



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.

Flexibility

You can complete Gateway's 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 is 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 (using the link supplied by your FMO for the selling year) 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 to 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 number

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:	gbwycaptive (case sensitive)

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.



Mark testGosler
XXV-XXV-6781

**** 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"/>

[<< Return to Logon](#) [Save >>](#)

Click the **Save** button to continue.

You will now be prompted to choose your security questions and answers.

Note: 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:

[Set Security Questions](#)

Begin Onboarding

All producers must complete a package of forms to move forward in the onboarding process. The following screen shows the online forms captive agents must complete. Forms in other packages are very similar.

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.

It is highly recommended that the forms be completed in the order in which they are presented to the applicant. This will enable appropriate pre-population of information from the one form to other forms in the package.

Whenever you have completed a form, simply choose **Return to Forms Package** so that you can complete the other forms in the package.

If you have questions about the process? Call the Help Desk at **800-686-8279**.

Uploading AHIP Certificate

Click on the hyperlink **“Please click here to add (or view) attachments as necessary.”**

- You can view, edit or print any form - by clicking its name.
 - **You are required to attach a copy of your AHIP Certificate.**
 - There is 1 attachment for Gateway Health Plan Inc. [Please click here to add \(or view\) attachments as necessary.](#)
- 

Browse your computer for your selling year AHIP Certificate (.PDF File)

Provide a descriptive name, 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.

Click Add Attachment

Click Done

- 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:

Your attachments will be automatically scanned for viruses.

Attached File	Descriptive Title	Remove
Test AHIP.pdf**	2018 AHIP	<input type="checkbox"/>

*** Denotes Pending Attachment. Awaiting Form Submission.

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 Return to Forms

Pending Attachment	Description
	2019 AHIP

Medicare Advantage Training and Assessment

The Gateway Medicare Advantage product training (both the training materials and the assessment) for the upcoming plan year is included in the application package for all captive, non-captive, and Gateway employed agents. You must score 85 percent or higher to pass this assessment.

Click on the **Medicare Advantage Training** link to access the training materials

		Status	Submitted
Medicare Advantage Training	printable	Complete	Yes
2018 Medicare Adv Assessmt (Remaining Attempts: 5)	view assessment	Complete	Yes
Application	printable	Complete	Yes
W-9	printable	Complete	No
AHIP Confirmation	printable	Complete	Yes
Authorization and Disclosure	printable	Complete	Yes
ACH Authorization Agreement	printable	Complete	No
Non Captive Agent Agreement	printable	Complete	No

Return to nmf Logon	Previously Submitted Forms	Submit Forms
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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](#).

When you have completed reviewing the training materials choose **Return to Forms Package**.

Statements

- Statements are available via the ICM system;
- The first page of the commission statement lists the total amount paid for new enrollments and/or renewals, as well as the total sum payment;
- If a member dis-enrolls within **90 days of their effective date** the commission is "**charged back**" to Gateway Health Plan.

[Return to Forms Package](#)

Choose the **Medicare Adv Assessment** link to access the training test. After you have

completed the assessment, choose **Submit Answers**.

Score as percent:

[Submit Answers](#)

To view your score for the assessment, choose **View Assessment**.

Medicare Advantage Training	printable
2018 Medicare Adv Assessmt (Remaining Attempts: 4)	view assessment
Application	printable
AHIP Confirmation	printable
Authorization and Disclosure	printable
Captive Agent Assignment	printable

[Return to nmf Logon](#)

Status/ Submission page

If you have passed the assessment, the status of the Medicare Advantage Assessment will show as *Complete*. *Assessment Passed* will show next to the link for the assessment.

You will not be able to access the assessment again.

Please continue to complete the remainder of the forms listed in your package, *in the order in which the pages are presented*.

If you have not passed the assessment, your remaining attempts will show next to the Medicare Adv Assessment link. You can return to the assessment and take it again.

Complete the Application

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

		Status	Submitted
Medicare Advantage Training	printable	Incomplete	No
2018 Medicare Adv Assessmt (Remaining Attempts: 5)	view assessment	Incomplete	No
Application	printable	Incomplete	No
AHIP Confirmation	printable	Incomplete	No
Authorization and Disclosure	printable	Incomplete	No
Captive Agent Assignment	printable	Incomplete	No

[Return to nmf Logon](#)

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](#).

