# SCAN DocuSign

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gain General Agent Insurance Network

52 | Sales Tools | Leads | Enrollments | Submit Application | My Contacts | My Account | Reports | Calendar

- Connecture
- DocuSign Enrollment
- IES
- Upload PDF Application

SCAN

2 New Senior Leads
5 Recent Applications
0 Leads Need Updates
833 Agency Updates (Inbox)

My Contacts — IDs & Passwords
Reporting — Generate & Export Data
Sales Tools — Forms & Trainings
My Applicants — View Applications
Place Direct Mail Order — Direct Mail Pieces
Calendar — Agency & Agents
Medicare Quick Quotes — Online Submissions
Medicare Quotes New — Online Submissions
Agency Updates (Inbox) — Notification
Recent Applications — Notification
Tickets & Messages — Tickets & Messages
Event Submission — Event Submission

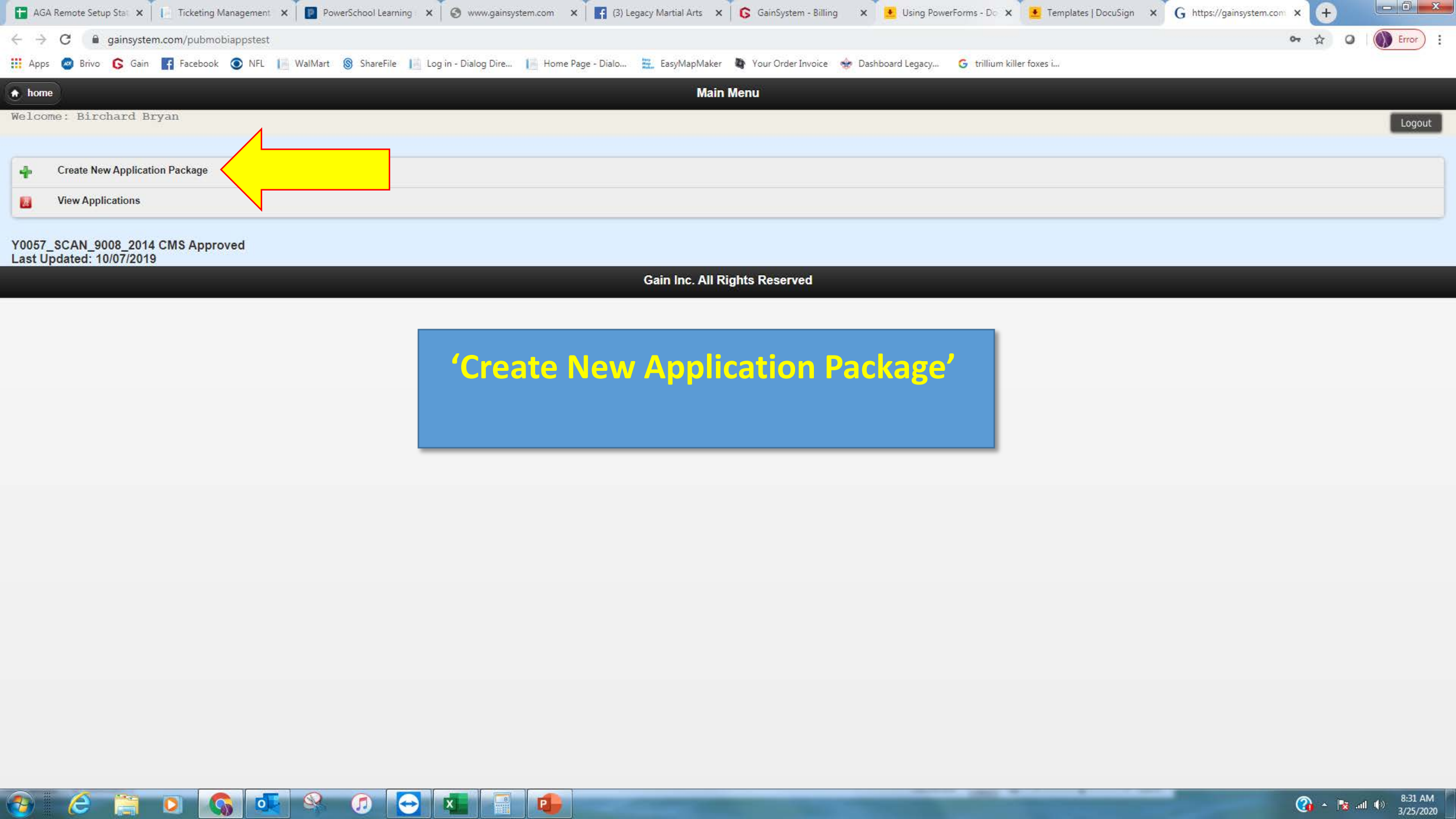
today | April 2020 | day

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|---|---|---|---|---|---|---|
| 29 | 30 | 31 | 1 | 2 | 3 | 4 |
| 5 | | | | | | 11 |
| 12 | | | | | | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |

**Agent selects ‘Submit Application’ ‘iES’ and ‘SCAN’ to begin the process**

javascript:void(0)

12:25 PM 4/3/2020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Ticketing Management
PowerSchool Learning
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EasyMapMaker
Your Order Invoice
Dashboard Legacy...
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home
Main Menu
Welcome: Birchard Bryan
Logout
Create New Application Package
View Applications
Y0057_SCAN_9008_2014 CMS Approved
Last Updated: 10/07/2019
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‘Create New Application Package’
8:31 AM
3/25/2020

AGA Remote Setup | Ticketing Manage | PowerSchool Learni | www.gainsystem.com | (3) Legacy Martial A | GainSystem - Billing | Agent Portal | Using PowerForms | Templates | DocuSig | https://gainsystem.c

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home | New Package | Clear

Welcome: Birchard Bryan | Logout

Effective Date :* 2020

First name :* Test

Last name :* Test

DOB :* 01/01/2008

Phone # :* (555) 555-5555

E Mail : test@test.com

Sex :* Male | Female

Signature Type :* Wet Signature | Email Signature

Address :* 12665 Garden Grove Boulevard

Zip :* 92843

CA - Garden Grove - Orange

I understand that I am using the iES (Ipad Enrollment System) to fill out a CMS-approved application, I understand that a copy of the generated application should be left with the applicant, and I understand it's my responsibility to submit this application to the proper channel.

