Plan, or any other members, 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>.  
gfdc: 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.  
gfdc: 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 you application, and additional consumer reports may be requested during your continued contract for service with Gateway Health Plan. 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 furnisher to consumer report.  
By signature below indicates that I have read, understand, and accept all disclosure and acknowledgements.

**Authorization \***  Yes

**Gateway Health Plan®**  
**Attestation of Errors and Omissions Coverage**  
I do attest that I am currently covered under and continuously maintaining an Errors and Omissions policy/or I am currently covered under my FMO/MGA's Errors and Omissions policy. I understand that I will be required to submit proof of coverage.

**Attest \***  Yes

Notifications ▾



Now click the Next button to move to the next tab, Banking Information.



|                      |         |                            |  |
|----------------------|---------|----------------------------|--|
| Personal Information | License | Agreement and AHIP Uploads | Code of Conduct/Authorization for Consumer Reports |
|----------------------|---------|----------------------------|--|

Banking Information



**NEW AGENT must upload bank information.**

**Returning agents only need to upload bank information if it has changed.**


**ACH Agreement**

Click link to download   

**W-9**

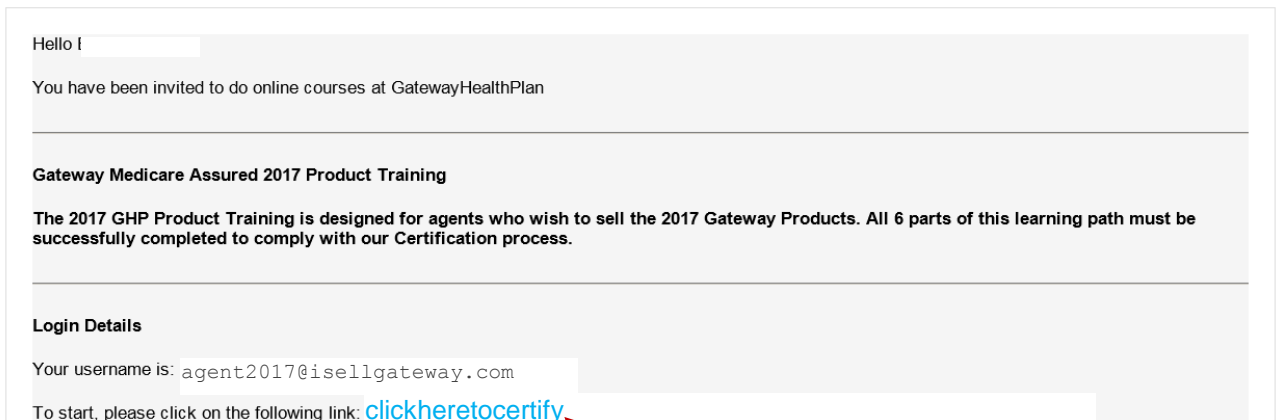
Click link to download   

**Notifications** ▾

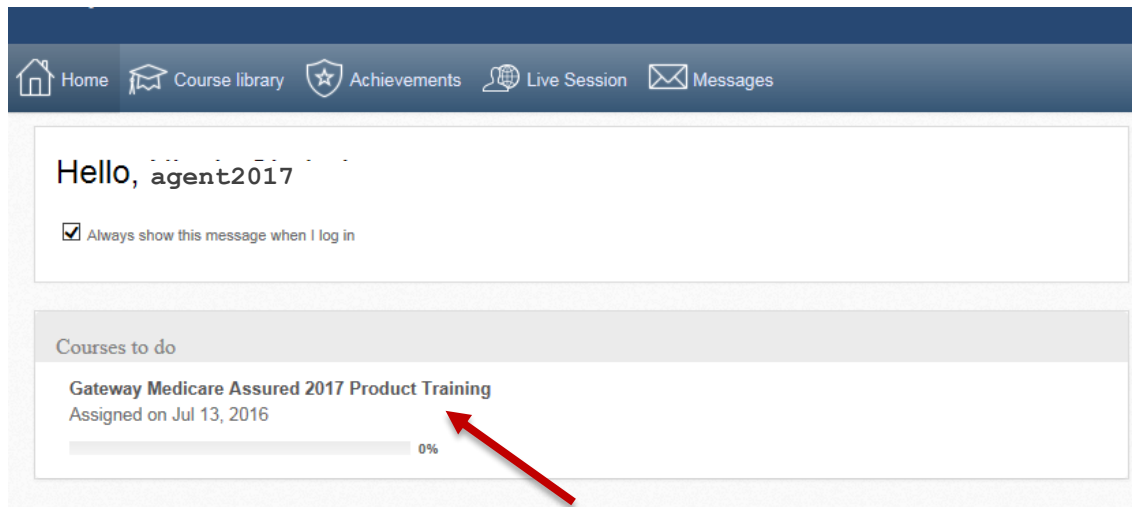
If you've uploaded your ACH and W-9 information in the past, and nothing has changed, click submit. If you need copies of the forms, click on the links in red to download them, then scan click on the  icon to upload the completed forms.

