

AGA Application Submission Methods



Agenda

- Suggested Methods
- Faxing in your Applications
- Submitting through our Mobile App
- Submitting via Desktop
- Frequently Asked Questions
- Questions?



Suggested Methods

There are three ways to submit your application to AGA:

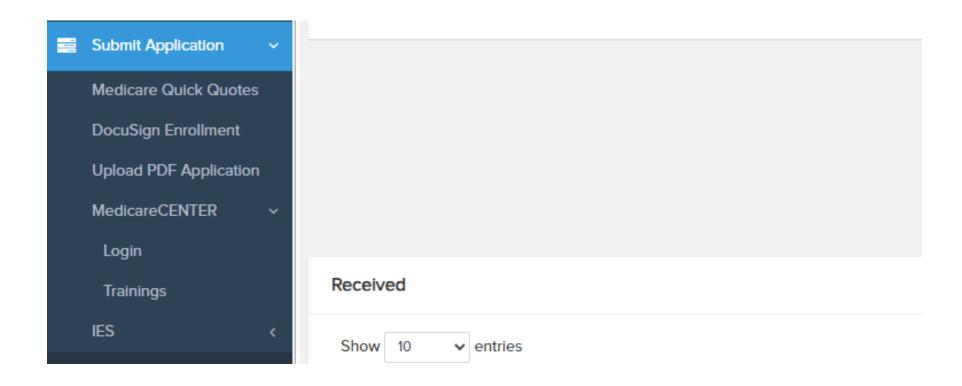
- MedicareCenter
- 2 Fax
- Snap & Submit via our AGA mobile application
- **4** AGA Agent Portal



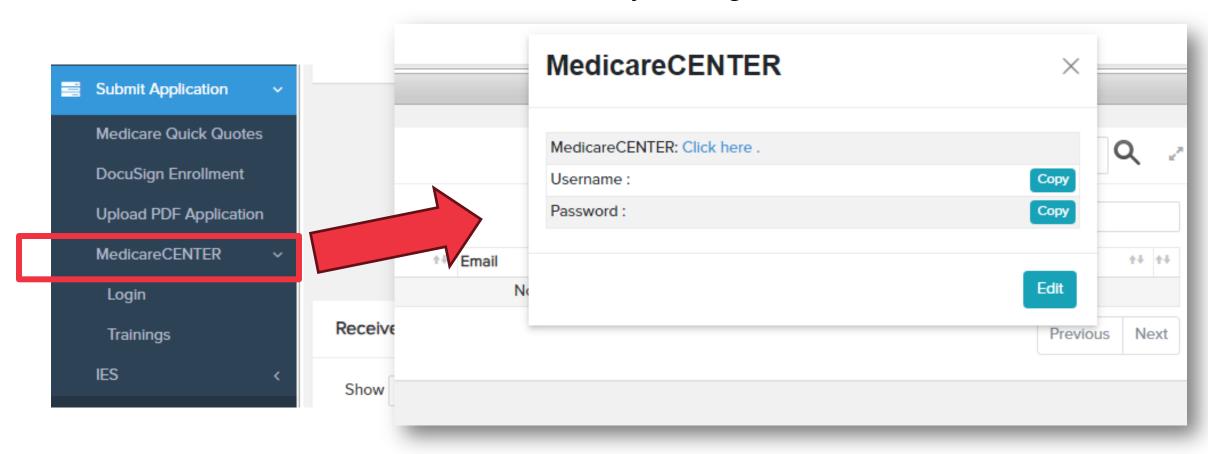
Using MedicareCenter

1. MedicareCenter

Log in to the Agent Portal and on the left navigation, go to "Submit Application"



Click on "MedicareCenter". You will find your login information and the link.

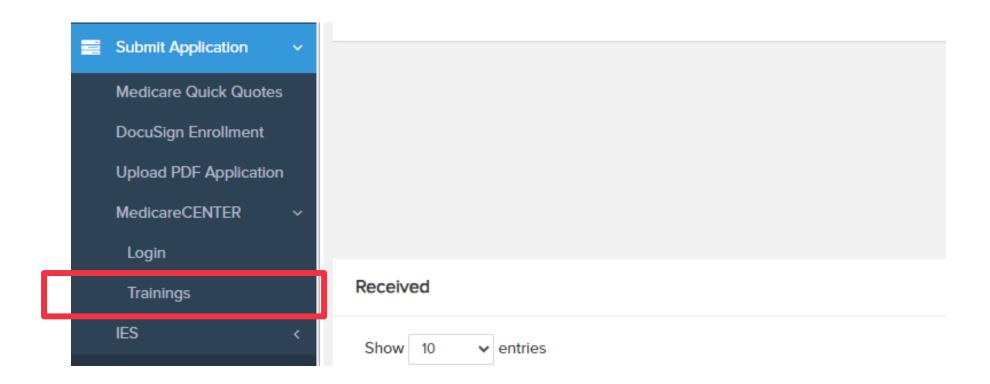


Once you are on the MedicareCenter page, click "Get Started" to login.