Next

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Complete Profile Information
Select 'Email Signature'

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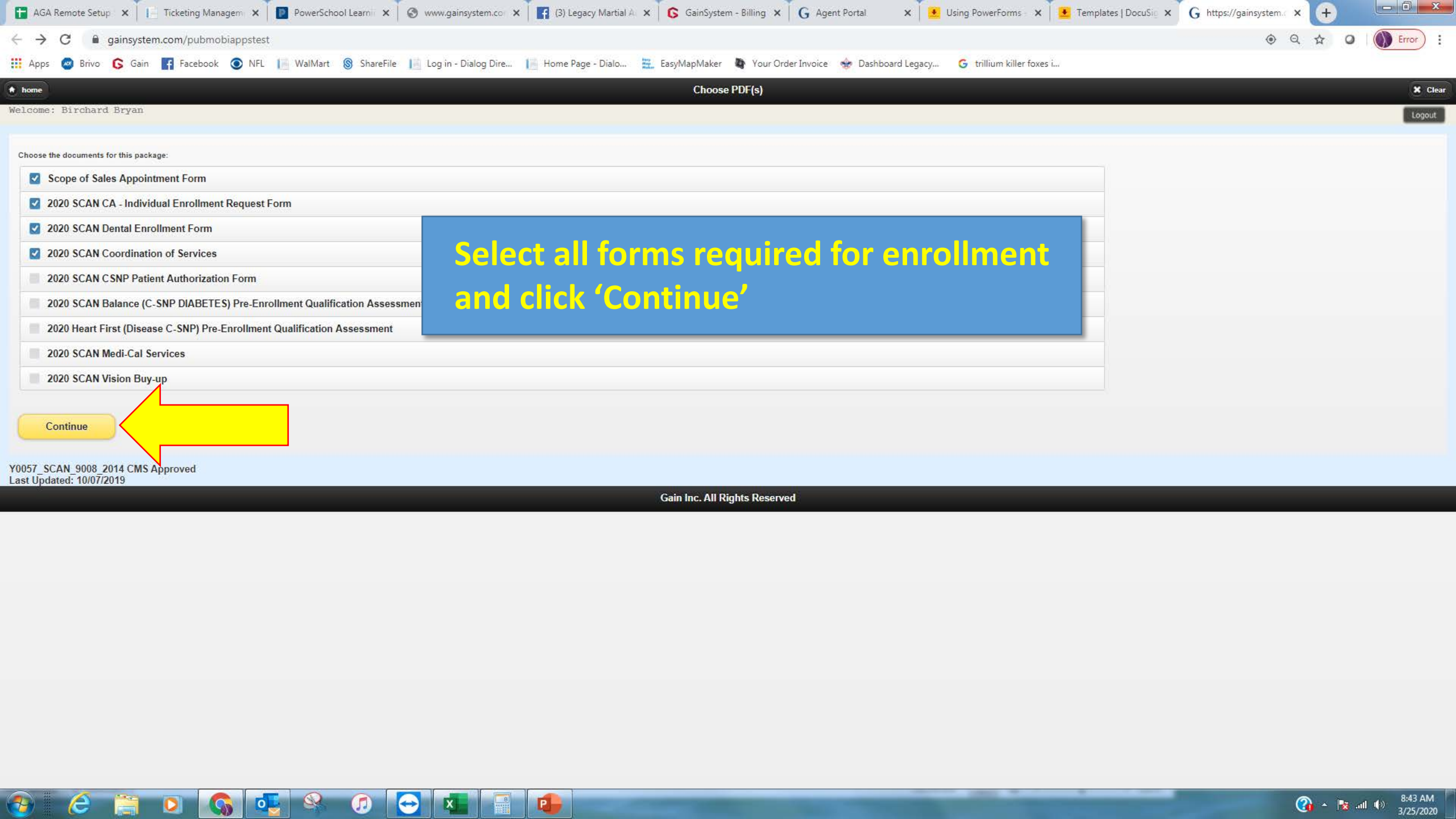
8:40 AM
3/25/2020


home
Choose PDF(s)
Clear
Welcome: Birchard Bryan
Logout
Choose the documents for this package:
Scope of Sales Appointment Form
2020 SCAN CA - Individual Enrollment Request Form
2020 SCAN Dental Enrollment Form
2020 SCAN Coordination of Services
2020 SCAN CSNP Patient Authorization Form
2020 SCAN Balance (C-SNP DIABETES) Pre-Enrollment Qualification Assessmen
2020 Heart First (Disease C-SNP) Pre-Enrollment Qualification Assessment
2020 SCAN Medi-Cal Services
2020 SCAN Vision Buy-up
Select all forms required for enrollment and click 'Continue'
Continue
Y0057_SCAN_9008_2014 CMS Approved
Last Updated: 10/07/2019
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**Sales Appointment Confirmation Form**

**The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.**

**Please initial below beside the type of product(s) you want the agent to discuss.**

Stand alone Medicare prescription Drug Plans (Part D) B.B.

**Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medica e Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.**

Medicare Advantage Plans (Part C) and Cost Plans B.B.