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/owner, 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* (your reporting agency) from the drop down menu.

If you are an agency principal/owner, you must select *Yes* to “Are you the principal of an agency?” You must also select your *Upline Agency Name*, which will be your reporting SGA or FMO. The Street Address information on the line located under the *Upline Agency Name* field is for your certifying agency, that is, the personal agency that you are certifying. *Agency Name* will be the certifying agency’s name.

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:

Complete the W-9 Form (for Non-captive agents only)

To begin, click on the W-9 form.

The W-9, Request for Taxpayer Identification Number and Certification must be completed by each non-captive agent.

Some of the information in the W-9 will be prepopulated from the information you provided in the application. Review and confirm the information is correct. If there is an error in any prepopulated information, DO NOT change the information on this form. Go back to the application form and correct the information there. The information will then prepopulate to the W-9 form.

In Part 1, Taxpayer Identification Number (TIN), provide your social security number OR your Employer Identification number, but not both!

Sign and date the form.

Complete the AHIP Confirmation form

Click on the bold **AHIP Confirmation** field.

2019 Medicare Adv Training
2019 Medicare Adv Assessmt (Remaining Attempts: 5)
2019 AHIP Confirmation ←
ACH Authorization Agreement
Captive Agent Assignment
Downstream Agency Agree
FMO Agreement
Non Captive Agent Agreement



Complete the fields outlined in red, using your AHIP certificate for the upcoming (not current) plan year. Please see below to reference the correct completion date on the AHIP certificate.

Click the **Agree** button to upload the certificate.



AHIP Confirmation

Please enter the completion date listed on your certificate:

Signature: Date:

←
 ←

Verify AHIP completion page, with correct date identified:

has successfully completed the course

2018 Medicare + Fraud, Waste and Abuse Training



Completion Date: 01/13/2018
Date Generated: 01/13/2018

Authorization and Disclosure forms

Each agent package will contain an Authorization and Disclosure form. The appropriate portions of these forms will prepopulate from the application. Review the prepopulated fields for accuracy. If any of this information is incorrect, do not change the information directly in this form. Correct the information on the application and it will map over and prepopulate this form appropriately.

EFT Electronic Payment Authorization (ACH) Form

The EFT Electronic Payment Authorization (ACH) Form is only found in the Non-captive agent packages. If you are a returning agent and your banking information has changed from what it was when you previously certified with Gateway, please select “**Change**” on the EFT form. If you are a returning agent and there are no changes in your banking information with Gateway, choose “**No Change**”, If you are a new agent who has not previously received payment directly from Gateway, Select “**New**”.

You will have to **Agree** in order to submit the form.

- , 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](#)

Name (please print): First: Last:

Social Security Number: OR Tax ID Number:

Street:

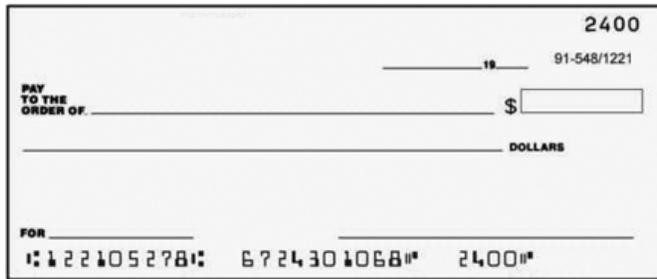
City: State: Zip Code:

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

Check One: Checking Savings

Requested Start Date for ACH:

Check One: New Change Stop No Change



Routing Number Account Number Check Number

Routing Number: Confirm Routing Number:

Account Number: Confirm Account Number:

Signature: Date:

[Save Draft](#)

[Agree](#)

Complete the Agent/Agency Agreement

Each agent and agency package contains an agreement or assignment form. Complete the appropriate fields on the form in your package. If any of the fields are prepopulated, review for accuracy. If any prepopulated information is incorrect, do not make the corrections directly on the agreement. Go back to the application and correct the information on that form. The corrected information will then map over and correctly prepopulate on the agreement.

