



2016 AHNJ Commercial Sales Sentinel User Guide

BROWN & BROWN CONSULTING



SALES SENTINEL LINK

The Sales Sentinel link below should be used for Brown & Brown Consulting affiliated selling agents and agencies as part of the onboarding and appointment process for **AmeriHealth of New Jersey (AHNJ) commercial group and individual business only**.

This link takes the selling agent to a web-based program that facilitates the license validation and appointment process. This program is also used for agent profile updates, such as address or phone number changes.

In addition to supporting AHNJ's appointment process, this program enables the **verification of FFM Marketplace credentials** for the Individual market and FF-SHOP. This information is necessary for reporting and compliance purposes.

[2016 AHNJ COMMERCIAL SALES SENTINEL PROGRAM: BROWN & BROWN](#)

Your Support Contacts:

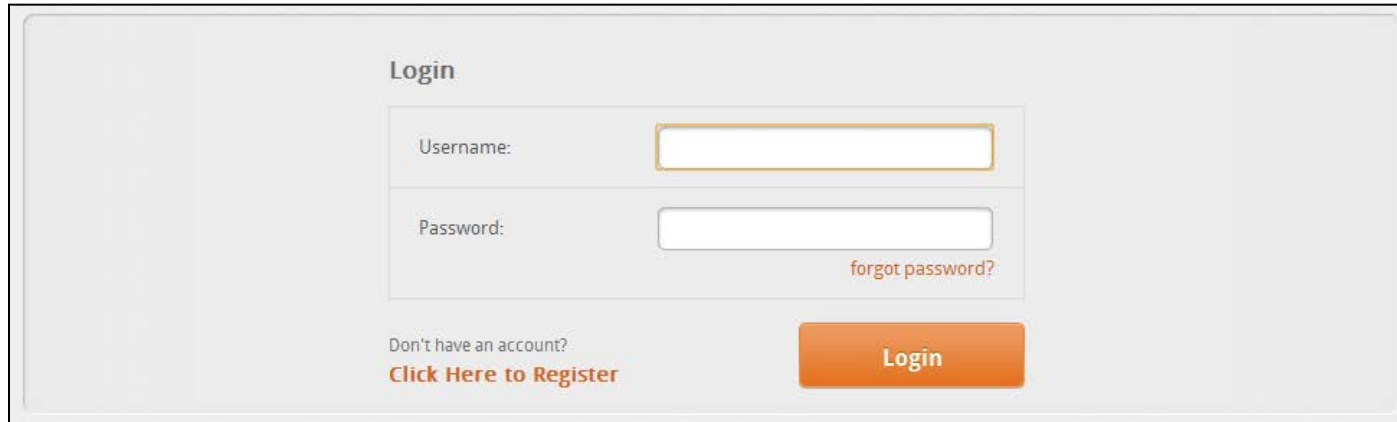
- For questions about using the Sales Sentinel site, please call Sentinel Technical Support at 866-345-7130.
- All other questions about the credentialing and appointment process for AHNJ can be directed to your Brown & Brown Consulting Licensing Contact.

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LOGIN

Upon selecting the provided link, you will be brought to the Login screen.



The screenshot shows a login interface with the following elements:

- Login** (Section Header)
- Username:** Input field
- Password:** Input field
- [forgot password?](#) (Link)
- [Click Here to Register](#) (Link)
- Login** (Button)

- **New Users:**

- To gain access to the program, you must register and create an account.
- Click on “Click Here to Register” to begin registration.

Proceed with, [REGISTRATION: NEW USERS](#)

- **Returning Users:**

- If you’ve previously registered, you can login using your existing Username and Password.

