



Gateway Health Producer Onboarding Guide

Annual Recertification
Process for Brokers

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Getting Started

Before You Begin

To successfully onboard with Gateway Health, you will need a digital copy of your AHIP certification for the upcoming plan year. You may also need your driver's license number.

Flexibility

You can complete Gateway's 2018 online onboarding process from most devices, including PCs/Macs, tablets/iPads and cell phones. The process is easy and intuitive, and with the exception of a digital copy of your AHIP certification, you do not need any paperwork to complete the process.

Help Desk Support

To ensure the onboarding process as easy as possible, there is a separate Help Desk for all onboarding-related questions. Please call **800-686-8279** with any questions concerning the onboarding/recertification process. Representatives are available between 8:00am and 8:00pm Eastern Standard Time, Monday through Friday.

Returning NoMoreForms Users

If you have used the system in the past, there is no need to re-enter your profile details. You can logon to the system with your Social Security Number and password. If you are not able to remember your password, use the password reset feature or contact the Help Desk at 800-686-8279 if you need assistance.

Create Your Profile

Agencies are charged with distributing onboarding links to each producer in its downline. If you have not received an onboarding email, please reach out to your agency contact. Gateway Health cannot distribute the links.

Once you receive the link, it is time logon to NoMoreForms and begin the onboarding process. The *Client Package Code* field is pre-populated. When you click on the URL you will see the screen shown below, where you will enter the following information:

- First name
- Last name
- Social security number (do not include hyphens or dashes)

Next, create a password. All passwords must be between 8-10 characters and include the following:

- At least one capital letter
- At least one lower case letter
- At least one special character and/or number

Now click the *Logon To Nomoreforms* button.

Login to [nomoreforms](#)

Company:	Gateway Health Plan Inc <input type="checkbox"/>
Your First Name:	<input type="text"/>
Your Last Name:	<input type="text"/>
Your SSN:	<input type="text"/>
Assign Yourself a Password:	<input type="password"/>
Confirm Your Password:	<input type="password"/>
Client Package Code:	gtwycaptive (case sensitive)
<input type="button" value="Logon To nomoreforms"/>	

The next screen, as seen below, prompts you to provide your cell phone and email address. The system uses these in the event you need to reset your password; you are able to receive communications via email or text.



**** Current e-mail and/or cell phone is not available for the applicant selected. Please provide the missing information below. ****

Cell Phone (###-###-####)	<input type="text"/>
E-mail Address	<input type="text"/>

Click the **Save** button to continue.

You will now be prompted to choose your security questions and answers. Note that you can use either the standard questions available in the drop down menus, or select Custom to create your own questions. Once you have completed the setup, press the **Set Security Questions** button to continue.

Security Question Setup

Please select three security questions and answers for future login validation.

Note: To create Custom Questions, select Custom in the drop-down menus.

Select a security question...

Question Answer:

Select a security question...

Question Answer:

Select a security question...

Question Answer:

Complete Your Onboarding Forms

All producers must complete a package of forms to move forward in the onboarding process. The following screen shows the four online forms captive agents must complete.

To begin, click on the bold **Application** field.

Gateway Health Plan Inc		
<ul style="list-style-type: none"> • Mark, to complete the form(s) required in the Gateway Captive Agent Package simply click the name of any form with an Incomplete status. • You can view, edit or print any form - by clicking its name. • You are required to attach a copy of your AHIP Certificate. • There are no attachments for Gateway Health Plan Inc. Please click here to add attachments as necessary. 		
Gateway Captive Agent Package Forms	Status	Submitted
Application printable	Incomplete	No
AHIP Confirmation printable	Incomplete	No
Authorization and Disclosure printable	Incomplete	No
Captive Agent Assignment printable	Incomplete	No

Complete all fields outlined in **red**. Note some information will be prepopulated if it has already been provided.

