



## Anthem Appointment Instructions

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# **Anthem Appointment**

## **Troubleshooting Guide and Frequently Asked Questions**

### **System Requirements:**

Browser: Microsoft® Internet Explorer version 5.01 or higher. **DO NOT USE GOOGLE CHROME.**

Adobe Acrobat Reader: Adobe Acrobat Reader 6.0 or higher.

**Your appointment has not been submitted until you receive a confirmation number.** Keep your confirmation number for your records. If GoHealth needs to research your appointment we will require your confirmation to do so.

### **Q: How do I ensure that I completed the appointment paperwork correctly?**

**A:** Review your submitted information and reference the appointment instructions sheet you received. All the information you need to complete the appointment correctly is included in the appointment instructions.

### **Q: I received a request for missing information from Anthem, what do I need to do?**

**A:** Login to your NoMoreForms account, and verify that you entered the information correctly on Section 3: Commission Assignment on the PDS States form. The information listed should be the following:

Agency Name: GoHealth

Agency Tax ID: 26-3235175

Agency Principle Name: Michael Owens

Agency Business Address: 214 W. Huron Street, Suite 100, Chicago, IL 60654, Cook

Agency Phone Number: 888-250-3409

### **Q: Why am I assigning my commissions to GoHealth in Section 3: Commission Assignment on the PDS States form?**

**A:** All commissions are assigned to GoHealth, and then GoHealth pays you directly.

### **Q: Why do I have to complete separate links for the same carrier?**

**A:** Anthem operates under multiple entities, which requires separate paperwork due to state guidelines.

**Contact your VMO Manager with any additional questions.**

## **Anthem Medicare Supplement: GA, MO, OH & WI**

1. [Click here](#) to initiate the appointment process on NoMoreForms.
  - a. If you experience any technical issues with NoMoreForms, please visit [this site](#) for assistance.
2. Input your first name, last name, SSN, and a password.
3. Click “Logon to nomoreforms.”
4. Select your resident state from the dropdown.
5. Select the states in which you would like to become appointed.
6. Select the method of payment for appointment fees.
  - a. Appointment fees as of 7/2018 are as follows:
    - i. Georgia - \$14.84
    - ii. Ohio - \$15
    - iii. Missouri – No fee
    - iv. Wisconsin – Per appointing company, \$16 for residents and \$40 for non-residents
  - b. Please note that NIPR fees will be added and, depending upon the method of payment selected, an additional small processing fee will apply.
7. Click “Calculate Fees” to see the total amount of fees for the selected states.
8. Click “Accept Fees and Continue.”
9. Input the requested information for fee payment and select the checkboxes.
10. Click “Submit Payment.”
11. Click “Continue to Forms.”
12. Click on “AICI Instructions 04/2018.”
13. Click “Agree.”
14. Click on “AICI PDS.”
15. Complete the required information noting the following requirements:
  - a. SECTION 2: APPOINTMENT INFORMATION
    - i. “Subagent” should be the type of appointment
  - b. SECTION 3: COMMISSION ASSIGNMENT
    - i. **Input the following information exactly as written below in each required field:**
      1. Agency name: GoHealth LLC
      2. Agency tax ID no.: 263235175
      3. Agency business address: 214 W. Huron Street
      4. City: Chicago
      5. State: IL
      6. Zip code: 60654
  - c. SECTION 4: COMMISSION HIERARCHY
    - i. **Input GoHealth LLC as the broker general agency (BGA) name**
    - ii. Input HGGNMJMMSY as the BGA broker ID no. or BGA broker code
16. Sign, date and click “Agree.”
17. Click on “MAPD Addendum 06-2018.”
18. Complete the required fields at the bottom of the page and click “Agree.”
19. Submit all forms. Save your confirmation number for appointment status inquiries.

## **Anthem Medicare Supplement: Indiana**

1. [Click here](#) initiate the appointment process on NoMoreForms.
2. Input your first name, last name, SSN, and a password.
3. Click “Logon to nomoreforms.”
4. Click on “CIC Instructions.” Click “Agree.”
5. Click on “PDS No State.”
6. Complete the required information noting the following requirements:
  - a. SECTION 2: APPOINTMENT INFORMATION
    - i. “Subagent” should be the type of appointment
  - b. SECTION 3: COMMISSION ASSIGNMENT
    - i. **Input the following information exactly as written below in each required field:**
      1. Agency name: GoHealth LLC
      2. Agency tax ID no.: 263235175
      3. Agency business address: 214 W. Huron Street
      4. City: Chicago
      5. State: IL
      6. Zip code: 60654
  - c. SECTION 4: COMMISSION HIERARCHY
    - i. **Input GoHealth LLC as the broker general agency (BGA) name**
    - ii. Input HGGNMJMMSY as the BGA broker ID no. or BGA broker code
7. Sign, date and click “Agree.”
8. Click on “MAPD Addendum 06-2018.”
9. Complete the required fields at the bottom of the page and click “Agree.”
10. Submit all forms. Save your confirmation number for appointment status inquiries.