Training

Additional trainings for MedicareCenter are available to understand the features!



Faxing in your Applications

2. Fax

You will need:

- Fax machineOur fax number is 1-877-240-3095
- AGA Enrollment Coversheet
- Written application



AGA Enrollment Coversheet

Please have this sheet **ON TOP** of each application you submit via fax.

Enrollment Cover Sheet



Fax to: 1-877-240-3095

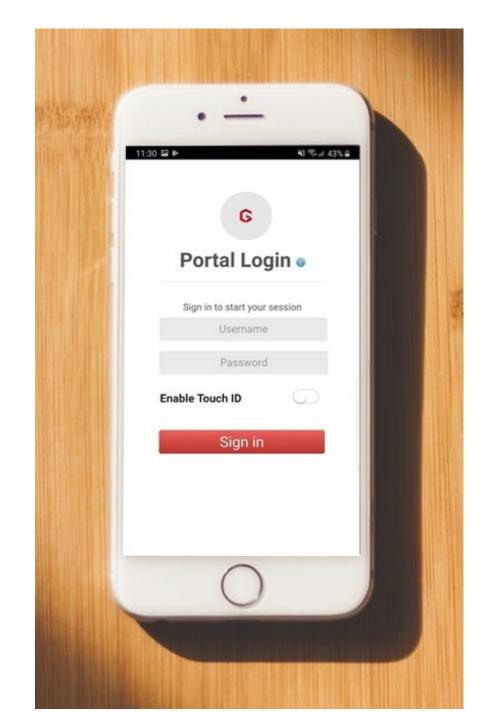
Initial Submission	Re-fax	Γ	Re-sending Missing Pages	i	Broker Dire	ct/AGA Copy
Agent					Proposed Effecti	ve Date
Member First Name			Member Last Name			
Carrier	Sta	ate	Plan Name			
Medicare Number			Medicald Number			
Member Email						
Doctor Name			PCP Number			xisting Patient?
Medical Group						xisting Patient?
LEAD SOURCE						
Self-Generated	Medic	al Group	Generated			
Direct Mail Response	Carrie	er Lead				
Doctor Generated	Ple Ev	ent D	ate:	Location: _		
Non-ple Event	T-65 I	Event D	ate:	Location: _		
NOTES						
					LAST U	PDATED: 06052019JT

Submitting through our Mobile App

3. Snap & Submit

You will need:

- iPhone or Android mobile device
- Your AGA Agent Portal login
- AGA Enrollment Coversheet
- Written application



Finding the App

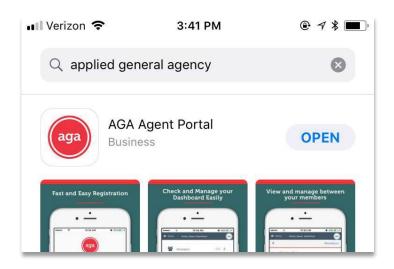
Use your device's app store

Apple App Store Search "Applied General Agency"



Google Play Store Search "AGA Agent Portal"

