

# FAQs

## **Agent Appointments & Commissions**

- 1. How and where do I go to begin selling the plans through Quotit?**
  - A.** In order to sell Pivot, you'll first need to be appointed. Quotit provides full-service broker support for all of your carrier appointment needs. Go to [Quotit – Pivot](#) and click on the "Get Appointed Today" link to start the appointment process. Or for personal assistance, please call Quotit Broker Services at **844-961-9696**.
- 2. Is the appointment process 100% online?**
  - A.** Yes, once you submit your online appointment form, it will take about three business days to be confirmed by agency services.
- 3. Are there costs to be appointed?**
  - A.** There are no costs to be appointed with Pivot Health.
- 4. How long does it take to get appointed?**
  - A.** Agent writing numbers are typically issued within three business days upon submission of your online appointment form. You'll receive a confirmation welcome email from agency services with your agent ID.
- 5. How soon can I begin selling the Pivot Health plans?**
  - A.** For the majority of states in which Pivot Health markets plans, you can begin selling with no pre-appointment requirements. Please note that Pivot Health requires pre-appointment in GA, NC, PA and LA.
- 6. Where do I obtain my writing number?**
  - A.** Your agent ID will be included in the confirmation welcome email sent to you from agency services. Your writing number should be 4 to 5 digits long and should not contain an alpha numeric prefix. (Example: 54523). You'll also receive information to access training aides, brochures and video links.
- 7. Once I have the writing number what's the next step?**
  - A.** Once your agent writing number has been issued, log into your Quotit account and enter your agent writing number assigned by Pivot into the Application Setting page. Your writing number should be 4 to 5 digits long and should not contain an alpha numeric prefix. (Example: 54523)
- 8. If I am already appointed with Pivot Health would that appointment cover me for all products?**



- A. If it's been more than six months since you've submitted any business to Pivot please call Quotit Broker Services at **844-961-9696**. We will ensure your appointment is up-to-date and/or assist you with any necessary paperwork.
- 9. What is my commission percentage?**
- A. If you have not already been issued a commission schedule, call Quotit Broker Services at **844-961-9696**. Or, if you are contracted under an FMO, please contact them directly for details.
- 10. Do I have to reach a minimum prior to my commissions being paid?**
- A. No There is no minimum for commissions to be paid.
- 11. How will my clients' coverage be renewed?**
- A. Clients will receive notification when their coverage reaches its natural termination date if they are eligible to purchase coverage again. The notifications will also include instructions on how to enroll again in a Pivot Health product (based on state availability and duration regulations).
- 12. Where do I go for support?**
- A. For questions related to using the Quotit platform, please call tech support at 866-478-6848 option 1, 1 or email us at [customer.support@quotit.com](mailto:customer.support@quotit.com). For any questions related to Pivot products or your appointment call Quotit Broker Services at 844-961-9696 or email your question to [contracting@ahcpsales.com](mailto:contracting@ahcpsales.com). From 6am – 5 pm PST.
- 13. Is there training available and is it required?**
- A. Training is not required but strongly encouraged. Live training was conducted on 10/29/19. Please see the pre-recorded video to learn more about Pivot and the available plans.

*Pivot offering insight on industry trends Carrier Quicks Webinar:  
[Embracing the Revolution in Digital Delivery of Care](#)*

## ***Quoting & Enrolling***

### **1. Plan Availability**

- A. Pivot Short Term plans on Quotit are Pivot Classic STM and Pivot Core STM. Pivot Classic plans include four variations of plans: Economy, Choice, Standard and Deluxe. Core (PPO) plans have two options, Core 1000 and Core 2000. Monthly payment options Quotit 2- 12 months, Single pay option on Quotit 60–180-day coverages with the exception of OR and DE with 60-90 day options. Pivot also offers Multi Term plans on the Quotit site (dependent on plan availability).



**2. How do I enroll my clients electronically?**

- A. Use Quotit to quote and add plan of choice to the shopping cart. You may complete the application on behalf of the client and enroll in one seamless process through Quotit Online Enrollment Services.

**3. What forms of payment do you accept?**

- A. Visa, Master Card, Discover and Bank draft are acceptable forms of payment.

**4. Is there an enrollment fee?**

- A. The enrollment fee for Pivot plans enrolled through Quotit is fixed at \$39.95. You will be compensated on any difference in the enrollment fee you have with Pivot.

**5. What effective dates are available?**

- A. Next day is available, any date up to 60 days out. Coverage becomes effective upon approval of the application and collection of initial premia.

**6. Who is eligible to enroll?**

- A. Applicant aged 6 months - 64 years & 11 months. Accept child-only applications, child need to be at least 6 months old. A parent or guardian would need to submit the application.

**Product Features/Benefits**

Attached please find a copy of the brochure you can review which we believe will answer all of the questions about how benefits are considered.

**1. Benefit accumulation period?**

- A. Benefit year

**2. What is the Lifetime Maximum policy limit?**

- A. Coverage max differs depending on policy selection.

**3. What is the pre-existing condition limitation?**

- A. Pre-existing provisions vary by state. Typically, the plan provision reads: " Pre-existing Conditions:a.Charges resulting directly or indirectly from a condition for which a Covered Person received medical treatment, diagnosis, care or advice within the sixty-month period immediately preceding such person's Effective Date are excluded for the first 12 months of coverage hereunder.
- B. Pre-existing conditions includes conditions that produced any symptoms which would have caused a reasonable person to seek diagnosis, care or treatment within the sixty-



month period immediately prior to the coverage effective date. This exclusion does not apply to a newborn or newly adopted child who is added to coverage under this certificate in accordance with PART II –ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE.”

### **Eligibility for Coverage**

- 1. How far in advance can an effective date be?**
  - A.** 60 days
- 2. What are the valid ages of dependents?**
  - A.** Valid ages for dependents are from birth up to their 26th birthday.
- 3. Are child only applications accepted?**
  - A.** Yes. Child must be at least 6 months old.
- 4. What is the reinstatement rule if a policy lapses?**
  - A.** There is no reinstatement of coverage on lapse. The member could reapply if they wish.

### **Claims**

- 1. Grace period claims, are they paid without premium or suspended?**
  - A.** Claims are not paid during the grace period.
- 2. How are claims submitted?**
  - A.** The back of the ID card provides instructions for claims submission. The claims submission address is: Insurance Benefit Administrators c/o Zelis Box 247 Alpharetta, GA 30009-0247. The EDI Payor ID is: 07689