



2016 Onboarding

A better way.SM

2016 Gateway Health Certification

Welcome to the 2016 Gateway Health Certification

1. **Open the email you received from your up-line**, it should look similar to this and contain your Agent Code, Onboarding URL, and Domain.
2. **Click on the link** to begin the process.

Gateway Health 2015 Certification	
Please use the link and code below to register with Gateway Health as a Captive agent under SampleAgency.	
Captive Agents	
Agent Code	2015-C-20000
Onboarding URL for Agents	http://social.webcomserver.com/wpm/caseEditPrepare.do?&token=cG%2FqnwOTurNQYkPwhl%2F4XaRz2AWw8RAQECeM5iA%2FaQajs4NxcqvLF6HaerS47ovG&tenantName=gatewayhealthplan
Domain	GatewayHealthPlan

2016 Gateway Health Certification

3. Please fill out the following information –

- Name
- Last Name
- Email
- NPN (National Producer Number)
- Agent Code

The agent code was provided in the original email you received from your up-line.

You now need to create a USER ID – enter the desired Id and then click “Submit”

16 Certifications



Welcome to Gateway Health 2016 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.**

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*

Lexi

Last Name*

Williams

Email Address*
e.g. johndoe@site.com

Lex0791@yahoo.com

NPN *

123456

Agent Code *

C161111

Please input your desired Agent UserID.

Agent UserID*

LWilliams12

Submit

2016 Gateway Health Certification



After clicking on “Submit” it will bring you to this page.

6. **Log into your email** and **open the email from Agent Specialist.**



Your Gateway Onboarding account has been created. Please check your email for account information and your Onboarding Workflow URL.

2016 Gateway Health Certification



You should have received an email from Agent Specialist with the following information;

7. **Click on the link** and continue onto the next step.

2015 Gateway Health Certification

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 2015 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: Please click the link below and follow the instructions to enter your contact information and upload your E&O and AHIP certificates.

Step 2: Once you have successfully submitted your information in Step 1 you will receive a link via email to our 2015 Certification exam. Once you have successfully completed the exam Gateway Health will be notified and you will receive a welcome letter and instructions for Step 3, our Gateway Health CRM training for new agents or existing agents that wish to participate as a refresher.

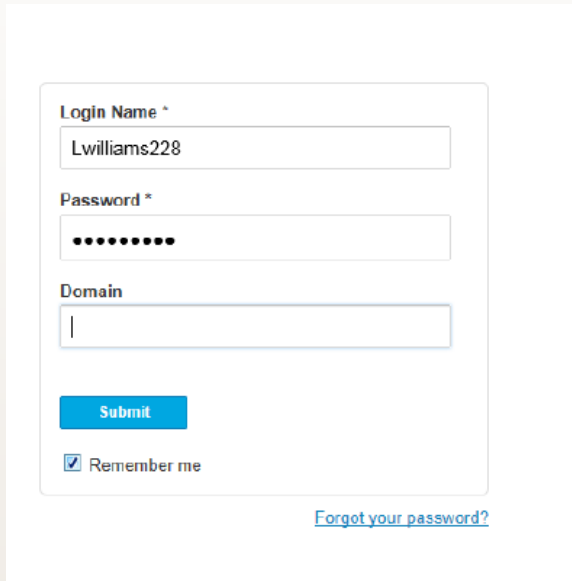
Thank you,

Gateway Health Agent Support
P: 1-888-871-0417
F: 1-888-456-5502
E: agentspecialists@gatewayhealthplan.com

Login Name	LWilliams228
Password	Welcome@1
Onboarding Login	Click Here
Agency Code	2015-NC-99999
Domain	GatewayHealthPlan

2016 Gateway Health Certification

8. **Log in** the with User Name, Password, and Domain you received in the email -
*Make sure when entering the domain that you enter it as one word
“Gatewayhealthplan” – Do Not include any spaces.*



