



Appointment, Contracting, and Demographic Update Procedure for FMO and MGAs

Purpose

The purpose of this SOP is to provide detailed instructions to Agents/Agencies on how to request appointment and contracting for FMO and MGA. Specifically, steps will be provided to guide Agents/Agencies on how to access the forms to complete the appropriate contracting paperwork.

Background

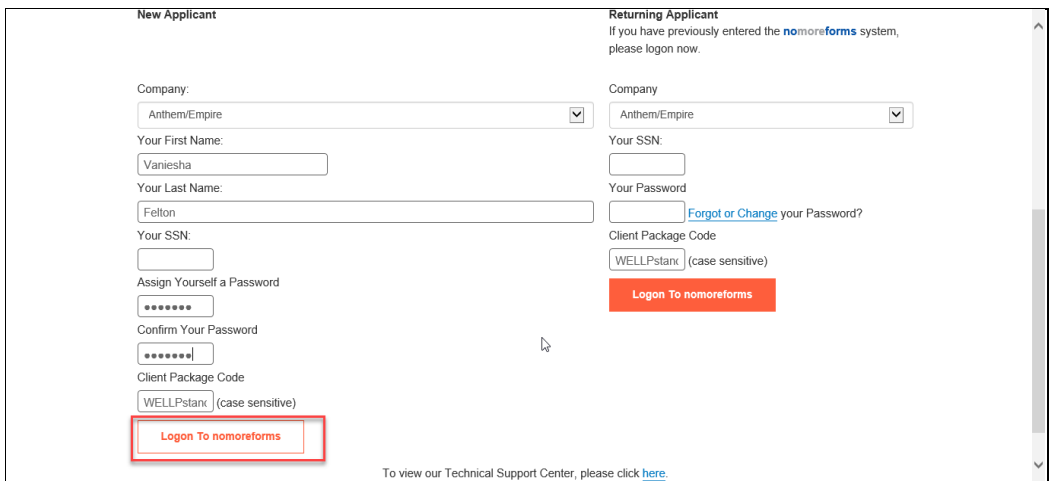
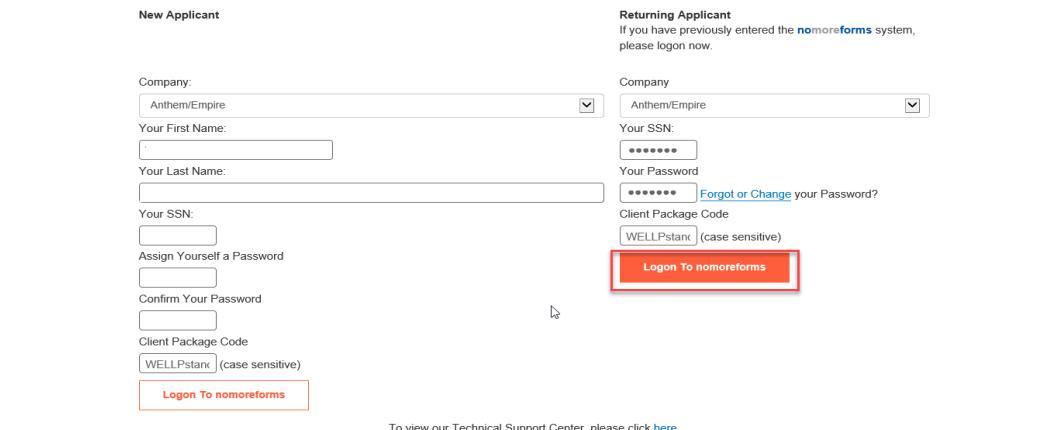
We partners with Agents/Agencies to offer services to our members and this begins with completing the contracting process. To ensure that the proper information is obtained the system has been updated to help guide agents/agencies to the correct documents. The forms can be completed, tracked, and submitted online.