## Certification Training in Litmos

After you've entered your information and upload your documents, you'll receive an email from [agspec@gatewayhealthplan.com](mailto:agspec@gatewayhealthplan.com) with a link to the Litmos system. This is where you'll complete the Gateway Medicare Assured 2017 product training. You must score 85% or higher on each module for your certification.



Click the link provided in the email. You'll be taken to a screen similar to the following. Select the Gateway Medicare Assured 2017 Product Training link and click through to get started.



There are six modules to complete, each with two parts. The first part is the training component, the second is an assessment. Note that you must read each training component in full *and* pass all six assessments to be certified.

| Gateway Medicare Assured 2017 Product Training  |  | 0% Complete |
|---|--|-------------|
| Welcome to Gateway Health's 2017 Product Training! In order to sell Gateway's 2017 Medicare Assured products, you must successfully complete all six modules. |  |             |
| ↓   | 2017 Gateway Product Training - Part 1 History               | 0% Complete |
| >   | 2017 Gateway Product Training - Part 1 - HistoryFinal        |             |
| >   | Part 1 History Assessment                                    |             |
| ↓   | 2017 Gateway Product Training - Part 2 Plan Offering         | 0% Complete |
| >   | 2017 Gateway Product Training - Part 2 - Plan OfferingFinal  |             |
| >   | 2017 Gateway Product Training Part 2 Assessment              |             |
| ↓   | 2017 Gateway Product Training - Part 3 Enrollment            | 0% Complete |
| >   | 2017 Gateway Product Training - Part 3 - EnrollmentFinal     |             |
| >   | 2017 Gateway Product Training - Part 3 Assessment            |             |
| ↓   | 2017 Gateway Product Training - Part 4 Healthplan CRM        | 0% Complete |
| >   | 2017 Gateway Product Training - Part 4 - Healthplan CRMFinal |             |
| >   | 2017 Gateway Product Training Part 4 Assessment              |             |
| ↓   | 2017 Gateway Product Training - Part 5 Compliance            | 0% Complete |
| >   | 2017 Gateway Product Training - Part 5 - ComplianceFinal     |             |
| >   | 2017 Gateway Product Training - Part 5 Assessment            |             |
| ↓   | 2017 Gateway Product Training - Part 6 Commissions           | 0% Complete |
| >   | 2017 Gateway Product Training - Part 6 - CommissionFinal     |             |
| >   | 2017 Gateway Product Training Part 6 Assessment              |             |



## **Appointment**

---

After you've passed your certification training, Agent Support reviews your information to ensure all details are accurate and that we have everything we need to get you appointed to sell for Gateway. You'll receive a welcome email within 24 and 72 business hours and you're now ready to sell Gateway's 2017 products.

## CRM

---

If you're new to Gateway, once you're appointed you're ready for CRM training. CRM is the system we use to store leads and upload enrollment applications. You'll receive a welcome email from [xxxx@gatewayhealthplan.com](mailto:xxxx@gatewayhealthplan.com) within 24 to 72 business hours of completing your Litmos certification; if you don't receive it, be sure to check your spam folder. It contains registration details for the next CRM training webinar. Once that's completed, Agent Support will activate you in the CRM system and you'll be ready to sell Gateway's 2017 products!



User ID

Password   **LOG ON**

[Forgot Password?](#) | [Request Access](#)

Use of Cavulus constitutes acceptance of the [End User License Agreement](#)

The information contained within this application is confidential and proprietary information of HealthPlanCRM, LLC d/b/a Cavulus. Unauthorized access to or use is strictly prohibited. Any violation of HealthPlanCRM policies pertaining to system access or confidentiality may result in criminal and civil penalties. This application gives access to individually identifiable health information which is considered private, privileged and confidential. Such information is deemed to be covered information for purposes of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), P.L. 104-191. End users are required to maintain the private, privileged and confidential status of the covered information. Any disclosure of covered information to a business partner pursuant to a written contract, the written contract shall meet the requirements of HIPAA.



Copyright © 2016 HealthPlanCRM, LLC. All rights reserved.

## Contact Information

---



**Eric Fleming**  
Director of Sales  
**Tel** (724) 831-6317  
**Fax** (412) 918-8603  
[efleming@gatewayhealthplan.com](mailto:efleming@gatewayhealthplan.com)



**Rob London**  
National FMO Manager  
**Tel** (412) 651-5523  
**Fax** (724) 550-4255  
[rlondon@gatewayhealthplan.com](mailto:rlondon@gatewayhealthplan.com)

## Company Information

---

**Gateway Health**  
444 Liberty Avenue  
Pittsburgh PA 15222

[medicareassured.com](http://medicareassured.com)  
[gatewayhealthplan.com](http://gatewayhealthplan.com)

Member and Provider Services  
800-685-5209

Fraud and Compliance  
800-685-5235