## Amerigroup: AZ, NJ, NM, TN, TX & WA

1. [Click here](#) to initiate the appointment process on NoMoreForms.
  - a. If you experience any technical issues with NoMoreForms, please visit [this site](#) for assistance.
2. Input your first name, last name, SSN, and a password.
3. Click “Logon to nomoreforms.”
4. Select your resident state from the dropdown.
5. Select the states in which you would like to become appointed with Amerigroup.
  - a. *Note: If Maryland appears as an option, **do not** select Maryland. Maryland is currently not available for appointments and will delay your appointment application if selected.*
6. Select the method of payment for appointment fees.
  - a. Appointment fees as of 7/2018 are as follows:
    - i. Arizona – No Fee
    - ii. New Jersey - \$26.53
    - iii. New Mexico - \$21.53
    - iv. Tennessee - \$16.53
    - v. Texas - \$23.06
    - vi. Washington - \$21.53
  - b. Please note that depending upon the method of payment selected, an additional small processing fee will apply.
7. Click “Calculate Fees” to see the total amount of fees for the selected states.
8. Click “Accept Fees and Continue.”
9. Input the requested information for fee payment and select the checkboxes.
10. Click “Submit Payment.”
11. Click “Continue to Forms.”
12. Click on “AGP MAPD Addendum 1216.”
13. Complete the required fields and click “Agree.”
14. Click on “Amerigroup Instructions 04/18.”
15. Review and click “Agree.”
16. Click on “Amerigroup PDS.”
17. Complete the required information noting the following requirements:
  - a. SECTION 2: APPOINTMENT INFORMATION
    - i. “Subagent” should be the type of appointment
  - b. SECTION 3: COMMISSION ASSIGNMENT
    - i. Input the following information **exactly as written below in each required field:**
      1. Agency name: GoHealth LLC
      2. Agency tax ID no.: 263235175
      3. Agency business address: 214 W. Huron Street
      4. City: Chicago
      5. State: IL
      6. Zip code: 60654
  - c. SECTION 4: COMMISSION HIERARCHY
    - i. Input GoHealth LLC as the broker general agency (BGA) name
    - ii. Input HGGNMJMMSY as the BGA broker ID no. or BGA broker code
  - d. SECTION 7: LICENSE INFORMATION
    - i. Select all states in which you would like to become appointed. **Do not select MD.**
  - e. Sign, date and click “Agree” at the bottom of the form.
18. Submit all forms. Save your confirmation number for appointment status inquiries.

## Anthem: CO, IN, KY, MO, NV, OH, VA & WI

1. [Click here](#) to initiate the appointment process on NoMoreForms.
  - a. If you experience any technical issues with NoMoreForms, please visit [this site](#) for assistance.
2. Input your first name, last name, SSN, and a password.
3. Click “Logon to nomoreforms.”
4. Select your resident state from the dropdown.
5. Select the states in which you’d like to become appointed.
6. Select the method of payment for appointment fees.
  - a. Appointment fees as of 7/2018 are as follows:
    - i. CO – None
    - ii. IN – None
    - iii. KY – \$41.53 residents, \$51.53 non-residents
    - iv. MO – None
    - v. NV – None
    - vi. OH – \$49.59
    - vii. VA – \$34.59
    - viii. WI – \$52.59 residents, \$124.59 non-residents
  - b. Please note that depending upon the method of payment selected, an additional small processing fee will apply.
7. Click “Calculate Fees” to see the total amount of fees for the selected states.
8. Click “Accept Fees and Continue.”
9. Input the requested information for fee payment and select the checkboxes.
10. Click “Submit Payment.”
11. Click “Continue to Forms.”
12. Click on “Sub-Agent Instruct 12-2017”
13. Click “Agree.”
14. Click on “PDS States.”
15. Complete the required information noting the following requirements:
  - a. SECTION 2: APPOINTMENT INFORMATION
    - i. “Subagent” should be the type of appointment
  - b. SECTION 3: COMMISSION ASSIGNMENT
    - i. Input the following information **exactly as written below in each required field:**
      1. Agency name: GoHealth LLC
      2. Agency tax ID no.: 263235175
      3. Agency business address: 214 W. Huron Street
      4. City: Chicago
      5. State: IL
      6. Zip code: 60654
  - c. SECTION 4: COMMISSION HIERARCHY
    - i. Input GoHealth LLC as the broker general agency (BGA) name
    - ii. Input HGGNMJMMSY as the BGA broker ID no. or BGA broker code
  - d. Sign, date and click “Agree” at the bottom of the form.
16. Click on “VA Admin Letter – 03-2016.”
17. Click “Save Your Info.”
18. Click on “MAPD Addendum 06-2018”
19. Complete the required information and click “Agree.”
20. Submit all forms. Save your confirmation number for appointment status inquiries.