**Medicare Health Maintenance Organization (HMO) —A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).**

**Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advan n drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a l**

**Medicare Private Fee-For-Service (PFFS) Plan — A Medicare Advantage Pl and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see a work providers.**

**Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic**

**Medicare Medical Savings Account (MSA) Plan — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.**

**Medicare Cost Plan — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.**

**By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.**

**Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.**

**Beneficiary or Authorized Representative Signature and Signature Date:**

Signature Date (can't be a future date): *

**If you are the authorized representative, please sign and print below:**

**Complete Scope of Appointment on behalf of the client**

Agent Name: Bryan Birchard

Agent Phone: 714-404-3010

Beneficiary Name: Test, Test 5

Beneficiary Phone (Optional): (555) 555-5555

Beneficiary Address (Optional): 1235 Town and Country Road, Orange, CA, 92868

Initial method of contact:

**Enter 'Date Appointment Completed'**
**Click 'Next'**

☐ **(Indicate here if beneficiary was a walk-in.)**

Plan(s) the agent represented during the meeting:

Date Appointment Completed *: 04/03/2020

Plan Use Only:

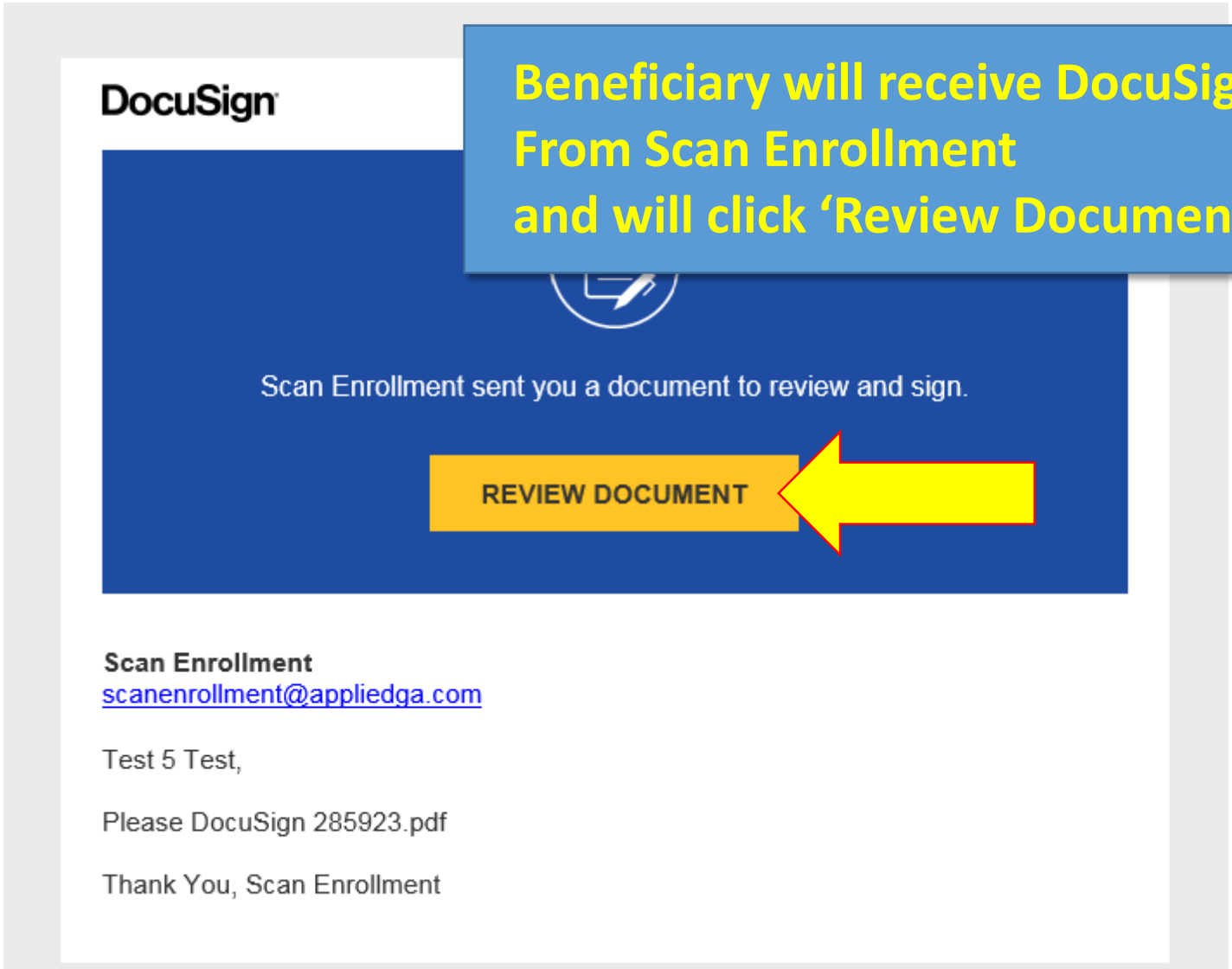
***Scope of Appointment documentation is subject to CMS record retention requirements***