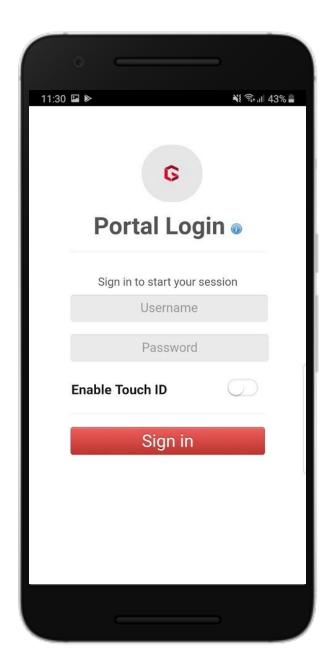




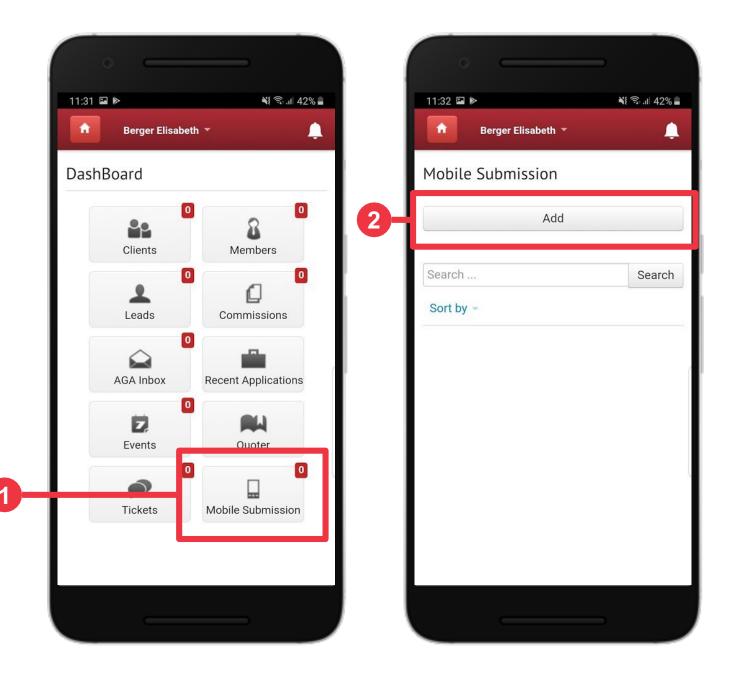


Logging In

Enter the same username and password you use for the desktop version of the Agent Portal

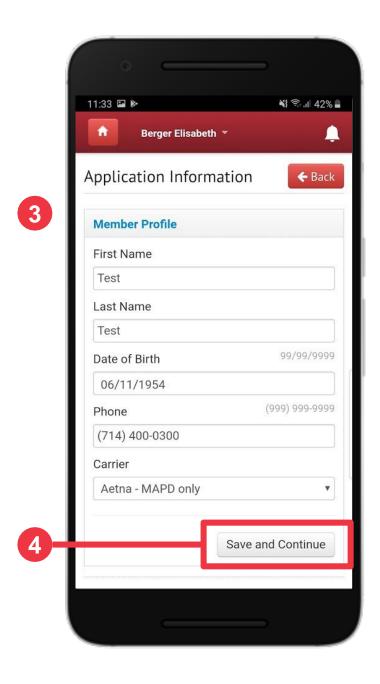


- Once logged in, tap Mobile Submission
- 2 Tap Add to start inputting the written application



(cont.)

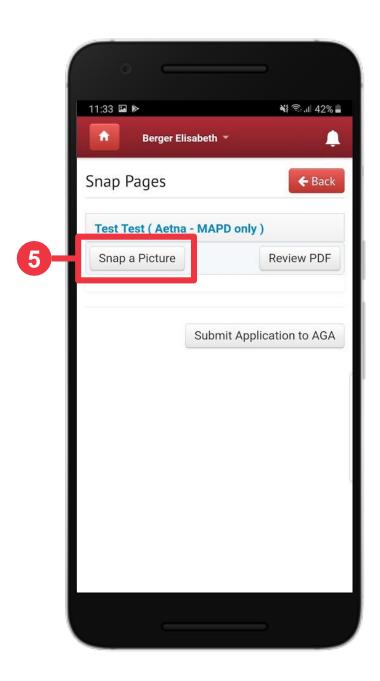
- Input all information for your member, including:
 - First Name
 - Last Name
 - Date of Birth
 - Phone Number
 - Carrier Chosen
- **4** Tap Save and Continue



(cont.)

Tap Snap a Picture to begin taking images of the written application

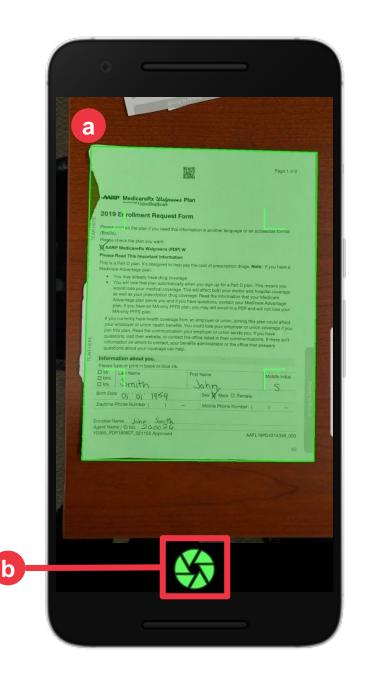
IMPORTANT: Please have the **AGA Enrollment Coversheet** included in your images.