Personal Information

Name First: M.I.: Last: Suffix:

Date of Birth: Social Security Number:

Street Address 1:

Street Address 2:

City: State: Zip:

Home Phone: Cell Phone:

Business Phone: Fax Number:

Email Address:

Move down the page and select the state(s) in which you wish to be appointed to sell with Gateway. You must check at least one state to proceed.

If you are an agency principal, complete the Agency Information fields, otherwise select the *No* field. Next, click the *Yes* box to attest to Errors and Omissions coverage. All producers must select their *Upline Agency Name* from the drop down menu.

Appointment Information

Please select all Appointment Request State(s):

***Disclaimer - If you do not enter license information for all states in which you wish to sell, you will not be appointed in those states. Please select EVERY STATE you wish to sell in.

Appointment States: NC OH PA KY

Agency Information

Are you the principal of an agency? Yes No

Upline Agency Name:

Street Address : TIN:

City: State: Zip:

Agency Name:

Now it is time to read and review Gateway Health’s Code of Conduct. Once completed, add your digital signature and hit the *Agree* button.

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.

Yes

Authorization

Entering my name below constitutes my electronic signature and is intended by me to have legally binding effect. By signing in this manner, I am assenting to the terms and conditions of Gateway's Agreement as if I had provided my signature manually upon the document, and I am attesting that the information provided herein and in any attachment hereto is accurate, true and complete.

Signature: Date:

If you are required to complete the **EFT Electronic Payment Authorization ACH** form, please select **“Change”** if you wish to change your banking information that is currently on file. Select **“New”** if your banking information is staying the same, or if you are a new agent that did not previously receive payment directly from Gateway.

*****DEPOSIT INFORMATION*****

Check One: Checking Savings

Requested Start Date for ACH:

Check One: New Change Stop

ACH Form Details:
 PAY TO THE ORDER OF: _____ \$ _____
 DOLLARS
 FOR: _____
 ⑆ 22205278⑆ 6724301068⑆ 2400⑆
 Routing Number Account Number Check Number

Note: if at any time you need to exit the process, simply click the *Save Draft* button and all information will be saved until your next visit to NoMoreForms.

Now it is time to upload your AHIP certificate for the upcoming plan year. Click on the bold **AHIP Confirmation** field.

Gateway Health Plan Inc

- **Mark**, to complete the form(s) required in the Gateway Captive Agent Package simply click the name of any form with an **Incomplete** status.
- You can view, edit or print any form - by clicking its name.
- **You are required to attach a copy of your AHIP Certificate.**
- There are no attachments for Gateway Health Plan Inc. [Please click here to add attachments as necessary.](#)

Gateway Captive Agent Package Forms	Status	Submitted
Application printable	Incomplete	No
AHIP Confirmation printable	Incomplete	No
Authorization and Disclosure printable	Incomplete	No
Captive Agent Assignment printable	Incomplete	No

Complete the fields outlined in red, using your AHIP certificate for the upcoming (not current) plan year. Click the *Agree* button to upload the certificate.



AHIP Confirmation

Please enter the completion date listed on your certificate:

Signature: Date:

Questions about the process? Call the Help Desk at **800-686-8279**.

It is a best practice to save your AHIP certificate document with a descriptive name, such as your first and last name and the certification year. Select the *Browse* button to find the file on your device, then click the *Add Attachment* button to upload it to the system.

- To send attachments to *Gateway Health Plan Inc*, just browse to the file then click the *Add Attachment* button. You can attach as many files as you'd like. The file size limitation is 10MB.
- Please give each attachment a descriptive name. Click the *Done* button when finished.
- Click the *Done* button when finished.
- If you would like to remove an existing attachment, check the *Remove* box and click the *Remove* button.

Select a file to attach:

Provide a descriptive name:

To continue, click the *Return to Forms* button.

...; your pending attachment(s) will be electronically sent to **Gateway Health Plan Inc** once you have submitted your forms.

Please return to your forms to perform the submission.

Pending Attachment	Description
Agent AHIP 20xx.pdf	special attachment

[Return to Forms](#)

For comments or questions please [email us](#) or contact our Help Desk at 800-686-8279 (8:00 am - 8:00 pm EST).