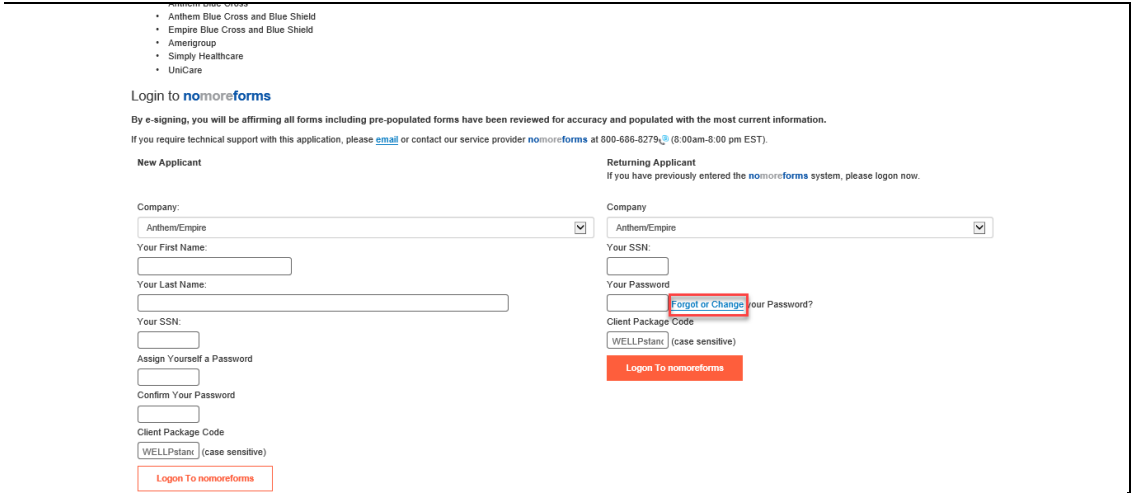
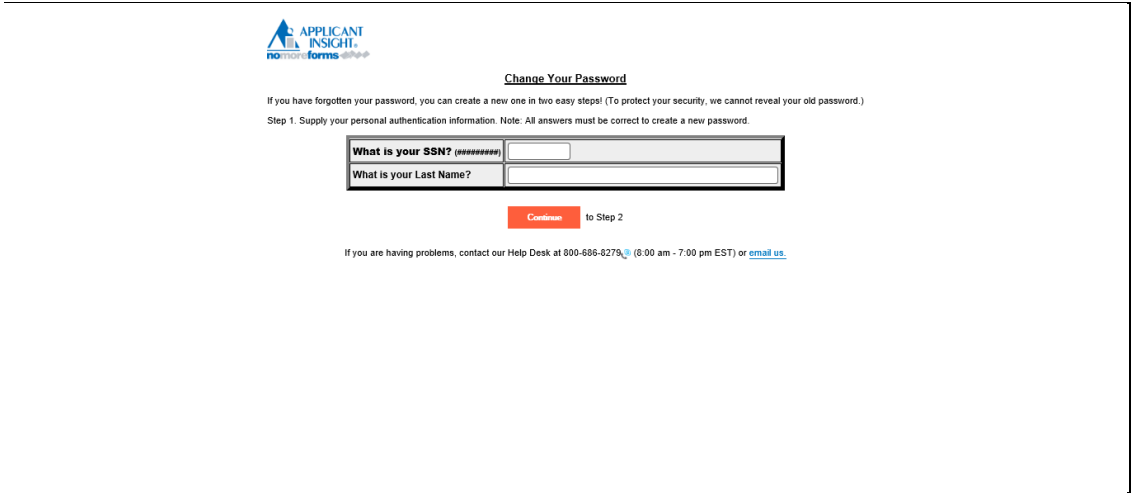
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No More Forms Log In