(cont.)

- 6
- a Android: Align your application within the green box
- **D** Tap the **Green Camera Shutter** button to snap the application

You may crop the image to your liking or continue as is by tapping **Next**



(cont.)

- iOS: Align your application within the blue highlight and tap the white button to snap your photo
 - c Adjust the blue circles to each corner of the page
 - d Tap Done
 - Tap Next



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Proc	cess
1 To enroll in SCAN Health Plan, please provide th	e following information: (continued)
Last Name: Smith	
First Name: Jane	Mr. Mrs. OMs.
Birth Bate: 0 2 / 0 1 / 1 9 5 4	Sex: □ Male XFemale
Home Phone Number: ()	·
Primary Phone: ()) Secondary Phone: ()	- Mobile
Email address:	
Please choose how you want to receive plan information:	
☐ Check here to get your Part C Explanation of Benefits (EOB) and A You will receive an e-mail each time one of these documents is av	nnual Notice of Change (ANOC) online, rather than by U.S. mail. allable. You can change back to U.S. mail at any time.
Permanent Residence Street Address (P.O. Box is not allowed):	
11243 Any 18+	
City: Anaheim	State: CA ZIP Code: 9280
Mailing Address (only if different from your Permanent Residence Add Street Address:	ness):
City	State: ZIP Code:
Emergency Contact (aptional):	
Phone Number: ())	
Relationship to you: Please check one of the boxes below if you want plan information	in a language office then English
Language: Snanish Chinese	
Please contact SCAN Health Plan at 1-800-559-3500 (TTY, 711) If yo or a language other than those listed above. Hours are 8 л.м. to 8 г.м., September 30 hours are 8 л.м. to 8 г.м., Monday through Friday. Messe returned within one business to	u need information in an accessible format (like audio or large print) seven days a week from October 1 to March 31. From April 1 to ages received on holidays and outside of our business hours will be
Please provide your Medicare Insurance I	nformation
G)	Mame (as it appears on your Medicare card):
Please take out your red, white and blue Medicare card to complete	_ Jane
this section. • Fill out this information as it appears	Medicare Number: 111-111-B
on your Medicare card.	Is Entitled to: Effective Date:
OR— Attach a copy of your Medicare card or your letter from	HOSPITAL (Part A): 0 2 / 0 1 / 201 9
Social Security or the Railroad Retirement Board.	MEDICAL (Part B): 0 2 / 0 1 / 2 0 1 9
	You must have Medicare Part A and Part B to join a Medicare Advantage plan.
Y0057_SCAN_10960_2018_M 08152018 Page	2 of 6
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	, inchi

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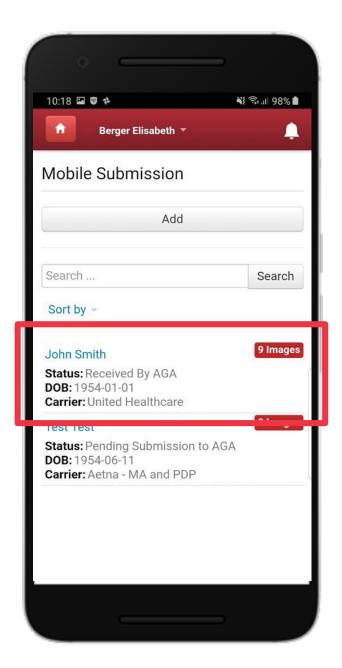
- You will be able to review and retake the photos as needed
- Once you have taken a picture of EACH PAGE of the application, tap Submit Application to AGA once you are ready and finished





(cont.)

