



Training **Handbook**



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Medicare Basics

Part A – Hospital Coverage

- Must have within 3 months after turning 65
- \$0 premium if you or your spouse worked 40 quarters

Part B – Medical Coverage

- Must have credible coverage through work or Part B within 3 months of turning 65
- \$185 per month
 - Means tested; higher income = higher cost
 - Billed Quarterly or EZ pay through Medicare.gov
- 80/20 coinsurance; client pays 20% of cost

Part D – Drug Coverage – PDP – Rx

- Must have credible coverage through work or Part D within 3 months of turning 65
- Cost depends on plans in area and prescriptions
- Star Ratings

Part C – Advantage Plan – MA or MAPD (we help with)

- Typically, \$0 monthly premium with copays
- Managed care – prior authorizations & referrals required
- HMO – Health Maintenance Organization
 - Only go to providers in network
- PPO – Preferred Provider Organization

- Star Ratings
 - Can go to providers in and out of network
- Can include Extra Benefits:
 - Dental
 - Vision
 - Hearing
 - OTC/ Food Card
 - Fitness Memberships
- MA – Advantage w/o PDP MAPD – Advantage with PDP

Hospital Indemnity

- Fills holes in Medicare Advantage Plan

Medicare Supplement – Medigap Plans – Med Supp (we help with)

- Monthly Premiums (increase every year)
- No Extra Benefits (see above)
- Plan F – fills all holes in Medicare Part A & B
 - Not available to anyone who qualifies after 1/1/20
- Plan G – fills holes in Medicare Part A & B, except for the Part B Deductible
- Plan N – fills holes in Medicare Part A & B, except for the Part B Deductible and copays for some visits
- Low maintenance until rate increases too high
- Must qualify and go through underwriting

How to Qualify

- 65 or older
- Disability for 24 consecutive months or more

Turning 65 Options (3 months before and 3 months after 65th birthday)

- Part A only – no cost if worked 40 quarters and on work insurance still
- No Part A or B – no cost, but may have penalties
- Part A and B – no limit on bills

LEP – Late Enrollment Penalty

- Permanent Penalty (percentage x time without)
- Part D
 - 63 consecutive days were eligible, but did not have credible coverage
- Part B
 - 12 months no part b or credible work coverage, while eligible for Medicare

Enrollment Periods

- Medigap Open Enrollment
 - 6 months before & 6 months after you turn 65 and/or Part B eff date
 - Medigap plans can be changed at any time but will be underwritten after open enrollment..
 - No health questions
 -
- Open Enrollment Period (OEP)
 - 1/1 - 3/31
 - Adv to supp plan
 - Adv to Adv
 - Allowed 1 change during OEP
- Annual Enrollment Period (AEP)
 - 10/15 - 12/7
 - Jan 1st effective date
 - Any plan changes
- Special Enrollment Period (SEP)
 - Special circumstances throughout the year i.e. moved
 - Medicare Advantage or Prescription Drug Plans
- Initial Enrollment Period (IEP)

- Turning 65 – 1st enrollment
- 3 months before through 3 months after 65th birthday



Referrals & Prior Authorization Guide

Referral – Recommendation

- Must have a referral before getting prior authorization
- Includes notes and client information from provider to new provider

Prior Authorization – Paperwork from the provider to the insurance carrier to authorize the client to go to a specialist or service. The carrier must approve before proceeding.

- MRI
- CT Scan
- Specialist

Preauthorization and prior authorization are the same thing.

Always double check if they got a referral or if the provider submitted paperwork for a prior authorization. Both are needed to proceed



Operations

Agent Appointment Setting Guide

- Call the client and schedule an appointment using the Go Highlevel appointment scheduler. (See Fact Finder Sheet Below)
- Get all important details regarding what the appointment is regarding and put into Go High Level notes and outlook appointment details.
 - Depending on the reason, please include the below:
 - Provider's name
 - Facilities name
 - New plan name
 - Top Interest
 - Prescription Name & Dosage
- Have clients fill out SOA (Scope of Appointment) using agents' Sunfire link.
 - Found under profile in Sunfire as seen below:
- 3 days before the appointment, check to see if SOA has been completed.
 - If completed, make note in Go High Level and Outlook appointment details.
 - If not complete, call and walk them through the Sunfire link.
- Check again for completed scope 48 hours in advance
 - No Scope – call and reschedule for later date

- Scope Completed - Reminder call day before appointment
- Upload Scope of Appointment into Go High Level
- Confirm Appointment the day before and add notes that it has been confirmed.
 - Check Go High Level information when confirming to make sure MBI, personal info, and previous policy info is correct.