This section will describe how to log into No More Forms

Step	Action								
1	Select the link for your agency. Provided by your sales associate.								
2	<p>Determine if the agent is new or returning</p> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>The agent is a New Applicant</td><td>Complete step 3</td></tr> <tr> <td>The agent is a Return Applicant</td><td>Complete step 4</td></tr> <tr> <td>The agent is a New Applicant referred by an Administrator</td><td>Complete steps 5-7</td></tr> </table>	If...	Then...	The agent is a New Applicant	Complete step 3	The agent is a Return Applicant	Complete step 4	The agent is a New Applicant referred by an Administrator	Complete steps 5-7
If...	Then...								
The agent is a New Applicant	Complete step 3								
The agent is a Return Applicant	Complete step 4								
The agent is a New Applicant referred by an Administrator	Complete steps 5-7								
3	<p>New Applicants will need to register on No More Forms by entering the details in the required fields and selecting the Login To nomoreforms button to finalize registration.</p>  <p>Note: The password must be:</p> <ul style="list-style-type: none"> • 8-10 characters, • include an uppercase, • and number or special character 								
4	<p>Returning Applicants will login with the SSN and Password previously created.</p> 								

Step	Action
5	<p>If being referred by an Administrator, a password reset must be completed.</p> <p>Click the Forget or Change link</p> <div data-bbox="298 369 1421 858">  </div>
6	<p>Enter the SSN and Last Name</p> <div data-bbox="298 1001 1421 1491">  </div>

Choose the New Password, **Confirm** the New Password, click **Submit**



Change Your Password

Step 2: Please enter your new Password twice below, then click "Submit".

Choose a new Password:	<input type="password"/>
Type it again:	<input type="password"/>

Submit

The list of forms to be completed will populate as well as the current status of submitted forms.

Anthem/Empire

- , to complete the form(s) required in the **Anthem FMO package** simply click the name of any form with an **Incomplete** status.
- You can view, edit or print any form - by clicking its name.
- In order to expedite the appointment process, please attach a copy of the check you will be submitting for payment and mail physical check to the address listed below:
Anthem Blue Cross and Blue Shield
Attn: Licensing and Credentialing Department
P O Box 6087
Indianapolis, Indiana 46206-6087
- You have attached 1 of the 1 required attachments for **Anthem/Empire**. [Please click here to add \(or view\) attachments as necessary.](#)

Processing Stage	Percentage Complete
Up line Processing	0%

If you require assistance, please contact licensing and credentialing at (877)304-6470. Our hours of operation are 9:00AM to 4:30PM ET