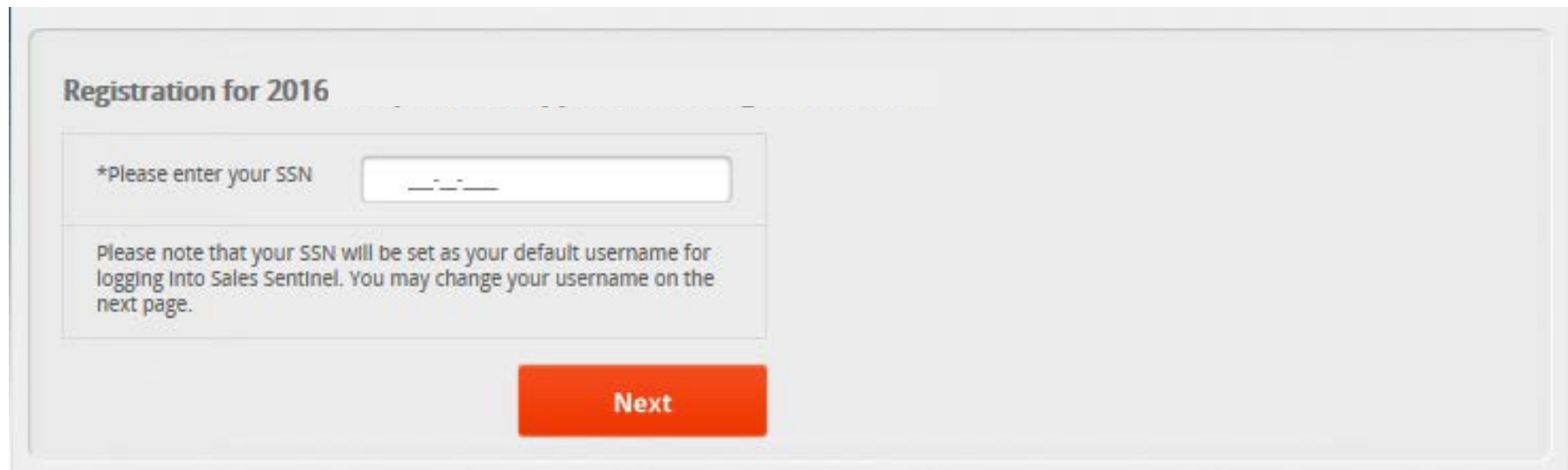
Proceed with, [REGISTRATION: RETURNING USERS](#)

- **Forgotten Password:**

- Obtain a temporary password by clicking on “forgot password?”
- The temporary password will be emailed to you using your email address on file.
- Once you’ve successfully logged in, you will reset your password using the “My Profile” tab.

REGISTRATION: NEW USERS

Your screen will say, “**Registration for 2016 AmeriHealth NJ Appointment Program: Brown & Brown**”



Registration for 2016

*Please enter your SSN

Please note that your SSN will be set as your default username for logging into Sales Sentinel. You may change your username on the next page.

Next

- First Time Registrations
 - The first time you register in Sales Sentinel, you are prompted to enter your Social Security Number (SSN).
 - Your SSN will be defaulted as your Username, but you may change this on the following screen (the Registration page), or later, using the “My Profile” tab.

Upon selecting “Next”, you will be taken to the Registration screen...

If you already have a profile in Sentinel, you will be returned to the Login screen with a message indicating your SSN already exists in Sales Sentinel and you will be asked to log in with your account to proceed.

If you can't recall your Username, and are unable to login using your SSN, call Sentinel Technical Support at 866-345-7130.

REGISTRATION: FIRST TIME

- Required Information
 - You must fill in all required fields, indicated by an asterisk (*).

NOTE: Do NOT check this box! → → → → → → →
Information on this screen is about you, the Agent.
Information about your agency will be gathered during the completion of the subsequent program.

- Username
 - You may elect to change your Username.
 - It must be at least 4 alphanumeric characters *OR* match your SSN exactly.
- Passwords require all of the following:
 - At least 8 characters in length
 - At least 1 uppercase letter
 - At least 1 number
 - At least 1 special character

The registration form is divided into three main sections: Basic Contact Info, Home Address, and Mailing Address. The Basic Contact Info section includes fields for Username (pre-filled with 505-05-0505), First Name, Last Name, Middle Name, Suffix, SSN (pre-filled with 505-05-0505), Date of Birth, Email Address, Verify Email Address, Password, Verify Password, Secret Question, Secret Question Answer, NPN (with a link for NPN Lookup), Primary Phone, and Phone Extension. The Home Address section includes fields for Address 1, Address 2, City, State (dropdown), and Zip. The Mailing Address section includes a checkbox for 'Same as Home Address', Address 1, Address 2, City, State (dropdown), Zip, and Address Type (dropdown). A 'Save & Cont.' button is located at the bottom right of the form.

REGISTRATION: RETURNING USERS

- Verify Information
 - This screen is prepopulated with your information.
 - Verify that your information is correct, and update if needed.
- Required Email Confirmation
 - Confirm your email address by reentering it in the “Verify Email Address” field.

Please verify or complete information below. To enroll in a *NEW* program you must verify your email address and click 'Save&Cont.' at the bottom of the page to continue.