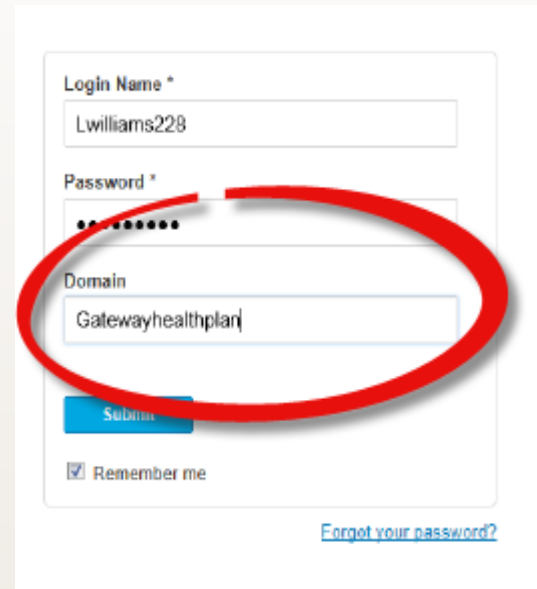
Login Name *

Password *

Domain

☒ Remember me

[Forgot your password?](#)



Login Name *

Password *

Domain

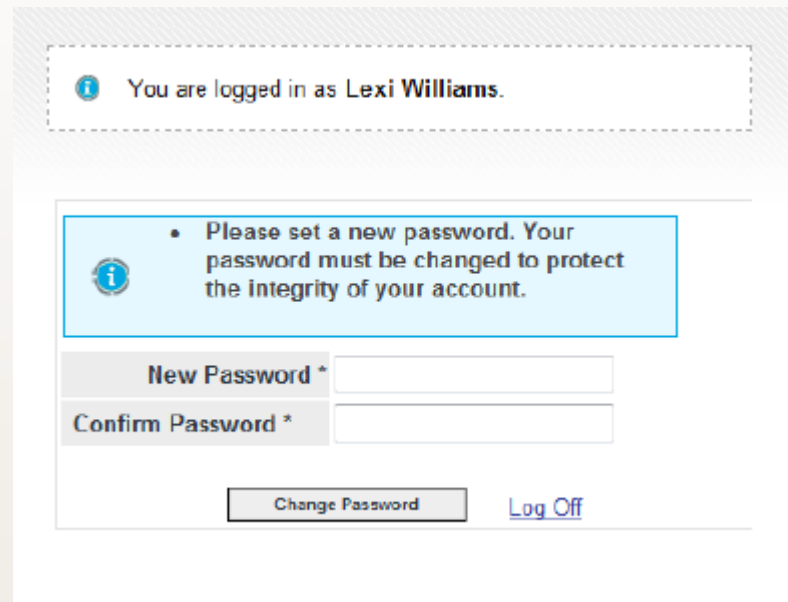
☒ Remember me

[Forgot your password?](#)


2016 Gateway Health Certification


9. After **clicking on “Submit”, Re-set your password**

use a password that includes a number, an uppercase letter a lower case letter, a special character, and is 5-15 characters long.



The screenshot shows a web interface for password management. At the top, a dashed box contains an information icon and the text "You are logged in as Lexi Williams." Below this, a light blue box with a blue border contains an information icon and a bullet point: "Please set a new password. Your password must be changed to protect the integrity of your account." Underneath, there are two input fields: "New Password *" and "Confirm Password *". At the bottom, there is a "Change Password" button and a "Log Off" link.

 You are logged in as Lexi Williams.

 • Please set a new password. Your password must be changed to protect the integrity of your account.