To view our Technical Support Center, please click [here](#).

Click the *Submit Forms* button at the bottom of the screen.

- ... you've completed all the Required form(s) in the **Gateway Captive Agent Package**.
- You're almost done...to electronically submit the form(s), click the 'Submit Forms' button at the bottom of this page, retype your password and click 'Submit' again.
- You can view, edit or print any form - by clicking its name.
- There is 1 attachment for **Gateway Health Plan Inc**. Please [click here](#) to add (or view) attachments as necessary.

Gateway Captive Agent Package Forms	Status	Submitted
Application printable	Complete	No
AHIP Confirmation printable	Complete	No
Authorization and Disclosure printable	Complete	No
Captive Agent Assignment printable	Complete	No

[Return to nmf Logon](#)

[Submit Forms](#)

The system will prompt you to re-enter your password, then click on the *Submit Forms* button again.

please re-enter your password - that's the same password you used to logon to this System - to digitally sign each of the forms you have just completed.

Re-entering your password is the final step in the form submission process. This will constitute your digital signature, and is intended by you to have a legally binding effect.

Your Password:

[I Do Not Agree](#) [Return to Forms](#) [Submit Forms](#)

[Digital Signature Policy](#)

You will see a submission confirmation number at the top of the screen. If you wish to review any of your documentation, simply click on the *Printable* field next to each form.

*** Submission Confirmation Number: 3072920 ***

- your form(s) have been successfully submitted to Gateway Health Plan Inc.
- You can view, edit or print any form - by clicking its name.
- There is 1 attachment for Gateway Health Plan Inc. Please click here to add (or view) attachments as necessary.

Gateway Captive Agent Package Forms	Status	Submitted
Application printable	Complete	Yes
AHIP Confirmation printable	Complete	Yes
Authorization and Disclosure printable	Complete	Yes
Captive Agent Assignment printable	Complete	Yes

Return to nmf Logon	Previously Submitted Forms	Submit Forms
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Certification Training in Litmos

After you've entered your information and upload your documents, you'll receive an email from Agent Support with a link to the Litmos system. This is where you will complete the Gateway Medicare Assured product training for the upcoming plan year. You must score 85 percent or higher to pass each module.

Click the link provided in the email, then select the Gateway Medicare Assured Product Training for the upcoming plan year and click through to get started.

If you see an error screen like the one below, please click on the password reset link under the login button. Enter your email address to receive password reset instructions via email. From there you can continue with the modules. If you have any issues, please contact Agent Support at 888-871-0417.



The screenshot shows a login page for GatewayHealthPlan. At the top, a red error message reads: "The link that you have used to login is no longer valid". Below this, the text says "Welcome to GatewayHealthPlan" and "Please enter your username & password to access your online learning". There are two input fields: "Username" and "Password". Below the password field is a checkbox labeled "Remember me on this computer". A "Login" button is centered below the checkbox. At the bottom, there is a link that says "I've forgotten my username/password".

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.

After you have passed your certification training, Agent Support reviews your information. You can expect a welcome email within 7-10 business days, and you will be ready to sell Gateway's products for the upcoming plan year.

CRM for New Agents

If you are new to Gateway Health, once you have completed the onboarding/certification process, you need to complete CRM training. CRM is the system Gateway uses to store leads and upload enrollment applications. You will receive a welcome email from Agent Support when all onboarding criteria has been reviewed and approved by Gateway Health. If you do not receive an email within 7-10 business days, check your spam folder. The email contains registration details for the next available CRM training webinar. Once you have successfully completed the CRM training webinar, Agent Support will activate you in the CRM system and you will be ready to sell Gateway's products.



User ID

Password  **LOG ON**

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

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Gateway Health Contact Information

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gatewayhealthplan.com

Agent Support

888-871-0417

Member and Provider Services

800-685-5209

Fraud and Compliance

800-685-5235