Registration for 2016 AmeriHealth NJ Appointment Program: Primary Agency

Basic Contact Info	Home Address
Username: <input type="text" value="111-22-3333"/>	*Address 1: <input type="text" value="123 Demo St."/>
*First Name: <input type="text" value="Demo"/>	Address 2: <input type="text"/>
*Last Name: <input type="text" value="Demo"/>	*City: <input type="text" value="Demo"/>
Middle Name: <input type="text"/>	*State: <input type="text" value="PA"/>
Suffix: <input type="text"/>	*Zip: <input type="text" value="12345"/>
SSN: <input type="text" value="111-22-3333"/>	<input type="checkbox"/> Same as Home Address
Date of Birth: <input type="text" value="11/22/1933"/>	*Address 1: <input type="text" value="123 Demo St."/>
*Email Address: <input type="text" value="Demo@ghg.com"/>	Address 2: <input type="text"/>
*Verify Email Address: <input type="text"/>	*City: <input type="text" value="Demo"/>
*NPN: <input type="text" value="333322111"/>	*State: <input type="text" value="PA"/>
NPN Lookup Check Here	*Zip: <input type="text" value="12345"/>
*Primary Phone: <input type="text" value="(111)222-3333"/>	Address Type: <input type="text" value="Residential"/>
Phone Extension: <input type="text"/>	

Click “Save & Cont.”,
to proceed with the new program...

YOUR PROGRAM

My Programs

Program Name	Status	Last Activity	Current Step
2015 Amerihealth NJ Appointment Program - ABCD	Complete	1/6/2015 9:23:10 AM	Finish and Print
2016 Amerihealth NJ Appointment Program - ABCD	Incomplete	8/6/2016 4:15:12 PM	Welcome

Please select a Program from the list above to check your curriculum status or to continue with your certification process.



My Programs

Program Name	Status	Last Activity	Current Step
2015 Amerihealth NJ Appointment Program - ABCD	Complete	1/6/2015 9:23:10 AM	Finish and Print
2016 Amerihealth NJ Appointment Program - ABCD	Incomplete	8/6/2016 4:15:12 PM	Welcome

Program Steps for 2016 Amerihealth NJ Appointment Program – ABCD

Name	Status	Last Activity	Date Completed
Welcome	Incomplete	8/6/2016 4:15:12 PM	
Selling State Confirmation	Incomplete	8/6/2016 4:15:12 PM	
License Verification	Incomplete	8/6/2016 4:15:12 PM	
Agent to Agency Relationship	Incomplete	8/6/2016 4:15:12 PM	
Primary Agency Selection			

- **My Programs tab:**
 - New users see the name of the program provided to them.
 - Returning users see the name of the new program provided to them, as well as any previously assigned.
- **Open your Program**
 - Click on the program's name, and the steps for the program will load.
 - Beginning with Welcome, click on the name of the program step to open and complete.

WELCOME/ INSTRUCTIONS SCREEN

- The Welcome screen provides an overview of the steps you will encounter, as well as information you will be expected to provide.
- The site will automatically guide you through the program.
 - Not all steps and requirements apply to every user, particularly if you are a returning user.
- Basic Navigation
 - “Save & Cont.” (or “Next Step”) takes you to the next screen or step in the program.
 - “Save for Later” allows you to save your information and pick up where you left off when you return.
 - Navigation/Status bar (at top of screen) indicates where you are in the program, and enables easy return to steps begun or completed.

Welcome to the 2016 AmeriHealth NJ Sales Appointment Program!

AmeriHealth New Jersey (AHNJ) utilizes Sales Sentinel to streamline our process for on-boarding, credentialing and certifying agents to represent and sell our products. This program consists of the following steps:

- **Selling State Verification** - This step validates information for the state in which you will sell AHNJ products.
 - **Selling State Confirmation** - You will be asked to confirm the state in which you will sell.
 - **State License Verification** - Your License will be validated for the state indicated.
- **Agent to Agency Relationship** - In this step, you will be asked to define how you will submit AHNJ business for sales credit and commissions. This will facilitate your pathway through the appointment process.
- **Primary Agency Selection (Conditional)** - Dependent upon your agent to agency relationship, you will be asked to specify one Primary Agency to distribute your commission payment for those unique situations in which a relationship cannot be determined.
- **Agency Information (Conditional)** - Dependent upon your agent to agency relationship, this step will enable you to provide additional Producing Agency information.
 - **Sales Representative Identification** - You will be asked to identify your Agency's sales representatives.
 - **Producing Agency/Agent Agreement** - You will be asked to complete a Producing Agent Agreement.
- **FFM Individual and FF-SHOP Agent Requirements** - This step will give you an overview of the 2016 agent requirements for both Individual and SHOP sales.
 - **Product Sales Confirmation** - You will be asked to confirm your intent to sell AHNJ Individual or SHOP products on the Marketplace ("On-Exchange").
 - **CMS Certification Requirements** - You will be provided with further detail on the training and certification requirements to sell these products.
- **Marketplace Credentials (Conditional)** - This step will confirm your FFM Certification status, enabling you to sell AHNJ products on the Marketplace if that is your intent. This certification is required to be completed annually for Marketplace sales compensation.
 - **Marketplace Identifier** - You will be asked to provide your identifier on the Marketplace.
 - **Marketplace Certificate Verification** - Your 2016 FFM registration and training requirements will be validated according to the CMS completion list.
- **Appointment Confirmation** - This step will confirm your appointment status for the specified state. You are not permitted to represent or sell AHNJ products until you have received appointment authorization in this step.
 - **Appointment Authorization** - Your appointment status will display for each of the entities with which you must be appointed in order to sell AHNJ products.
In New Jersey, appointment is with the following: AmeriHealth Insurance Co. of New Jersey and AmeriHealth HMO, Inc.
- **Summary & Print** - All of your documents will be printable in a single package on this final step of the program. Therefore, it is not necessary to print as you go along.