New Password *

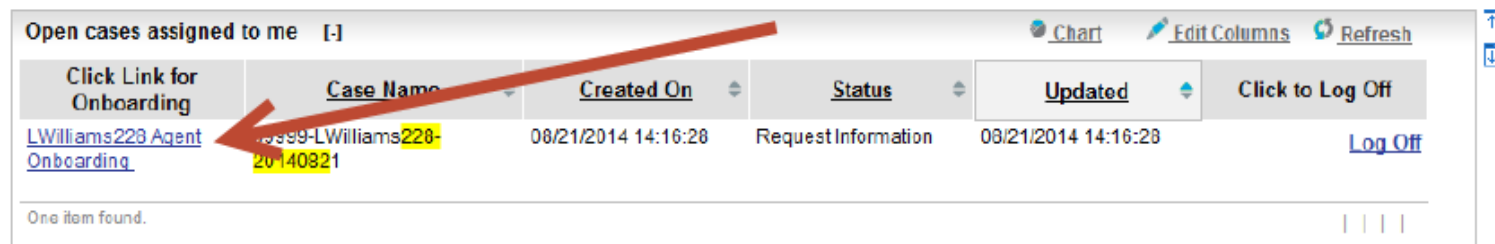
Confirm Password *

[Log Off](#)

2016 Gateway Health Certification

Your screen should now look like the example below

10. Click on the link to continue.



Open cases assigned to me [-]

[Chart](#) [Edit Columns](#) [Refresh](#)

Click Link for Onboarding	Case Name	Created On	Status	Updated	Click to Log Off
LWilliams228 Agent Onboarding	9999-LWilliams228-20140821	08/21/2014 14:16:28	Request Information	08/21/2014 14:16:28	Log Off

One item found.

Personal Information

11. Enter all of your personal information.

Please note that the phone numbers will be provided to beneficiaries to contact you about Gateway, please provide appropriate number.

12. Click “Save” and then “Next” to move on to the next step.

Personal Information: Fill in all personal information, then Click Save and the Next button.

Producer Data [+]


<div>Producer Id 600355</div> <div>First Name* Lexi</div> <div>Last Name* Williams</div>	<div>YYYY-MM-DD</div> <div>Date of Birth * <input type="text"/></div> <div>SSN/TIN* <input type="text"/></div>	<div>Email Address * <input type="text"/></div> <div><small>* e.g. johndoe@site.com</small></div>
<div>Address 1* 444 Liberty Ave</div> <div>Address 2 Suit 2100</div>	<div>City* Pittsburgh</div> <div>State* Pennsylvania</div>	<div>Zip* 15222</div>

Numbers will be provided to beneficiaries to contact you about Gateway. please place appropriate number

Office 555-555-5555	Mobile 555-555-5555	Fax 555-555-5555
---------------------	---------------------	------------------

Next

Once you click Save the Upload(s) will be saved and no longer show up under Upload. Only upload each document once.

Uploads 

☒ Public ☐ Internal (Gateway only)

Save

Licenses

15. **Enter your license information:** ID#, state, resident, effective date, and expiration date.

16. **Click “Add Row”** for each license you have.

*****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 fill out a row for EVERY STATE that you wish to sell in.*****

Licenses:


Producer License [\[add row\]](#)

License ID	License State	Resident?	Effective(YYYY-MM-DD)	Expiration (YYYY-MM-DD)	Actions

Last Four SSN

Previous

Next



Licenses (cont.)

17. When you click on “Add Row” – a box will pop up for you to enter the following information, when complete **Click on “Add”**.



Add New Row

License ID	License State	Resident?	Effective(YYYY-MM-DD)	Expiration (YYYY-MM-DD)
55555	<input type="radio"/> KENTUCKY <input type="radio"/> NORTH CAROLINA <input type="radio"/> OHIO <input checked="" type="radio"/> PENNSYLVANIA	<input checked="" type="radio"/> Yes <input type="radio"/> No	2014-08-01	2014-08-01

Add **Cancel**


18. When your finished, click on **“Save”** and then **“Next”**

Licenses:
Producer License [\[add row\]](#)

License ID	License State	Resident?	Effective(YYYY-MM-DD)	Expiration (YYYY-MM-DD)	Actions
55555	PENNSYLVANIA	Yes	08/01/14	08/01/14	 

* changes will not be saved until you click the SAVE button

Save

Last Four SSN 

Previous **Next**

Agent Agreement


19. **Click the “Gateway 2015 Agent Agreement” link** and read the entire Agreement.
20. Once complete **Click the “Gateway Agent Agreement Signature Pages” Link**.
21. **Print and Sign** this, and then **Scan** onto your computer.