Appointment Details to Include:

- Reason for appt. (Include specific details: names, etc.)
 - Depending on the reason, please include the below:
 - Provider's name
 - Facilities name
 - Plan name if they want to switch
 - Top Interest
 - Prescription Name & Dosage
- SOA complete?
- Confirmed?
- Go High Level information correct/ up to date?



FACT FINDER SHEET

NAME: _____ GENDER: M / F DOB: ____/____/____

TOBACCO USER: Y / N MARITAL STATUS: __S __M __W__ D

DO YOU MAKE YOUR OWN DECISIONS? DO YOU HAVE A POA?

PHONE: _____ ADDRESS: _____

CITY: _____ STATE: ____ COUNTY: _____ ZIP: _____

E:MAIL: _____

QUALIFY FOR MEDICAID? Y / N QUALIFY FOR EXTRA HELP? Y / N

SS DISABILITY? Y / N MEDICARE A & B? Y / N

MEDICARE CLAIM# _____ PART B PREM: \$ _____

MEDICARE A EFFECTIVE DATE: ____/____/____ MEDICARE B EFFECTIVE DATE: ____/____/____

CURRENT MEDICATIONS:

PREFERRED PHARMACY: _____ OTC? _____

PRIMARY CARE PHYSICIAN: _____ SPECIALISTS: _____

DR. VISITS IN THE LAST 12-18 MONTHS? _____ HOSPITAL: _____

VETERAN: Y / N FAMILY HISTORY OF CANCER: Y / N EYE GLASSES: Y / N HEARING AIDS: Y / N

HOW MANY CHIROPRACTIC, ACUPUNCTURE / OTHER HOLISTIC PROVIDER IN THE LAST 12 MONTHS? _____

FREQUENT TRAVEL OF 3+ MONTHS: Y / N PLANNED INTERNATIONAL TRAVEL: Y / N

2ND HOME: Y / N ANNUAL HEALTHCARE BUDGET: _____

(DEDUCTIBLES, COPAYMENTS, PREMIUM, ETC.)

NOTES:



Client Appreciation

Events

- Find restaurants for each location
- Call to make sure the restaurants can take reservations of 10-20 people
- Get menus from restaurants
 - Pick 4-5 meals from each restaurant for clients to order
- Call & make reservations a month prior
 - What time?
 - What date?
 - About how many people?
 - Headcount subject to change, but will keep posted
- Call & confirm reservations the week and day before including head count at that time
 - Get restaurants email to send the order list to
- Call & get the clients order a week before
 - Have 4-5 options to choose from including a chicken, beef, and vegetarian option
- Call & confirm with the restaurant and the clients the day before
- Email a list of the client's orders to restaurant the day before
- Print order list to bring to restaurant
- Create Name Cards and Name Tags for clients
- LOA's will bring laptops to schedule for AEP
- Gift Bags

Enrollment Processing

- Download applications/enrollment receipt from Sunfire
 - Uploaded into Documents in Go High Level
- Enter information into Go High Level
 - Add client (if new)
 - Upload Factfinder, SOA, and Medication List
 - Enter Email, Phone Number, DOB, County, Address, Mailing Address, Gender, Height, Weight, Tobacco User, Marital Status, and Veteran Status
 - Copy and Paste Medicare ID and effective dates
 - Update Policy Info
 - Policy Status
 - Policy Type
 - Election Period
 - Policy Carrier
 - Policy Number
 - Policy Plan Name
 - Policy Premium
 - Effective Date
 - Submit Date
 - In the Tag section, make sure all tags are up to date. See Tag Guide in One Drive for more information.
 - If they share anything personal (i.e. dogs name) add to notes "Interesting Fact: ____"
- Add info into Active Status Checks Xcel Sheet in One Drive
- Check application status in corresponding carrier website
- Once the application has been received, you can call to let them know that their Summary of Benefits and cards are on the way.
 - Tell them they should be receiving an enrollment guide and their member ID card in the mail within 7-14 days (about 2 weeks). Ask them to call us as soon as they receive their cards.
 - "Please call, text, or email once you get your card."
 - "Make sure you don't share your Medicare number or give any personal information out."