SELLING STATE AND LICENSE VALIDATION

Program Form

Selling State Confirmation

*Please select and confirm the state in which you will be selling AHNJ products:

New Jersey

Based upon this selection, your state license will be validated in the next step.

If this is not the state in which you intend to sell our products, or you wish to sell in an alternate state, please contact the Primary Agency for the appropriate Sales Sentinel program.

[Save & Cont.](#) [Save for Later](#)

- Confirm the state in which you intend to sell these products.
An AmeriHealth New Jersey program is valid for NJ only.
- Upon clicking “Save & Continue”, a License Status Check is initiated. Validation is required to proceed.

License Check

License Results

PDB Last Refreshed: 6/10/2014 4:02 PM

Status: Active

License: 754 RESIDENT PRODUCER INDIVIDUAL
Active: Yes
State: New Jersey
Line of Authority: Accident & Health
Date Issued: 5/31/2005
Residency Status: R

[Next Step](#)

AGENT TO AGENCY RELATIONSHIP

- Unless instructed on a specific selection, review all options to be certain you are choosing the one appropriate to your situation.
 - All options recognize the “Primary” Agency referenced as Brown & Brown Consulting.
- The selection made here will determine the steps and requirements necessary to successfully complete this program.
 - If currently submitting AHNJ business directly through Brown & Brown as an independent producer (1st option), *proceed with*, [2016 DEFAULT PRIMARY AGENCY SELECTION](#)
 - If establishing yourself as a new Producing Agent, (2nd option), *proceed with*, [AGENT/AGENCY AGREEMENTS](#)
 - If employed by Brown & Brown, (3rd option), *proceed with*, [INDIVIDUAL AND SHOP: REQUIREMENTS](#)

Program Form

Agent to Agency Relationship

We recognize that the Agents selling our products do business in various ways involving our Primary Agency partners. To guide you through the appointment process, we need to understand your specific relationship.

The Primary Agency is identified in the name of this program, and is the entity with which AmeriHealth NJ (AHNJ) has a direct relationship.

A Producing Agency is a business with a tax identification number and has a relationship with the Primary Agency, distributing commission payment received via the Primary. A Producing Agency must be a licensed entity, just as an independent Producer (agent) must be a licensed individual.

NOTE: Most current Agents identify themselves in either the first or last of the relationships described below.

***Select one of the following to describe your relationship with the Primary, or a Producing Agency:**

- I am CURRENTLY submitting AHNJ business as an INDEPENDENT AGENT for this PRIMARY Agency**, receiving commission payment directly from them for these sales.
(AmeriHealth NJ pays commission to the Primary Agency. The Primary Agency pays commission to you, the independent agent.)
- I want to BEGIN to submit AHNJ business for this PRIMARY Agency.**
I am an INDEPENDENT AGENT and want to become eligible for commission payments directly from this Primary Agency for these sales.
(AmeriHealth NJ pays commission to the Primary Agency. The Primary Agency will pay commission to you, the independent agent.)
- I am an internal EMPLOYEE of this Primary agency.**
I submit AHNJ business as an INTERNAL SALES REPRESENTATIVE.
(AmeriHealth NJ pays commission to the Primary Agency. The Primary Agency pays you, their employee.)

Instructions for this screen are continued on the next page...

AGENT TO AGENCY RELATIONSHIP CONT.

- If establishing a new Producing Agency, (4th option), *proceed with*, [NEW AGENCY INFORMATION](#)

I want to ESTABLISH MY COMPANY as a PRODUCING AGENCY for this PRIMARY Agency, and submit AHNJ business in this manner.