## Anthem: California

1. [Click here](#) to initiate the appointment process on NoMoreForms.
  - a. If you experience any technical issues with NoMoreForms, please visit [this site](#) for assistance.
2. Input your first name, last name, SSN, and a password.
3. Click “Logon to nomoreforms.”
4. Select your resident state from the dropdown.
5. Select the checkbox under California.
6. Click “Calculate Fees” to see the total amount of fees (\$30.53 plus processing fee).
7. Click “Accept Fees and Continue.”
8. Input the requested information for fee payment and select the checkboxes.
9. Click “Submit Payment.”
10. Click “Continue to Forms.”
11. Click “CA Instructions 09-2016.”
12. Click “Agree.”
13. Click “PDS No State.”
14. Complete the required information noting the following requirements:
  - a. SECTION 2: APPOINTMENT INFORMATION
    - i. “Subagent” should be the type of appointment
  - b. SECTION 3: COMMISSION ASSIGNMENT
    - i. Input the following information **exactly as written below in each required field:**
      1. Agency name: GoHealth LLC
      2. Agency tax ID no.: 263235175
      3. Agency business address: 214 W. Huron Street
      4. City: Chicago
      5. State: IL
      6. Zip code: 60654
  - c. SECTION 4: COMMISSION HIERARCHY
    - i. Input GoHealth LLC as the broker general agency (BGA) name
    - ii. Input HGGNMJMMSY as the BGA broker ID no. or BGA broker code
  - d. Sign, date and click “Agree” at the bottom of the form.
  - e. Click “CA MAPD Addendum 12-2016.”
15. Complete the required information and click “Agree.”
16. Submit all forms. Save your confirmation number for appointment status inquiries.

## **Anthem: Connecticut**

1. [Click here](#) to initiate the appointment process on NoMoreForms.
  - a. If you experience any technical issues with NoMoreForms, please visit [this site](#) for assistance.
2. Input your first name, last name, SSN, and a password.
3. Click “Logon to nomoreforms.”
4. Select your resident state from the dropdown.
5. Select the checkboxes under Connecticut.
6. Click “Calculate Fees” to see the total amount of fees (\$101.53 plus processing fee).
7. Click “Accept Fees and Continue.”
8. Input the requested information for fee payment and select the checkboxes.
9. Click “Submit Payment.”
10. Click “Continue to Forms.”
11. Click “CT Instructions 04-2016.” Click “Agree.”
12. Click “PDS No State.”
13. Complete the required information noting the following requirements:
  - a. SECTION 2: APPOINTMENT INFORMATION
    - i. “Subagent” should be the type of appointment
  - b. SECTION 3: COMMISSION ASSIGNMENT
    - i. Input the following information **exactly as written below in each required field:**
      1. Agency name: GoHealth LLC
      2. Agency tax ID no.: 263235175
      3. Agency business address: 214 W. Huron Street
      4. City: Chicago
      5. State: IL
      6. Zip code: 60654
  - c. SECTION 4: COMMISSION HIERARCHY
    - i. Input GoHealth LLC as the broker general agency (BGA) name
    - ii. Input HGGNMJMMSY as the BGA broker ID no. or BGA broker code
  - d. Sign, date and click “Agree” at the bottom of the form.
14. Click “2015 CT Agreement.”
15. Input required information and click “Agree.”
16. Click “CT 2016 QHP Amendment.” Click “Agree.”
17. Click “CT 2017 Retro Rule Amend.” Click “Agree.”
18. Click “MAPD Addendum 06-2018.” Input required information and click “Agree.”
19. Submit all forms. Save your confirmation number for appointment status inquiries.