Tags

Plan Tag

Plan Name (Plan Type) Plan Code - No Spaces

Ex. AARP Medicare Advantage from UHC CO-0015 (PPO) H2406-106-000

Ex. Aetna Medicare Premier 1 (HMO-POS) H3931-153-000

Ex. Clear Spring Health Essential (HMO) H6379-001-000

Ex. Cigna True Choice Medicare (PPO) H7849-001-000

Ex. Devoted Dual Plus Colorado (HMO D-SNP) H7147-003-000

Ex. Humana Gold Plus H0028-025 (HMO) H0028-025-002

Carrier Tag

Carrier Name

Ex. "Humana" or "UHC"

Status Tags

Year AEP Scheduled

Ex. "2025 Pre-AEP Scheduled"

Year Client Appreciation Scheduled

Ex. "2025 Client Appreciation"

If booklets have been sent, add plan year & booklet sent

Ex. "2025 booklet sent"

When clients receive their cards add the following tag with right year

Ex. "Received card – 2025"

Other

“Active Client”

“Ex Client”

If they are a veteran, please tag “Veteran”

If they are on Medicaid of any level, please tag “Medicaid”

If they want a magazine, please tag “Magazine”



Quarterly Calls

Quarter 1

In-Force Appt.

3 Haves

Tell about Client Appreciation

Referrals

Quarter 2

Invite to Client Appreciation

Referrals

Quarter 3

Client Appreciation

Schedule for AEP

Referrals

Quarter 4

AEP appts



Customer Service Tracking

Customer Service Tracking Sheet

[Customer Service Tracking.xlsx](#)

LOA Sales Tracking

[Customer Service Tracking.xlsx](#)

Customer Service Cheat Sheet

Color	Meaning
Red	Not Yet Started
Yellow	Working On
Green	Complete

Type
Billing
Prescriptions
In Network
Carrier Request
Cancellation
Other

Customer Service Types Explained

Billing – Anything to do with a bill or form of payment, including reimbursements, denials, and/ or appeals.

Prescriptions – Any question or issue related to a medication including Rx estimates, trouble getting a prescription filled, and/ or tier exceptions.

In Network – Checking if a provider is in network or providing a list of in network providers.

Carrier Requests – Questions or issues related to the carrier including questions related to the summary of benefits, welcome kits, OTC catalog, summary of benefits, or a provider directory.

Cancellation – Assisting with cancelling a plan, ancillary products, or withdrawing an application.

Medicaid – Questions about applying for extra help, Medicare Savings Programs, and/ or full Medicaid.

Other – Any other request that does not fit within the above categories.

Explanation of Colors

Red – Not yet started – Request received

Yellow - Scheduled – They are scheduled on someone's calendar to be taken care of

Green - Complete – The request has been completed in full

Customer Service Note Template

Category: [Red, Yellow, or Green]

Type: [Type: Billing, Prescriptions, In Network, Carrier Request, Cancellation, Medicaid, or Other]

Issue: [Details regarding what is going on]

Progress: [Details about what you did and where you are at with the request]

Carrier Representative: [Name]

Reference #: [Ask for it from the rep]



Go High Level Video Guide

Step 1: Plan & Create Your Video

Choose Your Video Type: Recommended

- Explainer Video – Educate prospects about your insurance services.
- Testimonial Video – Show satisfied client experiences.
- Sales/Offer Video – Present your services and call-to-action.
- Training Videos – For internal team training or client education.
- Introducing your office staff- Intro Bio, how they can help

Step 2: Record Your Video

Recording Tools:

- Smartphone or Webcam – If starting simple.
- Screen Recording Software – For tutorials (Loom, Camtasia, OBS Studio).
- Professional Editing Software – CapCut, Adobe Premiere Pro, iMovie.

Recording Tips:

- Use good lighting and clear audio.
- Keep it concise and engaging.
- Have a clear call to action (CTA).

Step 3: Upload Your Video Online

Recommended Hosting Platforms:

- YouTube (Public or Unlisted)
- Vimeo (More control, branding)

- Go High Level Video Hosting (If available in your plan)
- Wistia or Vidyard (For advanced analytics)

After uploading, copy the embedded link or URL of your video.

Step 4: Add Video to Go High Level (GHL)

Option 1: Embed Video in Funnels or Websites

1. Go to "Sites" → "Funnels" → Select Funnel
2. Add a Video Element:
 - Click "Edit" on the funnel page.
 - Click "+ Add Element" and choose "Video".
 - Select "YouTube/Vimeo Embed" or "Custom Embed".
 - Paste the video URL or embed code.
 - Adjust width/height as needed.

Option 2: Add Video to an Email or SMS Campaign

1. Go to "Marketing" → "Campaigns" → Select Email/SMS Campaign.
2. Insert Video Link:
 - Use a thumbnail image of the video with a "Play" button overlay.
 - Hyperlink it to the video URL or a landing page with the video.