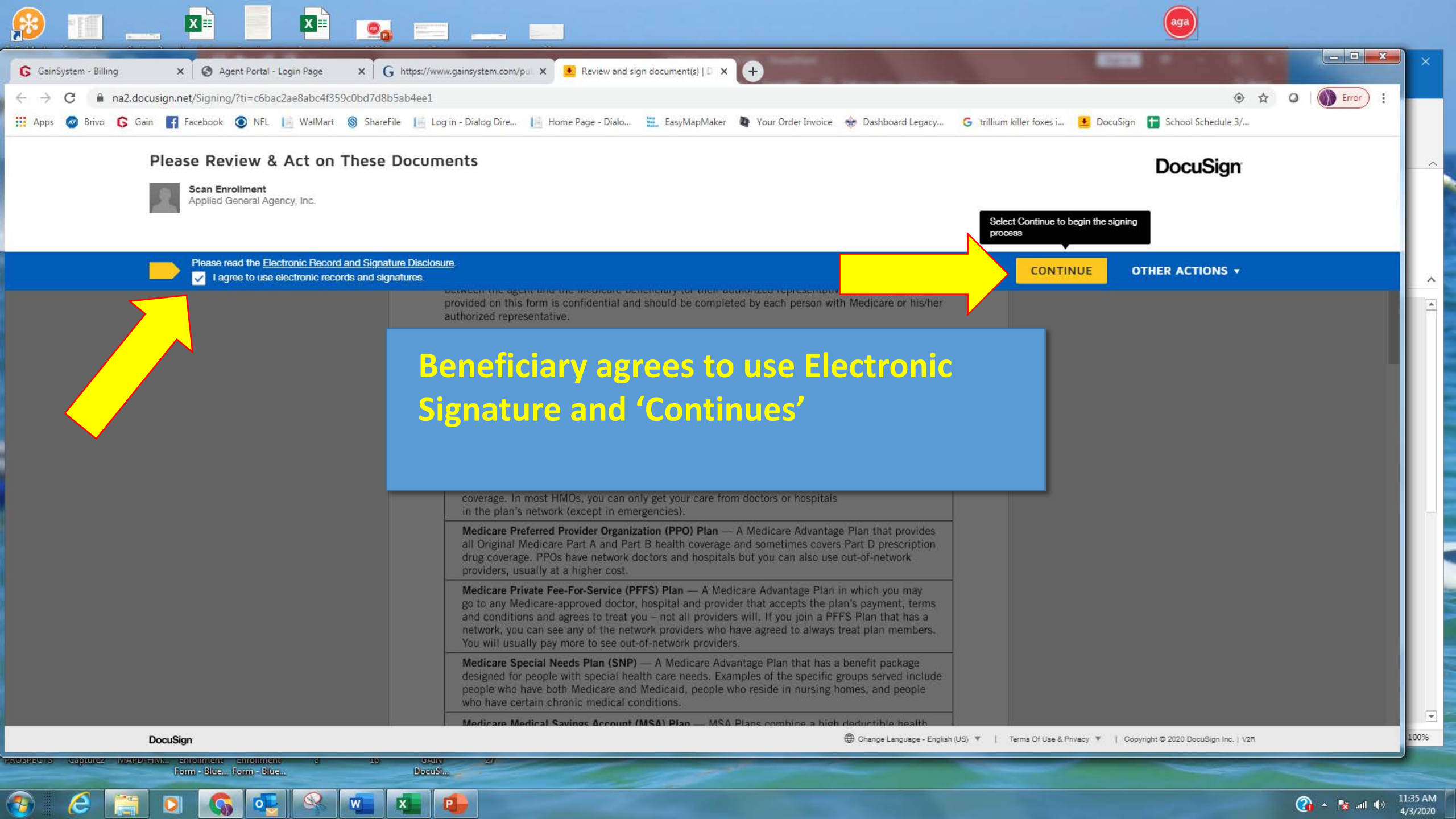
**Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:**

Please Provide Explanation Why SOA Was Not Documented Prior To Meeting:

Back | Next

**Beneficiary will receive DocuSign email From Scan Enrollment and will click 'Review Documents'**

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Review and sign document(s) | D
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Please Review & Act on These Documents
Scan Enrollment
Applied General Agency, Inc.
DocuSign
Select Continue to begin the signing process
Please read the Electronic Record and Signature Disclosure.
I agree to use electronic records and signatures.
CONTINUE
OTHER ACTIONS
provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.
Beneficiary agrees to use Electronic Signature and 'Continues'
coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).
Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.
Medicare Private Fee-For-Service (PFFS) Plan — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.
Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.
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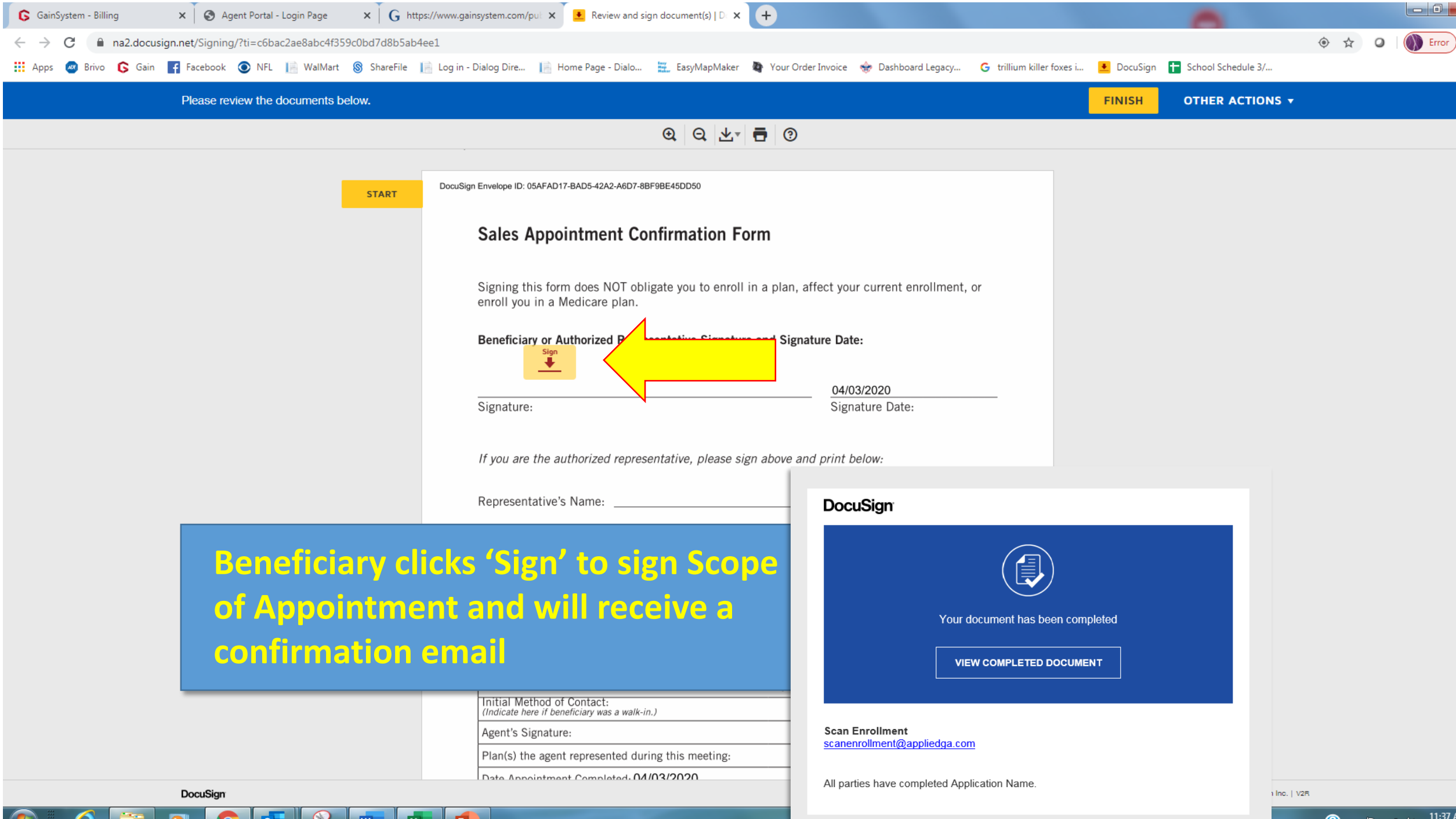
GainSystem - Billing
Agent Portal - Login Page
Review and sign document(s) | D
na2.docusign.net/Signing/?ti=c6bac2ae8abc4f359c0bd7d8b5ab4ee1
Please review the documents below.
FINISH
OTHER ACTIONS
START
DocuSign Envelope ID: 05AFAD17-BAD5-42A2-A6D7-8BF9BE45DD50
Sales Appointment Confirmation Form
Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.
Beneficiary or Authorized R
Signature Date:
Sign
04/03/2020
Signature:
Signature Date:
If you are the authorized representative, please sign above and print below:
Representative's Name:
Initial Method of Contact:
(Indicate here if beneficiary was a walk-in.)
Agent's Signature:
Plan(s) the agent represented during this meeting:
Date Appointment Completed: 04/03/2020
DocuSign
Beneficiary clicks 'Sign' to sign Scope of Appointment and will receive a confirmation email
DocuSign
Your document has been completed
VIEW COMPLETED DOCUMENT
Scan Enrollment
scanenrollment@appliedga.com
All parties have completed Application Name.

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home

**Choose PDF(s)**

Welcome: Birchard Bryan

Logout

Choose the documents for this package:

- Scope of Sales Appointment Form
- **2020 SCAN CA - Individual Enrollment Request Form**
- **2020 SCAN Coordination of Services**