Click the links below to download the 2015 Agent Agreement and Agent Agreement Signature pages. Please read the entire Agent Agreement, once complete print and sign the Agent Agreement Signature pages.

Upload the 3 completed pages in the UPLOADS field Below and attach

<input type="button" value="Click link to Download"/>	<input type="checkbox"/>	Gateway 2015 Agent Agreement	<input type="button" value="Agree*"/> <input type="checkbox"/> Yes
<input type="button" value="Click link to Download"/>	<input type="checkbox"/>	Gateway Agent Agreement Signature Pages	

Lexi Williams On: Aug 21, 2014 3:42:35 PM



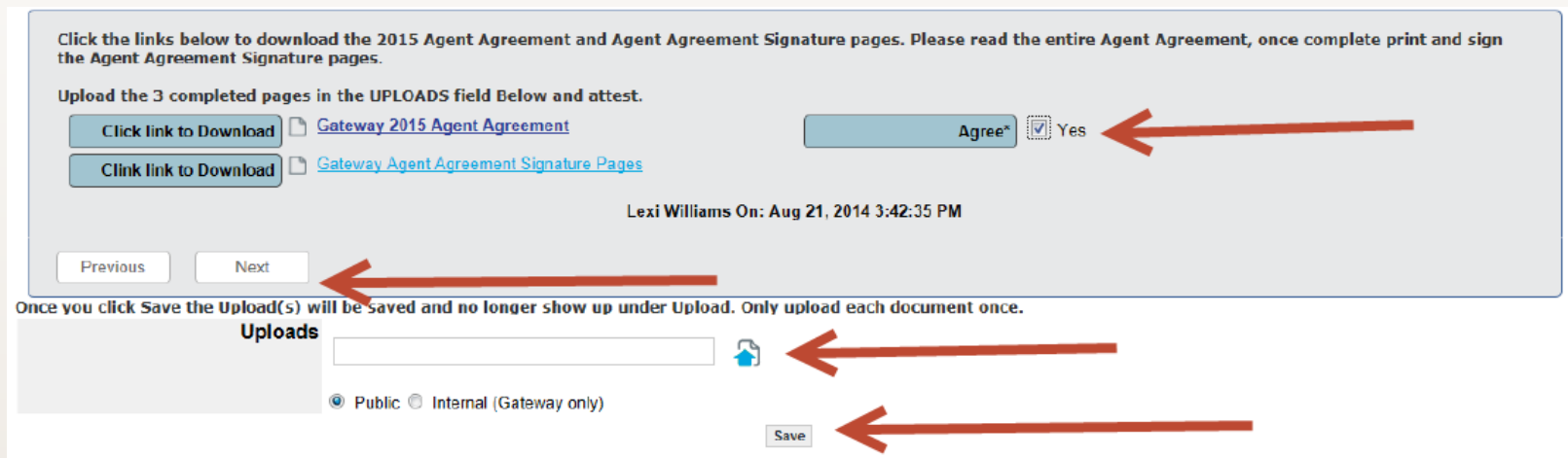
Agent Agreement (cont.)

Once you have signed all of the Agent Agreement Signature Pages, you need to upload them.

22. **Click on the blue arrow** to select your document.


23. Once completed, **Click on “Save”** and then **“Next”**


Please do not forget to Check the “Agree” box to verify that you agree to the Agent Agreement.



Click the links below to download the 2015 Agent Agreement and Agent Agreement Signature pages. Please read the entire Agent Agreement, once complete print and sign the Agent Agreement Signature pages.

Upload the 3 completed pages in the UPLOADS field Below and attest.


[Click link to Download](#)  [Gateway 2015 Agent Agreement](#)

[Click link to Download](#)  [Gateway Agent Agreement Signature Pages](#)

Lexi Williams On: Aug 21, 2014 3:42:35 PM

Once you click Save the Upload(s) will be Saved and no longer show up under Upload. Only upload each document once.

Uploads



☒ Public ☐ Internal (Gateway only)

Code of Conduct/Authorizat on for Consumer Reports

Please read this entire section– when complete please make sure to check off on all THREE boxes, and then click “Next”.