## Anthem: Georgia

1. [Click here](#) to initiate the appointment process on NoMoreForms.
  - a. If you experience any technical issues with NoMoreForms, please visit [this site](#) for assistance.
2. Input your first name, last name, SSN, and a password.
3. Click “Logon to nomoreforms.”
4. Select your resident state from the dropdown.
5. Select the checkbox under Georgia.
6. Click “Calculate Fees” to see the total amount of fees (\$49.11 plus processing fee).
7. Click “Accept Fees and Continue.”
8. Input the requested information for fee payment and select the checkboxes.
9. Click “Submit Payment.”
10. Click “Continue to Forms.”
11. Click “GA Instruct 12-2017.” Click “Agree.”
12. Click “PDS No State.”
13. Complete the required information noting the following requirements:
  - a. SECTION 2: APPOINTMENT INFORMATION
    - i. “Subagent” should be the type of appointment
  - b. SECTION 3: COMMISSION ASSIGNMENT
    - i. Input the following information **exactly as written below in each required field:**
      1. Agency name: GoHealth LLC
      2. Agency tax ID no.: 263235175
      3. Agency business address: 214 W. Huron Street
      4. City: Chicago
      5. State: IL
      6. Zip code: 60654
  - c. SECTION 4: COMMISSION HIERARCHY
    - i. Input GoHealth LLC as the broker general agency (BGA) name
    - ii. Input HGGNMJMMSY as the BGA broker ID no. or BGA broker code
  - d. Sign, date and click “Agree” at the bottom of the form.
14. Click “2016 GA Agent Agreement.”
15. Input required information and click “Agree.”
16. Click “GA 2016 QHP Agent Amend.” Click “Agree.”
17. Click “GA 2017 Ret Rule Agt Amend.” Click “Agree.”
18. Click “MAPD Addendum 06-2018.” Input required information and click “Agree.”
19. Submit all forms. Save your confirmation number for appointment status inquiries.

## Anthem: Maine Medicare

1. [Click here](#) to initiate the appointment process on NoMoreForms.
  - a. If you experience any technical issues with NoMoreForms, please visit this site for assistance.
2. Input your first name, last name, SSN, and a password.
3. Click “Logon to nomoreforms.”
4. Select your resident state from the dropdown.
5. Select the checkbox under Maine.
6. Click “Calculate Fees” to see the total amount of fees (\$31.53 plus processing fee for residents, \$46.53 plus processing fee for non-residents).
7. Click “Accept Fees and Continue.”
8. Input the requested information for fee payment and select the checkboxes.
9. Click “Submit Payment.”
10. Click “Continue to Forms.”
11. Click “ME SNR Instructions 08-2016.” Click “Agree.”
12. Click “PDS No State.”
13. Complete the required information noting the following requirements:
  - a. SECTION 2: APPOINTMENT INFORMATION
    - i. “Subagent” should be the type of appointment
  - b. SECTION 3: COMMISSION ASSIGNMENT
    - i. Input the following information **exactly as written below in each required field:**
      1. Agency name: GoHealth LLC
      2. Agency tax ID no.: 263235175
      3. Agency business address: 214 W. Huron Street
      4. City: Chicago
      5. State: IL
      6. Zip code: 60654
  - c. SECTION 4: COMMISSION HIERARCHY
    - i. Input GoHealth LLC as the broker general agency (BGA) name
    - ii. Input HGGNMJMMSY as the BGA broker ID no. or BGA broker code
  - d. Sign, date and click “Agree” at the bottom of the form.
14. Click “ME Agreement.”
15. Input required information and click “Agree.”
16. Click “ME Addendum.” Click “Agree.”
17. Click “ME Senior 2017 Retro Rule.” Click “Agree.”
18. Click “MAPD Addendum 06-2018.” Input required information and click “Agree.”
19. Submit all forms. Save your confirmation number for appointment status inquiries.

## Anthem: Maine U65

1. [Click here](#) to initiate the appointment process on NoMoreForms.
  - a. If you experience any technical issues with NoMoreForms, please visit [this site](#) for assistance.
2. Input your first name, last name, SSN, and a password.
3. Click “Logon to nomoreforms.”
4. Select your resident state from the dropdown.
5. Select the checkbox under Maine.
6. Click “Calculate Fees” to see the total amount of fees (\$63.06 plus processing fee for residents, \$93.06 plus processing fee for non-residents).
7. Click “Accept Fees and Continue.”
8. Input the requested information for fee payment and select the checkboxes.
9. Click “Submit Payment.”
10. Click “Continue to Forms.”
11. Click “ME SubAgt Instructions 09-17.” Click “Agree.”
12. Click “PDS No State.”
13. Complete the required information noting the following requirements:
  - a. SECTION 2: APPOINTMENT INFORMATION
    - i. “Subagent” should be the type of appointment
  - b. SECTION 3: COMMISSION ASSIGNMENT
    - i. Input the following information **exactly as written below in each required field:**
      1. Agency name: GoHealth LLC
      2. Agency tax ID no.: 263235175
      3. Agency business address: 214 W. Huron Street
      4. City: Chicago
      5. State: IL
      6. Zip code: 60654
  - c. SECTION 4: COMMISSION HIERARCHY
    - i. Input GoHealth LLC as the broker general agency (BGA) name
    - ii. Input HGGNMJMMSY as the BGA broker ID no. or BGA broker code
  - d. Sign, date and click “Agree” at the bottom of the form.
20. Click “2015 ME Producer Agreement.”
21. Input required information and click “Agree.”
22. Click “ME 08-2016 QHP Amend.” Click “Agree.”
23. Submit all forms. Save your confirmation number for appointment status inquiries.