Anthem FMO package Forms	Status	Submitted
FMO Leading Questions	Incomplete	Yes

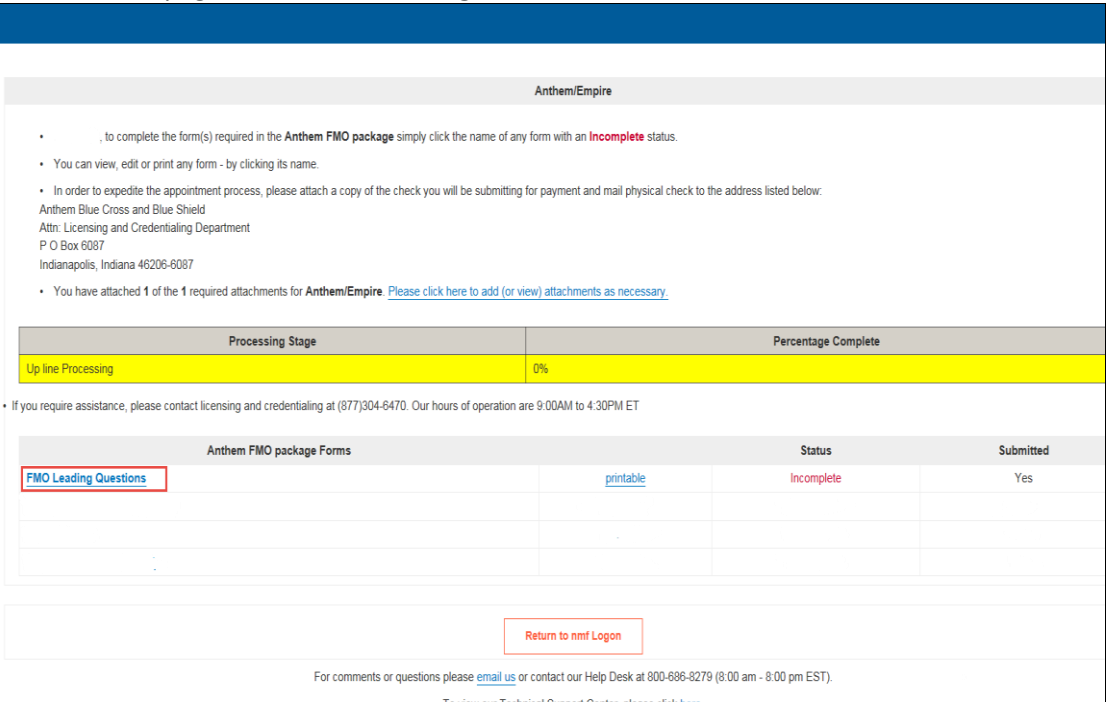
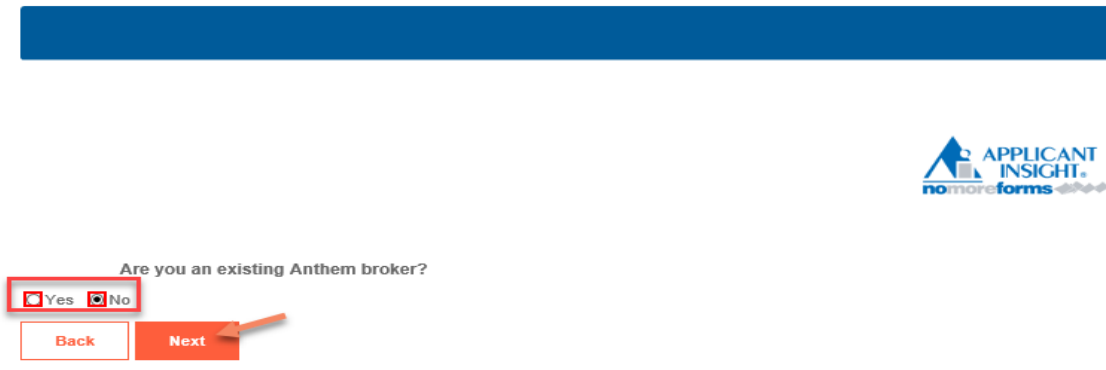
Return to nmf Logon

For comments or questions please [email us](#) or contact our Help Desk at 800-686-8279 (8:00 am - 8:00 pm EST).

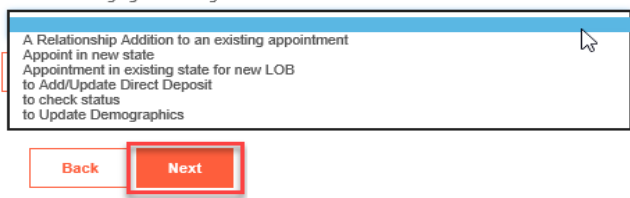
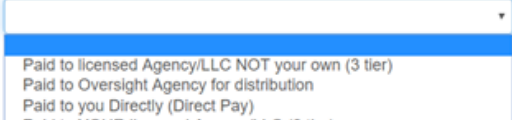
To view our Technical Support Center, please click [here](#).

Getting started and Non-Appointment/Contracting Updates

This section will describe how to answer questions that will lead to the forms required.