I am the licensed designated responsible producer, or principal, for the company (agency) and understand that commissions will be paid to the company (agency) by the Primary and not to me directly.

(AmeriHealth NJ pays commission to the Primary Agency. The Primary Agency will pay commission to your Producing Agency.)

In the following steps, you will be asked to provide additional information about your company, including the required State License and Tax Identification Number of this business entity.

I am an INDIVIDUAL agent, submitting AHNJ business THROUGH A PRODUCING AGENCY. I do not have a direct relationship with the Primary Agency.

(The Producing Agency distributes commission payments received from the Primary Agency. It is the Producing Agency that pays commission to you for the AHNJ business you submit through them.)

Upon selection, you will be asked to identify the Producing Agency (company) you are working through. If the company is not listed, you may select "Other" and provide the name of the Producing Agency (company). Note, this is NOT the name of the Primary Agency identified in the name of this program.

Need Support?

- If you have any questions about using the Sales Sentinel site, please contact Sales Sentinel Support at 866-345-7130.
- All other questions about the credentialing and appointment process for AHNJ can be directed to your Primary Agency Licensing Contact.

To proceed, please click Save & Continue

- If currently submitting AHNJ business through a Producing Agency affiliated with Brown & Brown, (5th / final option), the ability to select and identify that Producing Agency will be presented. *Proceed with*, [2016 DEFAULT PRIMARY AGENCY SELECTION](#)

2016 DEFAULT PRIMARY AGENCY SELECTION

Program Form

2016 Primary Agency Selection

AHNJ provides commissions payments to its Primary Agency partners who then distribute those payments to downstream Producing Agencies. Agents may have relationships with multiple Primary Agencies, either directly or through the Producing Agencies.

In most situations AHNJ has the information it needs for commission payment processing, to attribute an agent to a sale and to a Primary Agency for commission payment. However, there are occasional scenarios in which AHNJ will not have the information it requires. This situation is most prevalent in retail exchange sales made directly on the FFM or FF-SHOP.

For these instances, you are required to select one Primary Agency as a default for commission payment distribution. Your default Primary Agency selection will ensure the distribution of your commission payment. It will ONLY be referenced when a Primary Agency cannot otherwise be determined for commission payment processing.

This default selection will not impact sales made through ROAM, which can continue to be quoted, sold and managed through multiple primary agencies.

**Please select your default Primary Agency for the 2016 plan year:*

-- Select List Item --

This selection can be made once per plan year. If completing multiple AHNJ programs in Sales Sentinel, only the first Primary Agency selection you make will be recognized.

- AHNJ supports an agent's or agency's ability to sell through multiple Primary Agencies. However, as was required in past years, a 'default' AHNJ Primary Agency must be identified to be used for Marketplace commissions distribution ONLY when the Primary Agency cannot otherwise be determined.

NEW AGENCY INFORMATION

- **New Producing Agencies:**
 - Having indicated you are a designated responsible producer or principal for an agency, information is needed in order to establish the Producing Agency as an appointed business entity.
 - Complete all required fields, indicated by an asterisk (*).
- **Business Entity Identifiers**
 - A Producing Agency must have a Tax ID. This is not your personal SSN.
 - The agency must also be licensed in New Jersey. This is not your personal state license number.
 - If your agency has its own NPN, provide it here. This is not your personal NPN.
- **Agency Secondary Address**
 - You will be required to provide the agency's address on the Producing Agent Agreement. You may provide a secondary address for your agency here.

Program Form

Agency Information

In order to establish you as a Producing Agency, submitting AmeriHealth NJ business through the Primary Agency, we must gather additional information. Please provide the details requested below.

In the following two steps, you will be able to upload or list your sales representatives, as well as complete a Producing Agent Agreement.

Agency Contact Information

*Agency Name

Agency Email Address

*Primary Contact Person

Agency Primary Phone

Fax Number

Business Entity Identifiers

*Agency Tax ID

*Agency NJ State License Number

Agency NPN

Agency Secondary Address (In addition to Address to be included on the Producing Agent Agreement)

Street Address

City

State

Zip

AGENCY SALES REPRESENTATIVES

Program Form

Agency Sales Representative Identification

Please use this step to upload or list your agency's Sales Representatives requiring appointment with AmeriHealth NJ. Include the First and Last Name and NPN for each.

To be eligible to sell, each sales representative must be licensed and must individually complete the appointment process through Sales Sentinel.

If there are no additional Sales Representatives to identify, click "Save & Cont." at the bottom of the page to proceed.