## Anthem: New Hampshire

1. [Click here](#) to initiate the appointment process on NoMoreForms.
  - a. If you experience any technical issues with NoMoreForms, please visit [this site](#) for assistance.
2. Input your first name, last name, SSN, and a password.
3. Click “Logon to nomoreforms.”
4. Select your resident state from the dropdown.
5. Select the checkbox under New Hampshire.
6. Click “Calculate Fees” to see the total amount of fees (\$53.06 plus processing fee).
7. Click “Accept Fees and Continue.”
8. Input the requested information for fee payment and select the checkboxes.
9. Click “Submit Payment.”
10. Click “Continue to Forms.”
11. Click “PDS No State.”
12. Complete the required information noting the following requirements:
  - a. SECTION 2: APPOINTMENT INFORMATION
    - i. “Subagent” should be the type of appointment
  - b. SECTION 3: COMMISSION ASSIGNMENT
    - i. Input the following information **exactly as written below in each required field:**
      1. Agency name: GoHealth LLC
      2. Agency tax ID no.: 263235175
      3. Agency business address: 214 W. Huron Street
      4. City: Chicago
      5. State: IL
      6. Zip code: 60654
  - c. SECTION 4: COMMISSION HIERARCHY
    - i. Input GoHealth LLC as the broker general agency (BGA) name
    - ii. Input HGGNMJMMSY as the BGA broker ID no. or BGA broker code
  - d. Sign, date and click “Agree” at the bottom of the form.
13. Click “NH Instructions 04-2016.” Click “Agree.”
14. Click “NH Commission Agreement.” Input required information and click “Agree.”
15. Click “NH Ind Comm Agreement.” Input required information and click “Agree.”
16. Click “NH Group Amend REV 09-15.” Input required information and click “Agree.”
17. Click “NH Individual Amend 08-15.” Input required information and click “Agree.”
18. Click “QHP Group Amend 04-2016.” Click “Agree.”
19. Click “QHP Ind Amend 04-2016.” Click “Agree.”
20. Click “Retro Rule GRP Amend 08-17.” Click “Agree.”
21. Click “Retro Rule IND Amend 08-17.” Click “Agree.”
22. Click “MAPD Addendum 06-2018.” Input required information and click “Agree.”
23. Submit all forms. Save your confirmation number for appointment status inquiries.

## **Anthem: New York**

1. [Click here](#) to initiate the appointment process on NoMoreForms.
  - a. If you experience any technical issues with NoMoreForms, please visit [this site](#) for assistance.
2. Input your first name, last name, SSN, and a password.
3. Click “Logon to nomoreforms.”
4. Click “NY Instruction Letter.” Click “Agree.”
5. Click “PDS No State.”
6. Complete the required information noting the following requirements:
  - a. SECTION 2: APPOINTMENT INFORMATION
    - i. “Subagent” should be the type of appointment
  - b. SECTION 3: COMMISSION ASSIGNMENT
    - i. Input the following information **exactly as written below in each required field:**
      1. Agency name: GoHealth LLC
      2. Agency tax ID no.: 263235175
      3. Agency business address: 214 W. Huron Street
      4. City: Chicago
      5. State: IL
      6. Zip code: 60654
  - c. SECTION 4: COMMISSION HIERARCHY
    - i. Input GoHealth LLC as the broker general agency (BGA) name
    - ii. Input HGGNMJMMSY as the BGA broker ID no. or BGA broker code
  - d. Sign, date and click “Agree” at the bottom of the form.
7. Click “NY Producer Agreement.” Input the required information and click “Agree.”
8. Click “NY MAPD Addendum 12-2016.” Input the required information and click “Agree.”
9. Click “NY Producer Agree Amend.” Input the required information and click “Agree.”
10. Click “NY Amendment to Agreement.” Input the required information and click “Agree.”
11. Click “NY Amend to Agree 10116.” Click “Agree.”
12. Click “NY Group Amend 08/17.” Input the required information and click “Agree.”
13. Submit all forms. Save your confirmation number for appointment status inquiries.