

# 2024 AGENT ONBOARDING AND CERTIFICATION MANUAL



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## INTRODUCTION



Each year, the Centers for Medicare & Medicaid Services (CMS) provides Medicare Advantage Organizations (MAOs)/Part D sponsors training and testing requirements for their agents and brokers. These requirements include Medicare Basics, FWA and Plan Specific Product training. Agents are also required to maintain active license status and stay up to speed on ATRIO Health Plan policies.

ATRIO Health Plans utilizes EvolveNXT to deliver our annual onboarding and certification. We have designed a streamlined and simple process to get you certified and ready to sell ATRIO Health Plans.

The program includes ensuring current agent information is on file, how you would like to be paid, license and appointment verification, background check, Medicare Certification and Errors & Omissions upload, and ATRIO Health Plans product training and exam.

We have created this manual to help guide you through the process step-by-step.

## **CERTIFICATION EMAIL AND LINK**

Existing users will see their dashboard upon logging into your EvolveNXT portal. Your home screen/dashboard consists of several useful widgets including: Quick Links, Credentials, Book of Business Birthdays, and Enrollment activities. The navigation bar on the left guides you to the different sections of your portal.



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## **CERTIFICATION EMAIL AND LINK**



The process begins with the delivery of an Onboarding and Certification email from ATRIO Health Plans.

The email will be coming from <u>donotreply@evolvenxt.com</u>

Click on the URL to begin the certification process.



## **MY CERTIFICATION CASES**

Existing users will access their new 2024 ATRIO certification case by clicking "My Credentials" in the left hand navigation bar. Then select "My Certification Cases". The red "1" lets you know you have a new notification in that section.

Agents that are new to ATRIO and Evolve in 2024 will need to complete the initial certification. Your screen will only show the "My Certification Cases" option.

Click Start/Continue to access your certification.

	My Certification Cases 🔹 218 HISURANCE PARTNERS 😩
NAVILATION DASHBOARD STATEMENTS BOOK OF BUSINESS PAYMENT HISTORY APPLICATION STATUS	Ti         Name         Ti         LOB         Ti Year Ti         Type Ti         NPN Ti         Sates Level Ti         Affiliated Agency/Team Ti         Submitted By Ti         Creation Date Ti         Status         Ti           Contribute         218 INSURANCE PARTNERS         Medicare Advantage         2023         Recentify         20179410         Broker         Jessica W.         08/09/2022         Unsubmitted - Contract Info
NAMESHON Mr CERTIFICATION CASES	My Certification Cases



NEXT LAST

FIRST PREVIOUS

## **MY CERTIFICATION CASES**



You will be prompted to verify your NPN and SSN which validates against the info we pull from NIPR.

Once you enter your info, click "Validate".

My Certification Cases	5				BRANDON HELBIG
(10.14)					
	For the security and protection of the data the enter your Social Security N	Before You Begin hat was pulled from the National Insurance lumber/EIN (Taxpayer ID) to validate that yo	X Producer Registry (NIPR), we require that you ur are the entity listed below:	_	- 1
	NPN	18699774			
	First Name	Brandon			
	Last Name	Helbig			
	SSN				
	This field is required.	Do not include hyphens nor spaces			
		VALIDATE			

## **CONTACT INFO**

Next you will enter your contact info. Existing users will have your info already populated.

Broker Type and Upline information are carried over from your previous year information or set when creating your initial onboarding link.

Please read to ensure your information is listed correctly. This is how you will elect to be paid.

If your info is incorrect, click "Abort" and reach out to agentdesk@atriohp.com for assistance.

If your info is correct, check the box and click "Continue"

ATRIO	My Certification Case	25							Ļ	BRANDON HE	lbig 🤰
TIFICATION CASES	CONTACT INFO	PAYMENT		LICENSE INFO		DOCUMENTS		TRAINING		SUBMIT	
		Address 1 *									
		Address 2									
		City *									
		State *				-					
		Zip Code *									
		Broker Information									
		Broker Type	Field Broker								
		Upline Information									
		LOB	Medicare Advantage								- 11
		Sub Type	Direct								- 11
		Sales Level	01 - Broker								- 11
		Next Upline									- 11
		You are onboarding as cannot be assigned to to request to join a hie new invitation from yo	s a 1099, Direct to ATRIO F another contracted entity erarchy and assign commis our preferred hierarchy or a	Health Plan. This means and you will have to com sions to this entity. If this gency.	that you do not have a mplete banking inform s is not the model you	n upline and you will ation for payment. Afi wish to onboard as, p	receive your own co ter you are Active:Ce vlease click the Abort	mmissions. Your commiss tified, you will have the a option below and reque	sions ability st a		



#### PAYMENT



Those agents being paid commissions directly by ATRIO will be prompted to enter (or verify for existing users) payment information.

If you want to declare a private company to be your payee or DBA, you can select this option here and add the information needed to populate your W9.

CERTIFICATION CASES	CONTACT INFO	PAYMENT	LICENSE INFO DOCU		SUBMIT
=		Payee			
		You are eligible to declare a also means that the 1099 ta your declared company paye will be in your name and SS	private company, that you legally represent or own, to be your payee. This means or form issued to you will be in the name and Tax ID of this company. If you chose ee. If you chose to not declare a company as your payee, then you will be the pay N. You will be prompted to sign a W9 form with your information.	s that any money earned is paid to the Tax ID of this company. It to declare a payee, you will be prompted to sign a V/9 form for ee on record. This means that the 1099 tax form issued to you	
		Do you want to declare a p	rivate company to be your payee?*	No	
		Banking Information			
		Payment Method	ACH (Direct Deposit)		
		Account Type *	Checking		
		[?] Account Number: *		0	
		Verify Account Number*		0	
		[?] Routing Number: *	234523455		
		Financial Institution *	Big Bank		

## **LICENSE INFO**



Next, you will select the states in which you wish to sell ATRIO plans in 2024.