Once all forms have been completed, click the **Submit Forms** button at the bottom of the screen.

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.

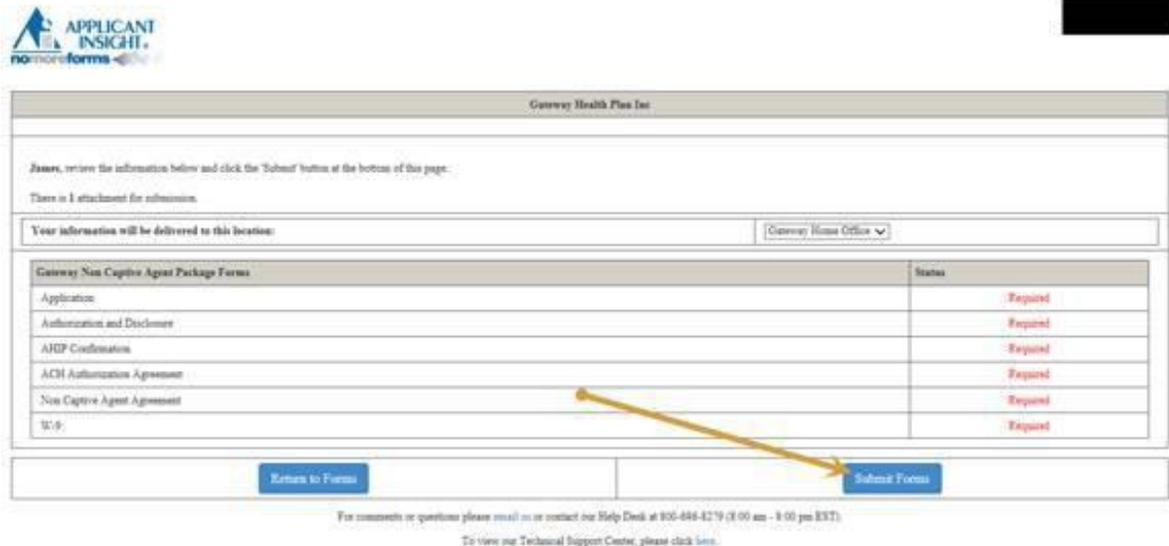
Re-entering your password is the final step in the form submission process. This will constitute your digital signature, and is intended by you to have a legally binding effect.

Your Password:

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

[Digital Signature Policy](#)

When the forms page appears, choose **Submit Forms**.



APPLICANT INSIGHT
no more forms

Gateway Health Plan Inc.

James, review the information below and click the "Submit" button at the bottom of this page.

There is 1 attachment for submission.

Your information will be delivered to this location:

Gateway Non Captive Agent Package Forms	Status
Application	Required
Authorization and Disclosure	Required
AJDP Coordination	Required
ACH Authorization Agreement	Required
Non Captive Agent Agreement	Required
W-9	Required

[Return to Forms](#) [Submit Forms](#)

For comments or questions please email us or contact our Help Desk at 800-484-4279 (8:00 am - 5:00 pm EST).
To view our Technical Support Center, please click here.

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, otherwise **Submit forms**.

*** 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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Once you have submitted your application package, a background check will be ordered. This background check can take up to several weeks to complete. Meanwhile, Agent Support will review your application information. Once your background report has been received by Gateway and all your application information has been reviewed, you will receive a welcome email (usually within 10-14 business days of the submittal of your application). If you do not receive your Welcome email within 10-14 business days, check your spam folder. Once you receive your Welcome email, 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 webinar training. CRM is the system Gateway uses to store leads and upload enrollment applications. The Welcome 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 able to view or generate your leads.

Once an agent completes the certification for a given selling year, he or she should NOT go back into NoMoreForms to make any changes. If any changes are needed after certification is complete, the agent should contact Agent Support. These changes could include hierarchy changes, banking changes, address or phone number updates, or any other changes. If there are any questions, the agent should contact Agent Support.

Gateway Health Contact Information

444 Liberty Avenue
Pittsburgh PA 15222

medicareassured.com

gatewayhealthplan.com

Agent Support

888-871-0417

Member and Provider Services

800-685-5209

Fraud and Compliance

800-685-5235