Scope Signed

Continue

Y0057_SCAN_9008_2014 CMS Approved
Last Updated: 10/07/2019

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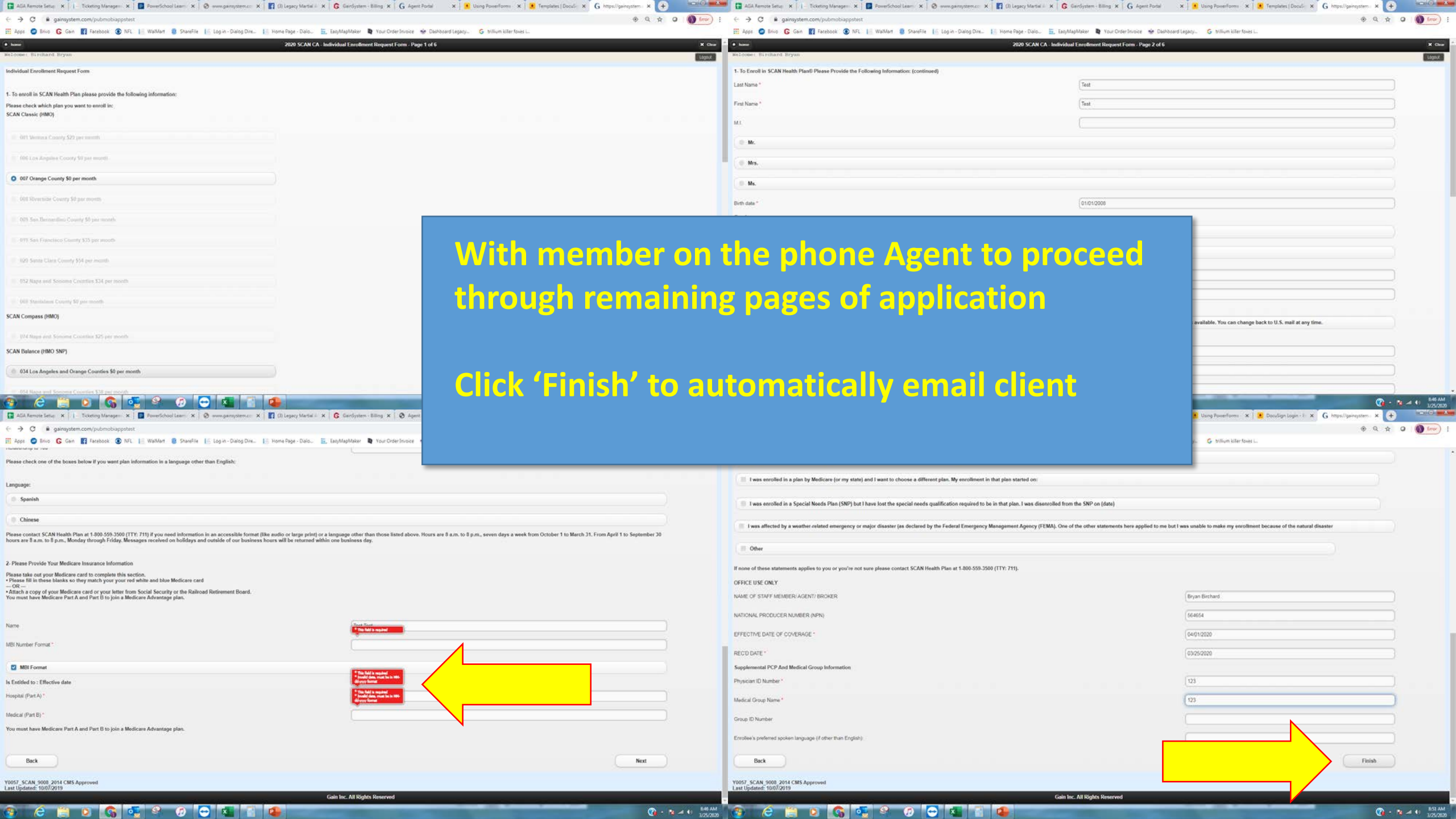
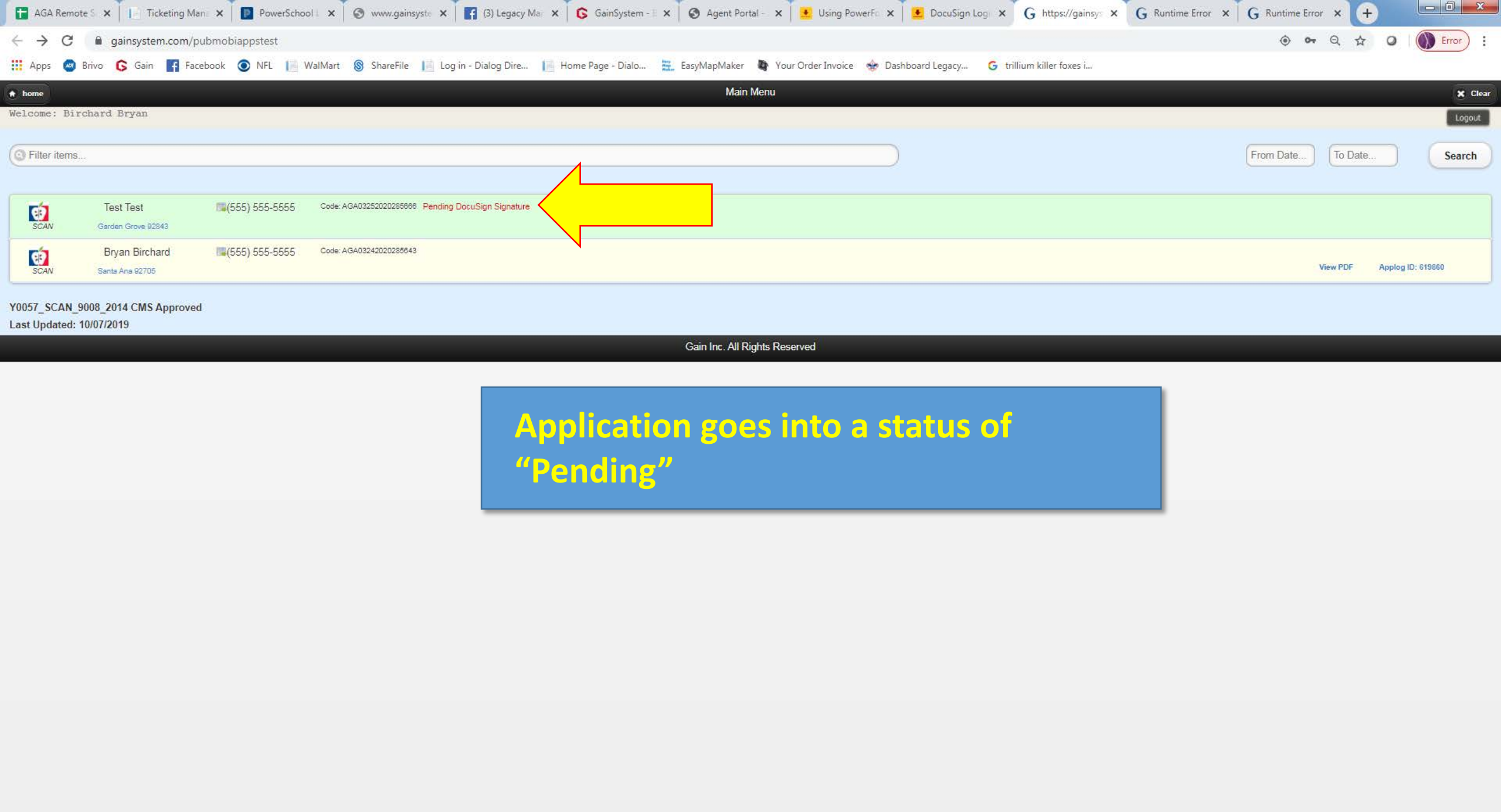
**Once email confirmation is received by the client please allow 5 minutes for status to update in your back office**

11:44 AM
4/3/2020


With member on the phone Agent to proceed through remaining pages of application
Click ‘Finish’ to automatically email client




**Application goes into a status of "Pending"**

Reply Reply All Forward

Wed 3/25/2020 9:11 AM

DocuSign System <dse_na2@docusign.net>

Please DocuSign: 2020 Alignment SOA.pdf

To Beneficiary

If there are problems with how this message is displayed, cli

**Beneficiary will receive this email and will click 'Review Documents'**

DocuSign

Applied General Agency sent you a document to review and sign.