As an external sales agent under contract with Gateway Health Plan®, I acknowledge that I have read this Code of Conduct and understand statutes, regulations and guidelines, as well as Gateway Health Plan®'s guidelines and requirements as set forth in Gateway Health Plan® I

Code Of Conduct Acceptance* ☐ Accepted

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 include education, qualifications, criminal record, driving record, credentials, and/or credit and indebtedness, and may involve personal interviews with sources. You hereby authorize the obtaining of such consumer reports and investigative consumer reports at any time after execution of this authorization. By your signature, 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 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>.
 If you are a resident of California, Minnesota or Oklahoma residents only, if you would like to receive a copy of the consumer report, if one is obtained, please contact the consumer reporting agency that furnishes the report.
 For California residents only, if public record information is obtained without using a consumer reporting agency, you will be supplied a copy of the report.
 For New York residents only
 A consumer report will be requested in connection with your application, and additional consumer reports may be requested during your continued contract with Gateway Health Plan. The consumer report will be requested from the consumer reporting agency that furnishes the report.
 By signature below indicates that I have read, understand, and accept all disclosure and acknowledgements.

AUTHORIZATION

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/MFO policy.

Attest* ☐ Yes

◀ Previous Next ▶

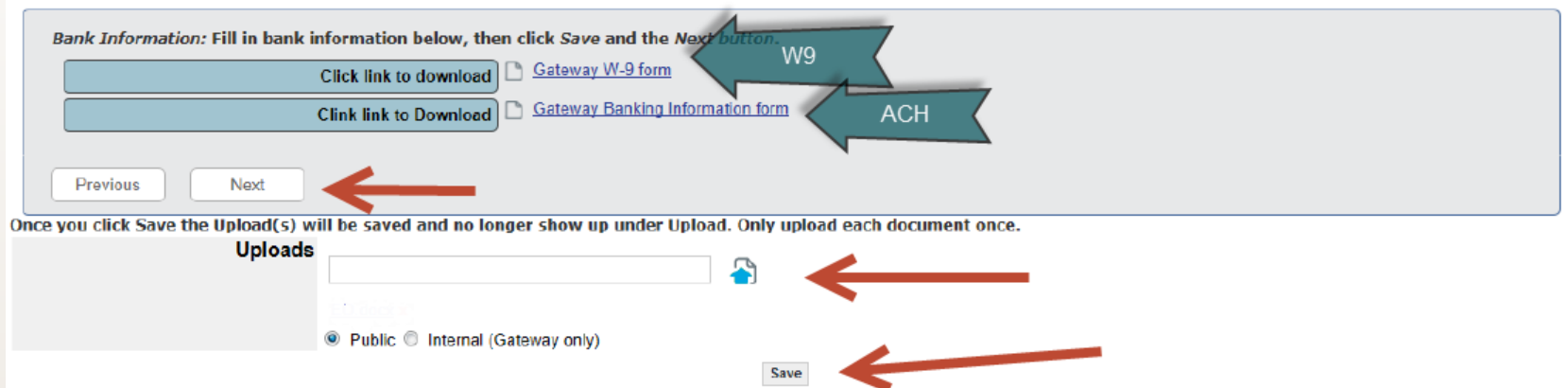
Banking Information – FOR NON CAPTIVE AGENTS ONLY

If we do not already have your banking information, or you have new banking information,

34. **Download the W9 and ACH form** here, fill them out, and make sure to include a voided check as well.

35. Upload them by **Click on the blue arrow**.

36. When complete **Click "Save"** and then **"Next"**



The screenshot shows a web form titled "Bank Information: Fill in bank information below, then click Save and the Next button." The form contains two download links: "Click link to download" for the "Gateway W-9 form" and "Click link to Download" for the "Gateway Banking Information form". Below these links are "Previous" and "Next" buttons. A red arrow points to the "Next" button. Below the buttons is a section titled "Uploads" with a text input field, a blue upload icon, and radio buttons for "Public" (selected) and "Internal (Gateway only)". A "Save" button is at the bottom right. Annotations include: a blue arrow labeled "W9" pointing to the first download link, a blue arrow labeled "ACH" pointing to the second download link, a red arrow pointing to the "Next" button, a red arrow pointing to the upload icon, and a red arrow pointing to the "Save" button.