You can now see your newly-submitted application in your Agent Portal

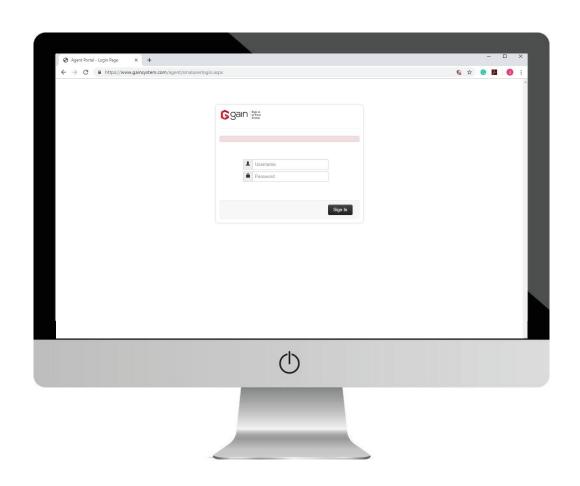


Submitting via Desktop

3. AGA Agent Portal

You will need:

- Scanner
- Laptop or computer
- Internet connection
- Your AGA Agent Portal login
- AGA Enrollment Coversheet
- Written application

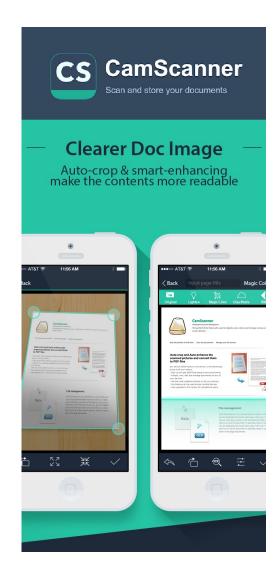


Setting up

Please have your written application scanned to your computer in a PDF format.





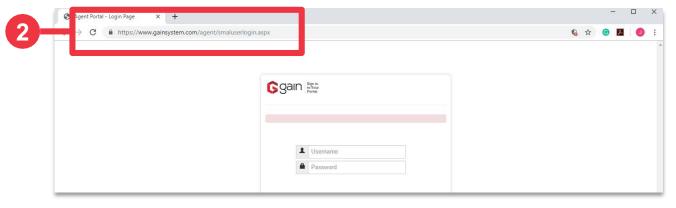


Logging In

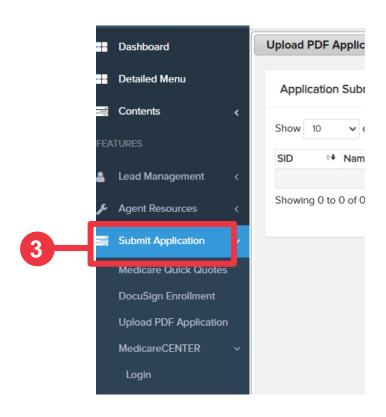
- You can find the login portal on our website, www.appliedga.com;
- Or use the link:

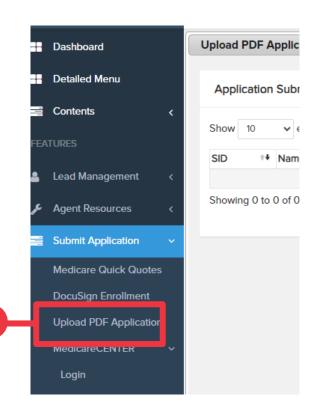
 www.gainsystem.com/agent/smaluserlogin.aspx
 - To log in, enter your designated username and password





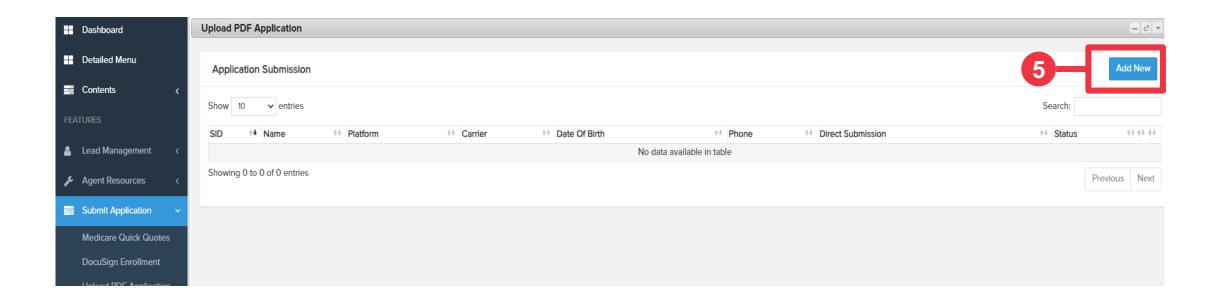
- On the left side navigation menu, click Submit Application
- 4 Then, click
 Upload PDF
 Application