1	<p>On the Home page, click on the Leading Questions link.</p>  <p>to complete the form(s) required in the Anthem FMO package simply click the name of any form with an Incomplete status.</p> <ul style="list-style-type: none"> You can view, edit or print any form - by clicking its name. In order to expedite the appointment process, please attach a copy of the check you will be submitting for payment and mail physical check to the address listed below: Anthem Blue Cross and Blue Shield Attn: Licensing and Credentialing Department P O Box 6087 Indianapolis, Indiana 46206-6087 You have attached 1 of the 1 required attachments for Anthem/Empire. Please click here to add (or view) attachments as necessary. <table border="1"> <thead> <tr> <th>Processing Stage</th> <th>Percentage Complete</th> </tr> </thead> <tbody> <tr> <td>Up line Processing</td> <td>0%</td> </tr> </tbody> </table> <p>If you require assistance, please contact licensing and credentialing at (877)304-6470. Our hours of operation are 9:00AM to 4:30PM ET</p> <table border="1"> <thead> <tr> <th>Anthem FMO package Forms</th> <th>Status</th> <th>Submitted</th> </tr> </thead> <tbody> <tr> <td>FMO Leading Questions</td> <td>Incomplete</td> <td>Yes</td> </tr> </tbody> </table> <p>Return to nmf Logon</p> <p>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.</p>	Processing Stage	Percentage Complete	Up line Processing	0%	Anthem FMO package Forms	Status	Submitted	FMO Leading Questions	Incomplete	Yes
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2	<p>The first question is to identify your relationship with Anthem.</p> <p>Are you an Existing Broker?</p> <table border="1"> <thead> <tr> <th>If ...</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td>If you are NOT an Existing Anthem Broker</td> <td>Select <No>, Click <Next>, and proceed to Step 2.</td> </tr> <tr> <td>If you are an Existing Anthem Broker</td> <td>Select <Yes>, Click <Next>, and proceed to step 3</td> </tr> </tbody> </table>  <p>Are you an existing Anthem broker?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Back Next</p>	If ...	Then...	If you are NOT an Existing Anthem Broker	Select <No> , Click <Next> , and proceed to Step 2.	If you are an Existing Anthem Broker	Select <Yes> , Click <Next> , and proceed to step 3				
If ...	Then...										
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If you are an Existing Anthem Broker	Select <Yes> , Click <Next> , and proceed to step 3										

Always select this option. This will allow you to make changes for ALL options listed below.

3	<p>Next, the user must choose the action they would like to complete:</p> <table border="1"> <thead> <tr> <th>If ...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td> <p>You would like to do one of the following:</p> <ul style="list-style-type: none"> A Relationship Addition to an existing appointment Appoint in a new state Appointment in existing state for new LOB </td><td> <p>Select the appropriate option from the dropdown menu and click Next.</p> <p>Proceed to Completing Appointment and Contracting Forms section of this document</p> </td></tr> <tr> <td> <p>You would like to do one of the following:</p> <ul style="list-style-type: none"> To Add/Update Direct Deposit To check status To Update Demographics </td><td> <p>Select the appropriate option from the dropdown menu and click Next.</p> <p>Proceed to step 4</p> </td></tr> </tbody> </table> 	If ...	Then...	<p>You would like to do one of the following:</p> <ul style="list-style-type: none"> A Relationship Addition to an existing appointment Appoint in a new state Appointment in existing state for new LOB 	<p>Select the appropriate option from the dropdown menu and click Next.</p> <p>Proceed to Completing Appointment and Contracting Forms section of this document</p>	<p>You would like to do one of the following:</p> <ul style="list-style-type: none"> To Add/Update Direct Deposit To check status To Update Demographics 	<p>Select the appropriate option from the dropdown menu and click Next.</p> <p>Proceed to step 4</p>				
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4	<p>Click Next choose STATE and COMMISSION method Note On state that ha e an act e cense can e selected and st com ete state o t on to e a comm ss on o t ons</p> <p>Anthem</p> <p><input checked="" type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> GA <input type="checkbox"/> IN <input type="checkbox"/> KY <input type="checkbox"/> ME <input type="checkbox"/> MO <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NY <input type="checkbox"/> OH <input type="checkbox"/> VA <input type="checkbox"/> WI</p> <p>Amerigroup</p> <p><input type="checkbox"/> AZ <input type="checkbox"/> MD <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> WA</p> <p>Simply Healthcare Plans</p> <p><input type="checkbox"/> FL</p> <p>Do you want Commissions:</p>  <table border="1"> <thead> <tr> <th>If Selected...</th><th>Then Commission Payments will be made...</th></tr> </thead> <tbody> <tr> <td>Paid to you Directly (Direct Pay)</td><td>Directly to the Agent.</td></tr> <tr> <td>Payments made directly Agency for distribution</td><td>To the Agency to pay their agents. (Commissions are paid to AGA, and AGA will pay you)</td></tr> <tr> <td>Payments made to licensed Agency not your own</td><td>To an independent agency.</td></tr> <tr> <td>Payments made to my licensed LLC or Agency</td><td>To the licensed LLC or Agent.</td></tr> </tbody> </table>	If Selected...	Then Commission Payments will be made...	Paid to you Directly (Direct Pay)	Directly to the Agent.	Payments made directly Agency for distribution	To the Agency to pay their agents. (Commissions are paid to AGA, and AGA will pay you)	Payments made to licensed Agency not your own	To an independent agency.	Payments made to my licensed LLC or Agency	To the licensed LLC or Agent.
If Selected...	Then Commission Payments will be made...										
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Payments made to licensed Agency not your own	To an independent agency.										
Payments made to my licensed LLC or Agency	To the licensed LLC or Agent.										