AHIP

Now all we need is your AHIP


37. **Clicking on the blue arrow**, and selecting your document.
38. When complete, **Click “Save” and “Submit”**

Education Upload(s): Upload Education Certificates in the UPLOADS field below the Submit button.

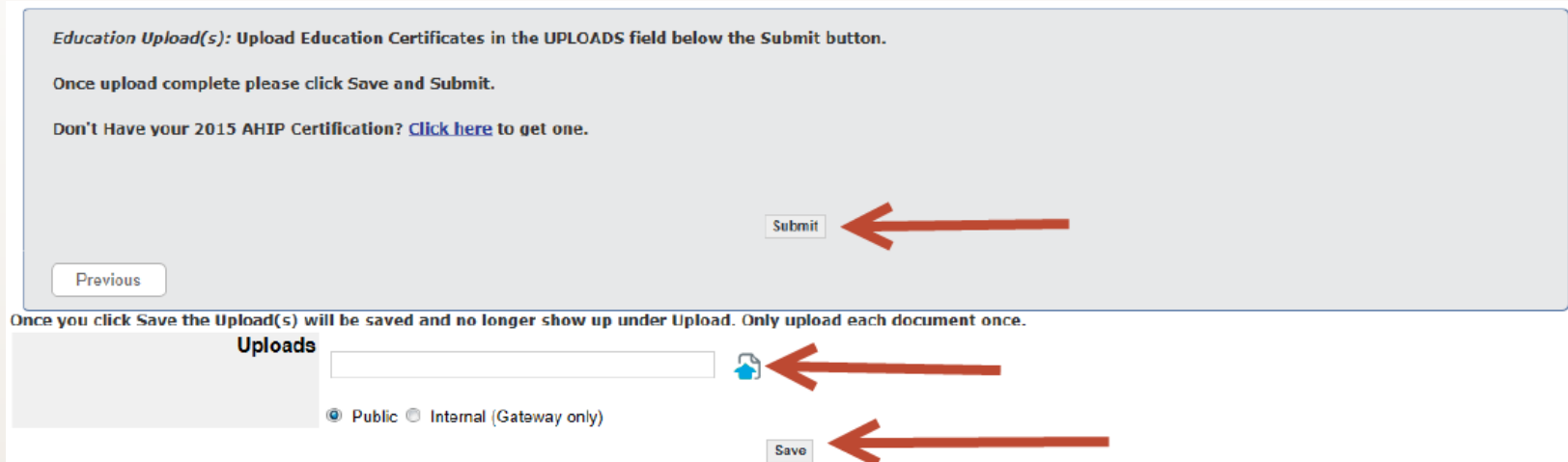
Once upload complete please click Save and Submit.

Don't Have your 2015 AHIP Certification? [Click here](#) to get one.

Once you click Save the Upload(s) will be saved and no longer show up under Upload. Only upload each document once.

Uploads 

☒ Public ☐ Internal (Gateway only)



2016 Gateway Certification

Once you click “Submit” – you will remain on the same page. A confirmation email like the example below will be sent to your email account. Please click on the link included, and log in to complete the 2016 Gateway Health Product Training.

Dear Lexi,

Congratulations on completing STEP (1) of the 2016 Gateway Health Certification!

For the next STEP (2), click on the login below and complete the (REQUIRED) course titled 2016 Gateway Health Product Training (REQUIRED).

Review and complete your assessment with a score of 85% or greater and we will be notified. You will receive a Welcome email with instructions for STEP (3).

Please see your user information below and click on the link.