All states in which ATRIO is offered and you have an active license will show as a selectable option.

ATRIO"	My Certification Case	BRANDON HELBIG						
MAYIGATION	CONTACT INFO	PAYMENT	LICENSE INFO	DOCUMENTS	TRAINING	SUBMIT		
		License Information						
		The licenses shown below reflect active licenses you hold in states where Wellcare offers Medicare Advantage and/or Prescription Drug plans. Please elect licenses where you plan to market / sell Wellcare products. Please note, you will be able to update your elections within your portal at any time. Your Resident State License is automatically selected.						
		OR - Oregon						
			ABORT	CONTINUE				

## DOCUMENTS



Next, all agents will be required to upload their current E&O insurance. Just the declaration page is required.

You are also required to upload your Annual Medicare Certification. Here you will upload the certificate from AHIP/NAHU/Gorman Health Group.

Click the blue boxes to open the document upload popup.

.pdf, .jpeg, .img file types will work

ATRIO" HEALTH PLANS	My Certification Case	es				BRANDON HELBIG
MIGATION	CONTACT INFO	PAYMENT	LICENSE INFO	DOCUMENTS	TRAINING	SUBMIT
		Please ensure you upload at least 1 file per	each required type.			
		Required documents: • Current E&O Certificate • Annual Medicare Certification Accepted	AHIP/NAHU/Gorman			
		All other documents shown, if any, are optic TO UPLOAD A SPECIFIC FILE TYPE, CLICK (				
		Uploaded Documents				
		No documents loaded.				_
		Add Document(s)				-
		UPLOAD	UPLOAD			
		Current E&O Certificat	e Annual Mec Certificatior AHIP/NAHU	licare Accepted J/Gorman		
			ABORT	CONTINUE		

## DOCUMENTS

When uploading the E&O, you will need to key in your Coverage, Start and End Date, and Coverage amount.

Click Browse, select the file, and upload.

Follow the same process for uploading your Medicare Certificate.

When both have been uploaded, you will see the green boxes below.







#### TRAINING



After uploading your documents, you will move on to the 2023/2024 ATRIO Health Plans product training course.

Click "Take Training" to begin. You will have the option to download the material as well as scrolling through the presentation.

The exam is 20 questions. You have 3 attempts to pass the exam with an 85% or better.

Once your status shows as "Passed" you will be able to continue.

HEALTH PLANS	My Certification Case	s						BRANDON HELBIG
MAVIGATION	CONTACT INFO	PAYMENT	LICENSE INFO		DOCUMENTS		TRAINING	SUBMIT
		Training Information						
			_					
			Training Name		Training Type		Status	
			Atrio Training		Product	In	complete	
			Component Name	Started	Completed	Score	Pass / Fail	
		TAKE TRAINING	Atrio Certification					
								-
				ABORT				
ATRIC								
HEALTH PLANS	My Certification Case	BAYMENT			DOCUMENTS		AINENIG	BRANDON HELBIG
MY CERTIFICATION CASES		Training Information						
				Available Trainings				
			Training Name		Training Type		Status	
			Atrio Training		Product		Passed	
		0001070	Component Name	Started 08/05/2022 04:23	Completed 08/05/2022 04:31	Score	Pass / Fail	
				PM PDT	PM PDT			
			Component Name	Started	Completed	Score	Pass / Fail	
		RESULTS	Atrio Certification	08/05/2022 04:31 PM PDT	08/05/2022 04:39 PM PDT	100.00	Passed	
			ABORT		CONTINUE			

#### **SUBMIT**



The final step will present you with our ATRIO Health Plans Agent Contract and your W9 which has been populated with the information you entered on the Payment step.

You can open and read both documents by clicking on them.

You will then check the boxes and sign on the screen as shown.

	My Certification Case	S				BRANDON HELBIG
NAVIGATION	CONTACT INFO	PAYMENT	LICENSE INFO	DOCUMENTS	TRAINING	SUBMIT
		Medicare-Individual Agent 2023 Cd W9 I have read and understand the conti Lonsent to sign the W9 document ( I have read and agree to the contract Condition of the contract. I understand that my submission of 1 application, and that   confirm that the Date • 08/05/2022 PAddress • 08/05/2022 Please sign your name in the space I have read and the space I have r	entract ents of the filled W9 document. I confirm the electronically. and this application means that I have read and he information I have provided is accurate.  the below.	understand the contents of this		

## **NEXT STEPS**



Once submitted, you will see a "Submission Successful" screen where you have the opportunity to download copies of both your contract and W9.

Your case has been submitted to ATRIO staff for review and background check processing. Please allow 1-2 business days for review.

Once, accepted you will receive a confirmation email letting you know you are ready to sell ATRIO Health Plans for both 2023 and 2024 plan years.

ATRIO HEALTH PLANE	My Certification Case	BRANDON HELBIG			
MAVIGATION	CONTACT INFO	PAIMENT		TRAINING	SUBMIT
		Submission Successful!			
		Thank you for submitting your certification workflow.			
		Below is a copy of your signed document(s). Please do			
		Once all certification requirements are met, you will be			
		Broker Name	Aaron Burns		
		Email	bhohenberg@gmail.com		
		NPN	9156077		



## HAVE QUESTIONS?

Contact ATRIO Agent Support at 541-492-2166 or AgentDesk@atriohp.com