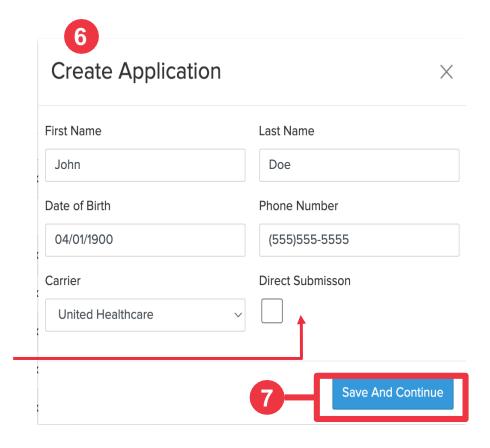
(cont.)

6 Click Add New to create a new application



(cont.)

- A pop-up box labeled Create Application will appear and input all information for your member, including:
 - First Name
 - Last Name
 - Date of Birth
 - Phone Number
 - Carrier If carrier is not listed, please select any as Submissions does not see this information.
 - Only select the Direct Submission Box if the application has been submitted direct to the carrier.



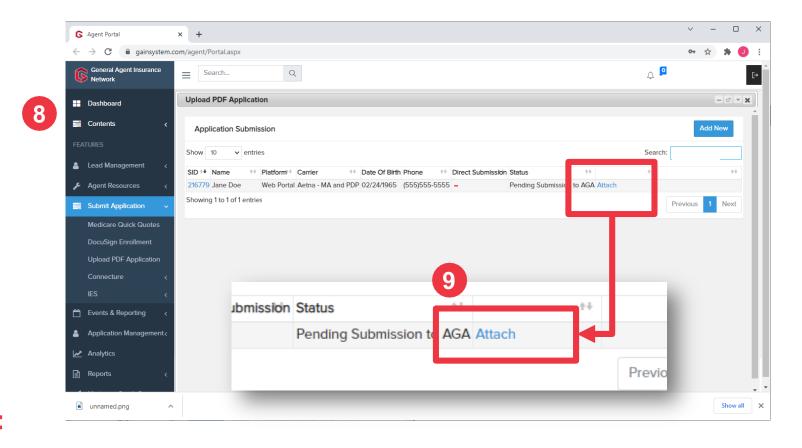
Click Save and Continue

(cont.)

- 8 You will see your application in the table; however, it is not complete yet
- Upload your written application that you have scanned by clicking Attach

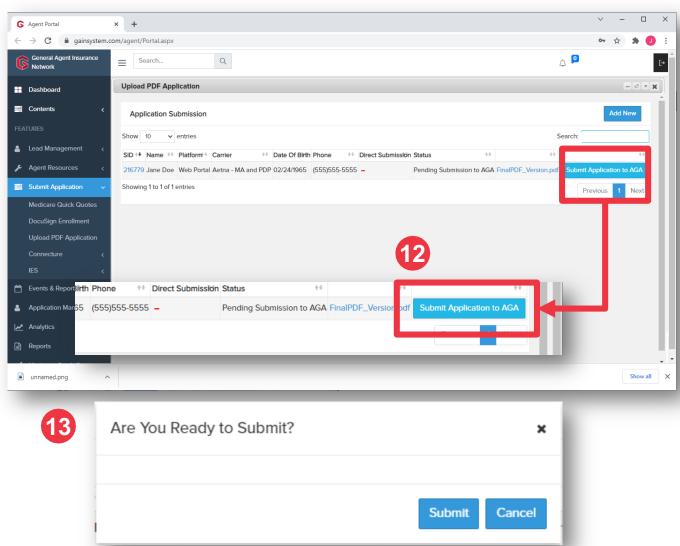
IMPORTANT:

Please have the AGA
Enrollment Coversheet
included with your
scanned applications.



(cont.)

- When you see the name of your uploaded file to the right of "Status", click Submit Application to AGA
- Confirm you are ready to submit your written application to AGA in the pop-up window



Frequently Asked Questions

FAQ

What if I submit the wrong application?

If you submit the wrong application, just start the process over and submit the correct application. Our system is set up to catch duplicates.

What if my application is incomplete by accident?

If your application is incomplete, our team will reach out via phone and/or email to inform you about what is missing and what is needed to process your application correctly.

What if my scanner/fax skipped a page?

If you submitted an application with missing pages, please resubmit your application.

Need assistance?

Contact the Broker Relations team!

help@appliedga.com

(800) 498-6880 Option 1