An account already exists for you on the GatewayHealthPlan training platform. Login Details

Username: lex0791@yahoo.com

To log in and complete your training courses please click on the following link:

<https://gatewayhealthplan.litmos.com/account/login>



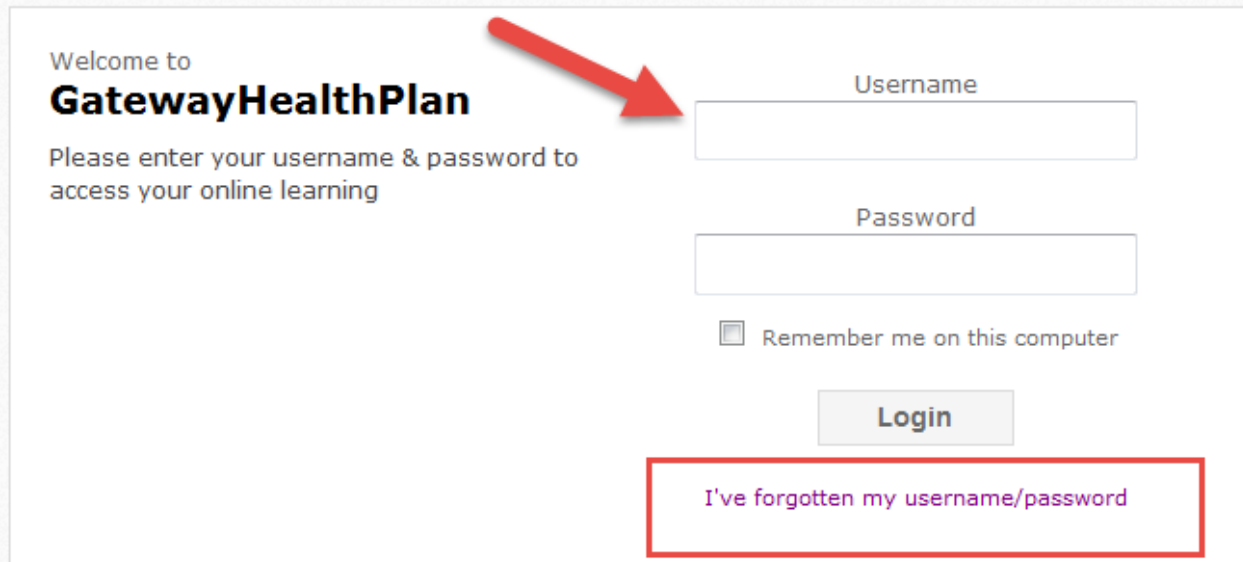
Thank You

Lexi

2016 Gateway Certification

Once you click on the link you will be taken to the site to take our training. Please enter the username provided in the email that was sent to you.

If you do not know your password, click on the “Forgot Password” link.