REVIEW DOCUMENTS

**Applied General Agency**
bbirchard@appliedga.com

Beneficiary,

Please DocuSign 2020 Alignment SOA.pdf, 2020 Alignment.pdf

Thank You, Applied General Agency

**Do Not Share This Email**

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## Please Review & Act on These Documents

DocuSign

**Applied General Agency**
Applied General Agency, Inc.

Please read the Electronic Record and Signature Disclosure.
☑ I agree to use electronic records and signatures.

CONTINUE | OTHER ACTIONS

The Cen[illegible] for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

**Please initial below beside the type of product(s) you want the agent to discuss.**

| Initial | **Stand-alone Medicare Prescription Drug Plans (Part D)** |
|---|---|
| | **[illegible]dicare Prescription Drug Plan (PDP)** — A stand-alone drug plan that adds prescription |
| | [illegible] |
| | **Medicare Preferred Provider Organization (PPO) Plan** — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost. |
| | **Medicare Private Fee-For-Service (PFFS) Plan** — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers. |
| | **Medicare Special Needs Plan (SNP)** — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions. |
| | **Medicare Medical Savings Account (MSA) Plan** — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met. |
| | **Medicare Cost Plan** — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services |

**Beneficiary agrees to use electronic Records and signatures and continues**



9:14 AM
3/25/2020

This document is now complete. CLOSE OTHER ACTIONS

**SCAN Options (HMO)**
☐ 073 Santa Clara County $0 per month

**SCAN Prime (HMO)**
☐ 065 Los Angeles County $25 per month
☐ 066 Orange County $26 per month
☐ 067 Riverside County $23 per month
☐ 068 San Bernardino County $23 per month

☐ 030 Riverside County $0 per month
☐ 031 San Bernardino County $0 per month

Y0057_SCAN_10960_2018_M 08152018 R1132 08/19 20F-ENRFORM





**Beneficiary verifies information on application**

To enroll in SCAN Health Plan, please provide the following information: *(continued)*

**Last Name:** Birchard
**First Name:** Bryan M.I. ☒ Mr. ☐ Mrs. ☐ Ms.
**Birth Date:** 07 / 26 / 1978 (MM / DD / YYYY) **Sex:** ☒ Male ☐ Female
**Home Phone Number:** (555) 555-5555
**Email address:** bbirchard@appliedga.com

**Please choose how you want to receive plan information:**
☐ Check here to get your Part C Explanation of Benefits (EOB) and Annual Notice of Change (ANOC) online, rather than by U.S. mail. You will receive an e-mail each time one of these documents is available. You can change back to U.S. mail at any time.

**Permanent Residence Street Address** (P.O. Box is not allowed):
1342 Laurinda Way
City: Santa Ana State: CA ZIP Code: 92705

**Mailing Address** (only if different from your Permanent Residence Address):
Street Address:
City: State: ZIP Code:

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FINISH | OTHER ACTIONS

2020 Alignment SOA.pdf 1 of 2

**Beneficiary clicks 'SIGN HERE' to add their signature**

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

**Beneficiary or Authorized Representative Signature and Signature Date:**

Required - Sign He

Sign

**Signature:**

3/25/2020

**Signature Date:**

*If you are the authorized representative, please sign above and print below:*

*Representative's Name:*

*Your Relationship to the Beneficiary:*

NEXT

**To be completed by Agent:**

| | |
|---|---|
| Agent Name: test | Agent Phone: test |
| Beneficiary Name: test | Beneficiary Phone (Optional): test |
| Beneficiary Address (Optional): stse | |
| Initial Method of Contact (Indicate here if beneficiary was a walk-in.): rtes | |
| Agent's Signature: | |
| Plan(s) the agent represented during this meeting: test | |

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Enter text

FINISH | OTHER ACTIONS

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**By signing this form, you agree to a meeting with a sales agent to discuss the types of**

**Beneficiary's signature added**

**Beneficiary or Authorized Representative Signature and Signature Date:**

~~Beneficiary~~ **Signature:** _____

3/25/2020

**Signature Date:**

*If you are the authorized representative, please sign above and print below:*

*Representative'sName:* test

*Your Relationship to the Beneficiary:* test

NEXT

**To be completed by Agent:**

| | |
|---|---|
| Agent Name: test | Agent Phone: test |
| Beneficiary Name: test | Beneficiary Phone (Optional): test |
| Beneficiary Address (Optional): stse | |
| Initial Method of Contact (Indicate here if beneficiary was a walk-in.): rtes | |
| Agent's Signature: | |
| Plan(s) the agent represented during this meeting: test | |
| Date Appointment Completed: tes | |
| Plan Use Only: | |

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Done! Select Finish to send the completed document. FINISH OTHER ACTIONS

- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date)_____.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the

**Beneficiary's clicks 'FINISH'**

- ☐ I recently left a PACE program on (insert date)_____.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date)_____.
- ☐ I am leaving employer or union coverage on (insert date)_____.
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date)_____.
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
- ☐ I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management. Agency (FE.M.A). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements applies to you or you're not sure, please contact Alignment Health Plan at 866-634-2247 (TTY users should call 711) to see if you are eligible to enroll. We are open 8am-8pm, seven days a week (except Thanksgiving and Christmas) from October 1 to March 31 and 8am-8pm Monday through Friday (except holidays) from April 1 through September 30.