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This will lead you back to the home page. The forms needed will be populated in the Forms section.

Processing Stage	Percentage Complete
Anthem FMO package Forms	
FMO Leading Questions	printable Complete No
Business Practices Questions	printable Incomplete Yes
Broker EFT Form 06-2018	printable Optional No

6

Complete all required forms and click **Submit Forms**.

Vaniesha, you've completed all the Required form(s) in the Anthem FMO 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.

In order to expedite the appointment process, please attach a copy of the check you will be submitting for payment and mail physical check to the address listed below:
Anthem Blue Cross and Blue Shield
Attn: Licensing and Credentialing Department
P O Box 6087
Indianapolis, Indiana 46206-6087

You have attached 1 of the 1 required attachments for Anthem/Empire. [Please click here to add \(or view\) attachments as necessary.](#)

Processing Stage	Percentage Complete
Anthem FMO package Forms	
FMO Leading Questions	printable Complete No
Business Practices Questions	printable Complete No
BAA 08-2018	printable Complete No
MAPD Addendum 06-2018	printable Complete No

Return to nmf Logon

Submit Forms

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](#).

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Enter **Password** to digitally sign the completed documents and click **Submit Forms**.

Vaniesha, please re-enter your password - that's the same password you used to login to this System - to digitally sign each of the forms you have just completed.

By re-entering your password - you are also confirming that you have provided true and correct information, to the best of your knowledge and that you agree to abide by the provisions of the Disclosure to Consumer and the policies of Anthem

Your Password:

I Do Not Agree

Return to Forms

Submit Forms

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](#).

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Confirm all steps have been completed and click **Submit Forms**.

Vaniesha, 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:

Anthem FMO package Forms

MAPD Addendum 06-2018

BAA 06-2018

FMO Leading Questions

Business Practices Questions

Status

Required

Required

Required

Required

Required

Return to Forms

Submit Forms

For comments or questions please [email us](#) or contact our Help Desk at 800-686-6276 (8:00 am - 6:00 pm EST).
To view our Technical Support Center, please click [here](#).

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Complete final review and click **Submit Forms**.

Vaniesha, your form(s) have been successfully submitted to Anthem/Empire.

- You can view, edit or print any form - by clicking its name.
- There is 1 attachment for Anthem/Empire. [Please click here to add \(or view\) attachments as necessary.](#)

Processing Stage	Percentage Complete
Up line Processing	0%

If you require assistance, please contact licensing and credentialing at (877)304-6470. Our hours of operation are 9:00AM to 4:30PM ET

Anthem FMO package Forms	Status	Submitted
FMO Leading Questions	Complete	Yes
Business Practices Questions	Complete	Yes
BAA 06-2018	Complete	Yes
MAPD Addendum 06-2018	Complete	Yes

Return to nml Logon

Submit Forms

Note: The **Submissions Confirmation Number** will populate Email this number to Contracting@appliedga.com. You are complete if you are currently contracted in the state you requested. If you are not contracted please proceed to pay the appointment fees for any new state.

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Go back to “<https://ainsight.com/anthem/agencyLQ1867.html>” and log in.