Option 3: Use in Membership Areas (If Applicable)

1. Go to "Sites" → "Memberships" → "Courses" → Select Module.
2. Click "Add Lesson" and Insert Video:
 - Use YouTube/Vimeo Embed or upload directly (if GHL allows).
 - Add description or call-to-action.

Step 5: Optimize & Track Performance

- Enable CTA in the Video (YouTube/Vimeo features).
- Use GHL Analytics to see engagement.
- Retarget Viewers (if using Facebook/Google Ads)



Carrier Contacts & Resources

Aetna

Member Services: (833) 570-6670

Website: https://www.aetna.com/producer/medicare_reports/detail.do

[2025 OTC Catalog Aetna \(1\).pdf](#)

[Aetna DME National Provider Listing.pdf](#)

[Aetna Portal Cheat Sheet.docx](#)

[Aetna Portal Cheat Sheet.docx](#)

[CVS Caremark Mail Order Form.pdf](#)

[Fitness Reimbursement Form.pdf](#)

[Medical Reimbursement Form \(2\).pdf](#)

[Rx_Paper_Claim_Form.pdf](#)

Contacts:

Anthem

Member Services: (855) 383-7249

Website: <https://brokerportal.anthem.com/apps/ptb/login>

Contact:

Cigna

Customer Service Advantage: (800) 668-3813

Customer Service Supplement: (866) 459-4272

Website: <https://cignaforbrokers.com/secure/home>

[Rx_Paper_Claim_Form.pdf](#)

[Cigna Portal Cheat Sheet.docx](#)

[Medical Reimbursement Form \(1\).pdf](#)

[PDP Coverage Determination Form.pdf](#)

[Redetermination Request Form.pdf](#)

Contact:

Clear Springs

Customer Service: (877) 364-4566

Website: <https://account.evolvenxt.com/>

[2025 Utility Benefits Flyer.pdf](#)

[CS OTC Card Benefits.png](#)

[Dental Reimbursement Form.pdf](#)

[DentaQuest Dental CO Fee Schedule Detail2025.xls](#)

[Grocery Benefit 2025 Flyer.pdf](#)

[In Network Hospitals CS.png](#)

[OTC Benefits 2025 Flyer.pdf](#)

[OTC Catalog 2025.pdf](#)

[Pre-Service Authorization Form.pdf](#)

[Prior Authorization List 2024.pdf](#)

[Reconsideration Request Form.pdf](#)

[Reimbursement Request Form.pdf](#)

Contact:

Devoted

Website: <https://www.devoted.com/brokers/>

[Devoted 2025-reimbursement-form.pdf](#)

Contact:

GTL

Customer Service: 800-338-7452

Heartland National

Customer Service: (888) 616-0015

Humana

Member Services: (800) 457-4708

Website: <https://account.humana.com/>

[Healthy Benefit Card.docx](#)

[Humana 2025 OTC Catalog.pdf](#)

[Humana 2025 OTC Flyer.pdf](#)

[Humana Appeal.pdf](#)

[Humana Assistance Programs.pdf](#)

[Humana Dental Claim Form.pdf](#)

[Humana Health Benefit Claim Form.pdf](#)

[Humana Portal Cheat Sheet.docx](#)

Contact:

Medicaid

Member Services: (800) 221-3943

UHC

Member Services (Supp): (800) 620-1362

Member Services (Adv): (800) 643-4845

Member Services Dual Complete: (866) 480-1086

Website: https://www.uhcjarvis.com/content/jarvis/en/sign_in.html#/sign_in

[2025 OTC Flyer \(1\).png](#)

[2025 Provider Directory.pdf](#)

[2025 Rewards Quick Reference Guide.pdf](#)

[2025-CO-Formulary-H0624-006-000-EN.pdf](#)

[Medical Reimbursement Form.pdf](#)

[Optum Home Deliver Phone Number - \(.docx](#)

[UHC Portal Cheat Sheet.docx](#)

[UHC Rewards Program 2025.png](#)

Contact:

Employee Receipt & Acceptance

I hereby acknowledge receipt of the McGirl Insurance Training Handbook. I understand that it is my continuing responsibility to read and know its contents.

Signature _____

Print Name _____

Date _____



Thank You

Thank you for taking the time to review the McGirl Insurance Training Handbook. We're so excited to have you on board and look forward to the incredible things we'll accomplish together.

At McGirl Insurance, you're not just part of a team—you're part of a mission to serve clients with heart, integrity, and excellence. Your role matters, your voice matters, and your growth matters. We are committed to creating a workplace where you feel supported, valued, and empowered to succeed. Here's to new beginnings, lifelong relationships, and making a difference—one policy, one person, and one day at a time.

Welcome to the McGirl Insurance family.

Contact Information :

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