Agent List Upload

If you have fewer than five agents and would prefer to individually list them, please provide their First and Last Names and NPNs below:

First Name

Last Name

NPN

First Name

- Your Agency's Sales Representatives
 - Either upload a list of your sales representatives, including full name and the NPN for each *OR* you may elect to list their information directly on this screen.
 - If there are no representatives to list, other than yourself, click "Save & Cont." to proceed.

AGENT/AGENCY AGREEMENTS

- New Producing Agents
 - You are required to read and sign a Producing Agent Agreement, including any agreement addendums.
- New Producing Agencies
 - As a representative for your agency, with the authority to legally bind the organization, you are required to read and sign a Producing Agent Agreement, including any agreement addendums.

Program Form

PRODUCING AGENT AGREEMENT

THIS PRODUCING AGENT AGREEMENT (the "Agreement") is effective as of the day of

⁴Date

10/9/2015

(the "Effective Date") by and between the Carriers set forth in Schedule A; and

⁴Agent/Agency Name

My Agency Name

with an address at

Agent/Agency Address

Address 1 9 N. 9th St.

Address 2

City South

State Maine

Postal Code 99959

(the "Producing Agent").

WHEREAS, the Producing Agent desires to place business with the Carriers through an Agent or Broker ("General Agent") who has entered into a General Agent Agreement (which is incorporated herein by reference) and the Carriers desire to arrange acceptable offerings;

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein the parties, do hereby agree as follows:

Section 1. Authorization of the Producing Agent. The Producing Agent will serve as an agent for the Carriers in the service areas set forth in Schedule A. Schedule A may be revised from time to time by the Carriers. The Producing Agent may solicit applications for enrollment in certain managed care and traditional group health plans (the "Health Plans") offered by the Carriers. This Agreement, and the conduct of the Producing Agent under this Agreement, are subject to such rules and regulations as the Carriers have established or may hereafter establish, including the terms of the General Agent Agreement which is incorporated herein by reference. The Producing Agent acknowledges and agrees that the Producing Agent's conduct and this Agreement are subject to all applicable state and federal insurance laws, statutes and regulations.

Section 2. Limitation on Authority. The Producing Agent is not authorized to and agrees not to:

- extend credit or incur any indebtedness, liability, or obligation on behalf of the Carriers;
- alter, waive, or modify any of the terms, conditions, rates, or limitations of any Health Plan issued by the Carriers;
- effect any verbal Health Plan agreement or contract of insurance;
- effect any Health Plan agreement or contract of insurance except by means of authorized policy forms duly executed by an authorized representative of the Carriers; distribute any advertising or communication pieces which use the Carriers name or logo or describe the Carriers' Health Plans without the prior written consent of an officer of the Carriers; or
- solicit applications in any area or state in which either the Carriers or the Producing Agent is not authorized to do business.

INDIVIDUAL AND SHOP: REQUIREMENTS

Program Form

2016 Individual and SHOP Agent Requirements

The Centers for Medicare and Medicaid Services (CMS) has put forth registration and certification activities that must be completed initially and annually by those who will sell on the federal health insurance exchange (marketplace), known as the Federally-facilitated Marketplace (FFM) for Individual or the Federally-facilitated Small Business Health Options Program (FF-SHOP).

If you will sell AmeriHealth NJ Individual or SHOP products, on or off the exchange, you are required to complete these activities. Refer to the table below for what is required of you for the 2016 plan year. All of these steps are completed on the CMS Enterprise Portal

Please visit the [Center for Consumer Information & Insurance Oversight \(CCIO\), Resources for Agents and Brokers in the Health Insurance Marketplaces, on CMS.gov](#) for additional guidance.

Agents who wish to participate in...	Create Account & Complete Identity Proofing	Create Profile on new MLMS	Complete Marketplace Training and Testing through MLMS or via CMS-approved Vendor	Execute Marketplace Agreement(s)
FFM for individual market	Required if did not participate in FFM previously	Required	Required: Basics, P&S, IM	Required: IMGA, IM P&S
FF-SHOP	Required if did not participate in FFM previously	Required	Recommended*: Basics, P&S, SHOP	Required: SHOP
FFM for individual and FF-SHOP	Required if did not participate in FFM previously	Required	Required: Basics, P&S, IM Recommended*: SHOP	Required: IMGA, IM P&S, SHOP

Courses & Exams:
 Basics – Affordable Care Act and Marketplace Basics
 P&S – Privacy and Security Standards
 IM – Individual Marketplace
 SHOP – SHOP Marketplace

Agreements:
 IMGA – Individual Marketplace General Agreement
 IM P&S – Individual Marketplace Privacy and Security Agreement
 SHOP – SHOP Marketplace Agreement

*Recommended by CMS, but Required by AmeriHealth NJ

Key Dates:

- **June 15, 2015** – FFM agent and broker registration for the 2015 plan year closes.
- **September 15, 2015** – FFM agent and broker registration for the 2016 plan year opens, enabling completion of the requirements outlined in the above table. Those who complete the registration requirements may also assist consumers with special enrollment periods prior to annual open enrollment.
- **November 1, 2015** – Annual open enrollment for the 2016 plan year begins.