Select the **State of Residence**, determine **Payment Option** and click **Calculate Fees** to determine the amount of the Appointment Fees.

The screenshot shows the Anthem Agency LQ1867 login and selection page. At the top, there is a blue header bar. Below it, the page displays the user's name, Vaniesha Felton, and a masked ID, XXX-XX-XXXX. A message prompts the user to select from a list of states and license classes. A note indicates that fees may change based on the payment method selected. The main content area is divided into two columns for state selection. The left column lists California, Georgia, Maine, Nevada, and Ohio, each with a checkbox and a license class option. The right column lists Connecticut, Kentucky, New Hampshire, and New York, each with a checkbox and a license class option. A 'Payment Options' section on the right side of the page lists VISA, MasterCard, Discover, American Express, and ACH Bank Account, each with a radio button. A 'Calculate Fees' button is located at the bottom right of the payment options section. At the bottom of the page, there are two buttons: 'Return to Login' and 'Continue to Forms'. A footer note provides contact information for technical support.

NAF Logo

Vaniesha Felton
XXX-XX-XXXX

Please select from the following list the state(s) and Line(s) of Authority, License Class, and/or Designation you would like to be appointed.

Please Note: Your fees may change based on the payment method selected.

Please select State of Residence:

California
☐ Accident and Health Agent

Georgia
☐ Standard Appointment

Maine
☐ Standard Appointment

Nevada
☐ Health

Ohio
☐ Accident and Health

Connecticut
☐ Accident and Health or Sickness

Kentucky
☐ Health
☐ Select to also appoint Agency

New Hampshire
☐ Standard Appointment

New York
☐ NY LOA Not Required

Payment Options
Required to calculate fees

VISA
MasterCard
Discover
American Express
ACH Bank Account

Calculate Fees

Return to Login Continue to Forms

For comments or questions please [email us](#), or contact our Help Desk at 800-688-3276 (8:00 AM - 8:00 PM EST), or visit our [Technical Support Center](#).

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View the **Total Fees** and click **Accept Fees and Continue** to proceed.

AI-NO More Forms Logo

Vaniesha Felton
XXXX-XX-XXXX

Please select from the following list the state(s) and Line(s) of Authority, License Class, and/or Designation you would like to be appointed.

Please Note: Your fees may change based on the payment method selected.

Please select State of Residence:

Colorado

California
☐ Accident and Health Agent

Georgia
☐ Standard Appointment

Maine
☐ Standard Appointment

Nevada
☐ Health

Ohio
☐ Accident and Health

Connecticut
☐ Accident and Health or Sickness

Kentucky
☐ Health

Select to also appoint Agency

New Hampshire
☐ Standard Appointment

New York
☐ NY LOA Not Required

Payment Options
Required to calculate fees

☐ VISA ☐ MasterCard

☐ DISCOVER ☐ AMERICAN EXPRESS

☒ ACH Bank Account

Calculate Fees

Total Fees:
\$undefined

Change Selections **Accept Fees and Continue**

Return to Logon **Continue to Forms**

For comments or questions please [email us](#), or contact our Help Desk at 800-688-3279 (8:00 AM - 8:00 PM EST), or visit our [Technical Support Center](#).

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Enter **Payment details**, Check boxes **authorizing Applicant Insight** to debit the card option selected and **agreeing to the Terms & Conditions**, and click **Submit Payment** to proceed.

* Account Type: Select Account Type

* Check Number:

* Name on Account: Vaniesha Felton

* Account Number:

* Routing Number:

* Verify Account Number:

* Verify Routing Number:

* Email Address:

☐ I Authorize Applicant Insight Inc./Nomoreforms to debit the above referenced bank account for \$undefined on 16 Jun 2019.

☐ I have read and agree to the Terms & Conditions specified [here](#).

AI-NoMoreForms will display on your financial statement

Submit Payment

Return to Logon **Continue to Forms**

For comments or questions please [email us](#), or contact our Help Desk at 800-688-3279 (8:00 AM - 8:00 PM EST), or visit our [Technical Support Center](#).