2020 Attestation of Enrollment

2020 Alignment.pdf 5 of 5

FINISH

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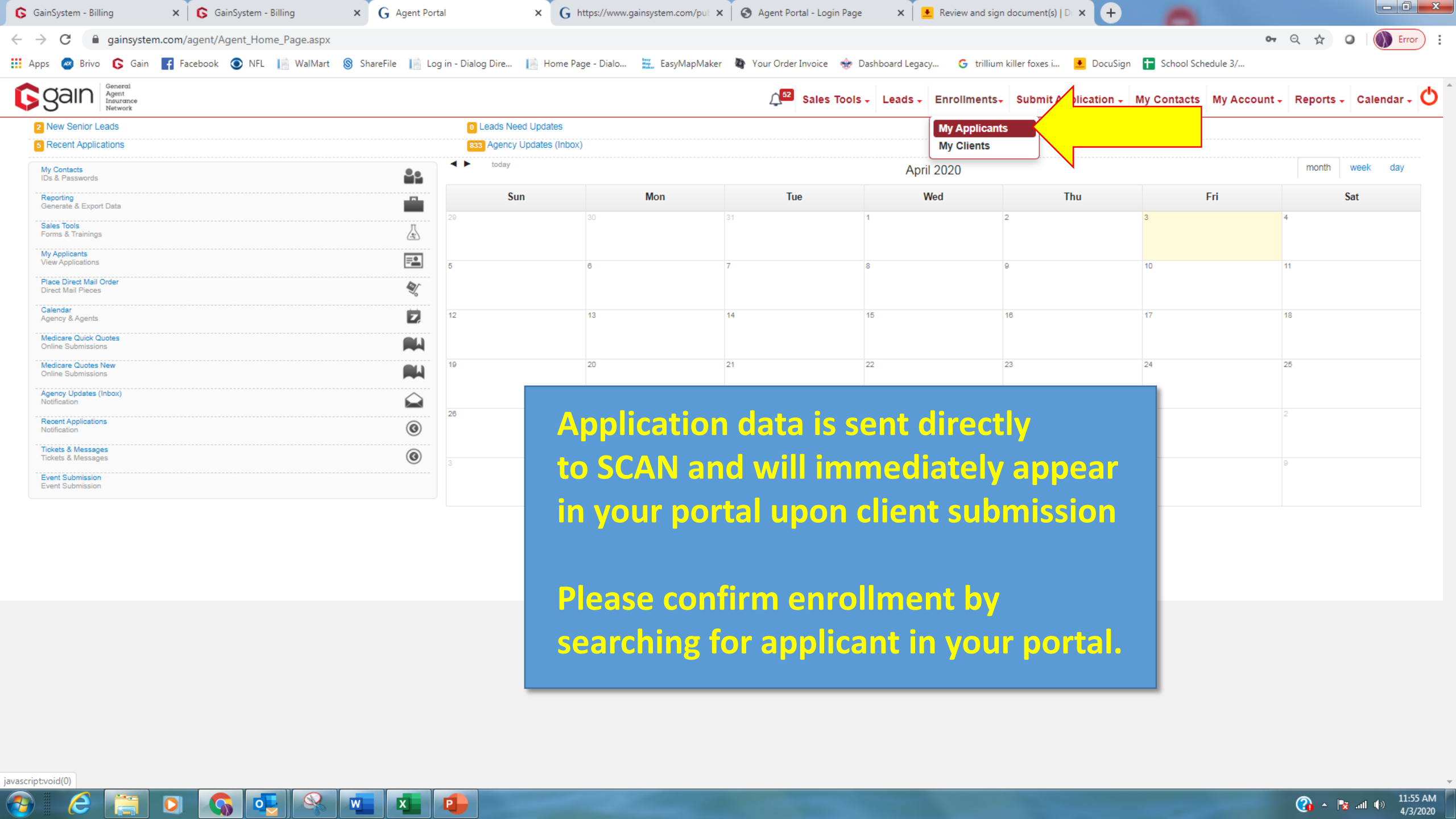
9:19 AM 3/25/2020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Agent Portal - Login Page
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gainsystem.com/agent/Agent_Home_Page.aspx
Error
Apps
Brivo
Gain
Facebook
NFL
WalMart
ShareFile
Log in - Dialog Dire...
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EasyMapMaker
Your Order Invoice
Dashboard Legacy...
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DocuSign
School Schedule 3/...
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General Agent Insurance Network
52
Sales Tools
Leads
Enrollments
Submit Application
My Contacts
My Account
Reports
Calendar
My Applicants
My Clients
2 New Senior Leads
5 Recent Applications
0 Leads Need Updates
833 Agency Updates (Inbox)
My Contacts
IDs & Passwords
Reporting
Generate & Export Data
Sales Tools
Forms & Trainings
My Applicants
View Applications
Place Direct Mail Order
Direct Mail Pieces
Calendar
Agency & Agents
Medicare Quick Quotes
Online Submissions
Medicare Quotes New
Online Submissions
Agency Updates (Inbox)
Notification
Recent Applications
Notification
Tickets & Messages
Tickets & Messages
Event Submission
Event Submission
today
April 2020
month
week
day
Sun
Mon
Tue
Wed
Thu
Fri
Sat
Application data is sent directly to SCAN and will immediately appear in your portal upon client submission
Please confirm enrollment by searching for applicant in your portal.
javascript:void(0)
11:55 AM
4/3/2020

# GAIN DocuSign