- Agents who will sell AHNJ Individual or SHOP products on the Federally-facilitated Marketplace (FFM)
 - 2016 requirements for new and renewing agents are outlined, with links provided for your convenience.
 - You are must fulfill these requirements before assisting customers with these products on the FFM.

INDIVIDUAL AND SHOP: PARTICIPATION

- Verification of FFM credentials will occur in the following steps for those agents who will sell Individual products on the FFM or FF- SHOP products “On-Exchange”.

No action is required on this screen.

Proceed with,

[MARKETPLACE IDENTIFICATION](#)

- Agents who will NOT sell Individual or SHOP products on the FFM must indicate this by checking the box provided.
 - You will be able to continue without providing FFM credentials.
 - You may return to this program to amend your decision and **verify your Marketplace credentials, if you wish to be eligible for sales credit and compensation for the sale of these products “On-Exchange”.**

Proceed with,

[APPOINTMENT CONFIRMATION](#)

Program Form

2016 Marketplace Participation

The steps immediately following this page are required to be completed by those agents who will sell AmeriHealth NJ FFM Individual or FF-SHOP products on the Marketplace.

The information validated within these steps are applicable to the sale of these products “On-Exchange” - on the Federally-facilitated Marketplace (FFM) or a Federally-facilitated Small Business Health Options Program (FF-SHOP).

- 1) Be prepared to provide you **FFM user ID**, which you created as part of establishing your FFM User Account and completing your Identity Proofing on the CMS Enterprise Portal
- 2) Your FFM Registration and Training requirements for Plan Year 2016 will be validated against the current CMS FFM Agent and Broker Registration Completion List. Your name and National Producer Number (NPN) will be used to determine if you have successfully completed the CMS requirements to participate in the Individual and/or SHOP Marketplaces.

If these qualifications are not met and the credentials are not provided, you are not permitted to assist Customers with these products through the Marketplace (“On Exchange”) and are not eligible for Commissions on these sales.

Agents who will not sell AmeriHealth NJ (AHNJ) Individual or SHOP products, on or off the FFM or FF-SHOP, may proceed without entering an FFM ID and submitting a curriculum certificate.

Please indicate if you do not intend to sell these products at this time. You may return and update this information at a later date.

I do NOT intend to sell AHNJ FFM Individual or FF-SHOP products on the Marketplace.

MARKETPLACE IDENTIFICATION



The image shows a web form titled "Marketplace ID Confirmation". Below the title is a instruction: "Please enter your Marketplace ID in the field below, then click 'Next Step' to proceed." There are two input fields, both containing the text "yourffmid". The first field is labeled "Marketplace ID:" and the second is labeled "Verify Marketplace ID:". A red button labeled "Next Step" is located at the bottom right of the form area.

- Provide and verify your FFM User ID (i.e. Marketplace ID), which is self-assigned when you create your FFM User Account and complete Identity Proofing on the CMS Enterprise portal (<https://portal.cms.gov/>).
 - To recover your FFM user ID or password, click on the “Forgot my User ID/Password” link on the Centers for Medicare & Medicaid Services (CMS) Enterprise Portal login web page at <https://portal.cms.gov/>.

For more information about FFM Registration and completion of the steps and requirements which will enable you to provide the necessary Marketplace credentials, the CMS webinar series slide presentation, [Federally-facilitated Marketplace Agent and Broker Plan Year 2016 Registration and Training Requirements](#), is recommended.

MARKETPLACE CERTIFICATION VERIFICATION

- FFM Individual and FF-SHOP Certification is verified against the most recent CMS FFM Agent and Broker Registration Completion List for 2016 using your Name and NPN.
 - There may be a lag between when CMS last updated this list and when you completed your certification, resulting in the first of the two screens depicted below. At this point, you may continue onto the Appointment step (select Next Step) and complete your Sentinel program. Your certification will be automatically checked against the next CMS report produced. Until this verification is received, you will not be credited for Individual or SHOP sales on the Marketplace (FFM).