Welcome to
GatewayHealthPlan

Please enter your username & password to
access your online learning

Username

Password

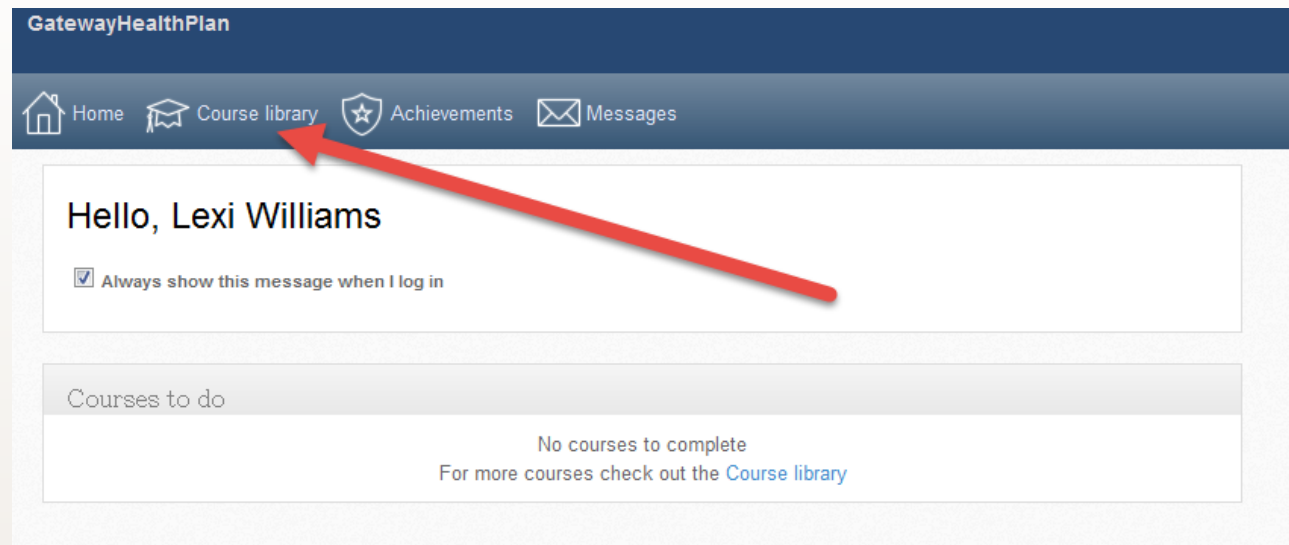
☐ Remember me on this computer

Login

[I've forgotten my username/password](#)

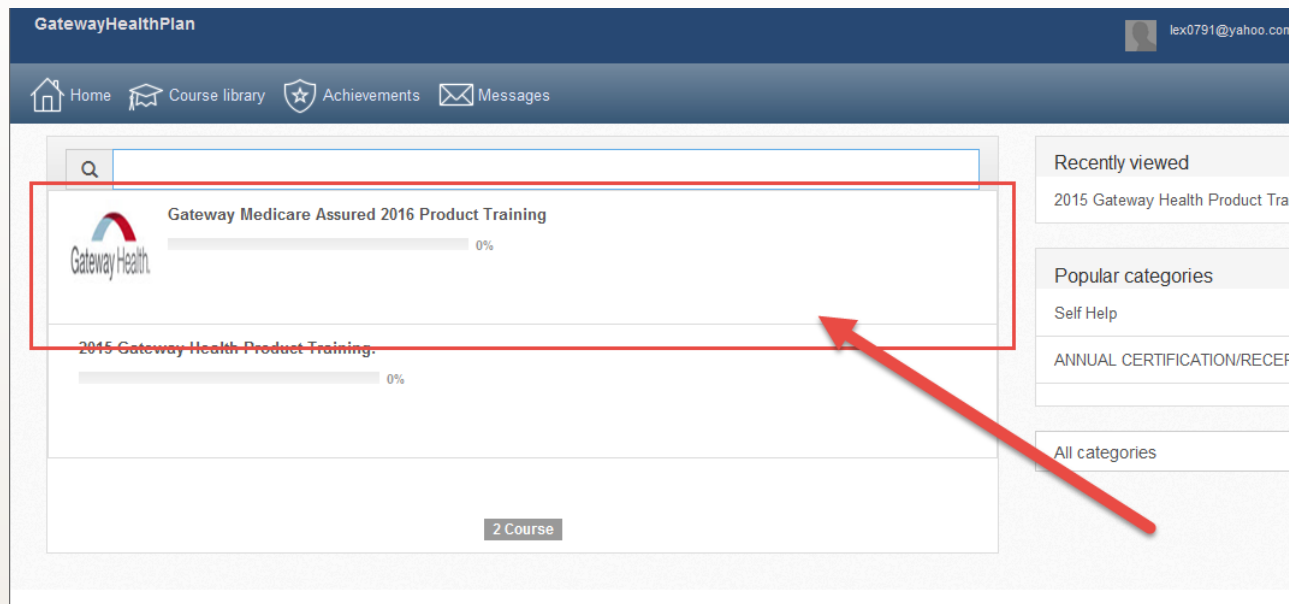
2016 Gateway Certification

Once you are logged in you will want to click on “Course Library”.



2016 Gateway Certification

Please click on the “Gateway Medicare Assured 2016 Product Training” and complete all of the courses.



2016 Gateway Certification

Once you pass the product training it will notify Agent Support. It will take between 24-48 hours to receive your welcome email. This email will contain your user information for CRM, and a link to complete a CRM training. Feel free to call Agent Support with any questions. – 1-888-871-0417