NOTE: Please ignore
Try Again on this screen →

As of the most recent CMS report on January 01 2015, there is no completion record for your annual process (based on a match of NPN and Last Name).
You must complete training and your agreement through CMS at <https://portal.cms.gov>. For a full process description, visit <https://www.cms.gov/CCIIO/programs-and-initiatives/health-insurance-marketplaces/a-b-resources.html>.
If you completed the annual process at least 24 hours prior to the latest report date of January 01 2015, or if you have updated your Sentinel NPN to facilitate identification, click Try Again to check completion status again. If you completed the process after January 01 2015, you must wait until CMS issues a new file to check completion status again.

Try Again

Next Step

- Successful verification will appear as depicted to the right. If both Individual and SHOP are verified, both will be shown on this screen.

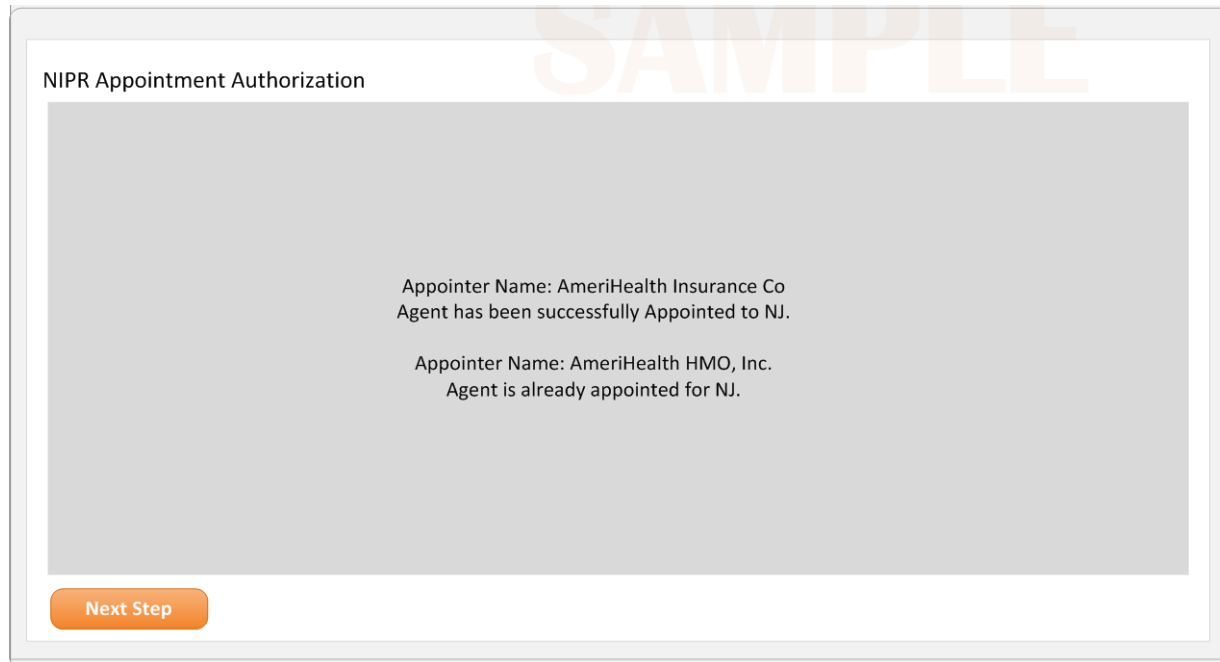
As of the most recent CMS report on September 21 2015, there is one completion record for your annual process:
Individual
If you would like to capture completion of the other option and you completed the annual process at least 24 hours prior to the latest report date of September 21 2015, click Try Again to check completion status again. If you completed the process after September 21 2015, you must wait until CMS issues a new file to check completion status again.
If you only completed the process for the indicated option (Individual or SHOP), or you want to proceed without capturing additional completion, click Continue to proceed.

Try Again

- If you complete a second certification at a later date, you will be required to reenter this program step and initiate verification using “Try Again”.

Click “Next Step”, to continue to Appointment...

APPOINTMENT CONFIRMATION




- Appointment with AmeriHealth New Jersey
 - Reaching this step will confirm your new, or existing, appointment with the two AHNJ entities for the state of New Jersey.
 - Your appointment may be pended while required information is confirmed. If a message appears to this effect, you may continue and return to the program at a later time to verify the success of the appointment.
 - **You may not sell AHNJ products until these appointments are successfully confirmed.**

Click “Next Step”,
for the option to print ...

SUMMARY AND PRINT!



- In this final step, you will be provided with a summary of your program which you can print () or save as a record of your completion. [Click Here to Print](#)
- Having reached this step, your completion results will be sent to AHNJ on the next business day.

CONGRATULATIONS!