



EvolveNXT Broker Certification Guide

2023 - 2024

BROKER EMAIL INVITATION: CURRENT USERS

From: donotreply@evolvenxt.com

Dear {broker name},

You are invited to recertify with ZING Health and or Lasso Healthcare to market Medicare Advantage Plans in 2024.

If you have any questions, please contact Zing Broker Support or your upline agency.

To access the recertification go to: URL: <https://zing.evolvenxt.com/login.htm>

Please use your current Evolve NXT login and password.

In addition to completing your recertification workflow, please make sure that you add Zing-Lasso as an authorized entity in your AHIP account.

To add Zing-Lasso to your AHIP account please use this link:

URL: <http://ahipmedicaretraining.com/clients/zinghealthandlassohealthcare>

You will not become ready to sell until your Medicare Certificate displays in your Training under Credentials in Evolve NXT in addition to the appropriate line of business product training(s).

If you are unable to access the Evolve NXT registration website or have any questions regarding the process, please try the Lost Password Function and if unsuccessful, email Brokers@myzinghealth.com.

Thank you,

Zing Health and Lasso Healthcare



BROKER EMAIL INVITATION: NEW USERS

From: donotreply@evolvenxt.com

Dear {broker name},

You are invited to onboard with ZING Health and or Lasso Healthcare to market Medicare Advantage Plans. If you have any questions, please contact your recruiting agency.

To facilitate the contracting process, please use the URL and login below to complete the process:

URL: <https://zing.evolvenxt.com/login.htm>

Login email address: {email}

Password: {temporary password}

In addition to completing your contracting workflow, please make sure to add Zing-Lasso to your AHIP account through this link:

URL: <http://ahipmedicaretraining.com/clients/zinghealthandlassohealthcare>

If you are unable to access the registration website or have any questions regarding the process, please try the Lost Password Function and if unsuccessful, email Brokers@myzinghealth.com.

Link to Broker Guide: https://drive.google.com/file/d/1fXI5fhqd6Gz32H2IPImdHmmqErO9SUQQ/view?usp=share_link


Link to Agency Guide: https://drive.google.com/file/d/10fu5JN2s1MBiuFXVuK-iODb51uLyQ_zm/view?usp=share_link

Thank you,

Zing Health and Lasso Healthcare



LOGIN PAGE



Hello, Welcome Back!

Email Address

Password

LOGIN

[Lost your password?](#)



Please choose who you would like to log in as:

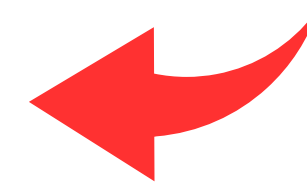
Portal User Type - Internal Agent
Rep ID

Internal Agent Login

Portal User Type -
Rep ID -

Login

**Select to complete
assigned training**



Select to start assigned case

AHIP transmittal does not prevent you from moving forward with the certification process. If you've already transmitted your results, please scroll down to the bottom of the popup window to proceed.

**Link to transmit
AHIP results to us**

Recertification

Both Zing Health and Lasso Healthcare require agents to complete the annual Medicare Compliance + Fraud, Waste, and Abuse training and share the results with us. To have your AHIP transmitted to us, you will need to use our link below.

<http://ahipmedicaretraining.com/clients/zinghealthandlassohealthcare>

Use this process if...

- You completed AHIP through a different carrier and you would like to transmit your results to us
- You still need to complete AHIP and you would like to receive the discounted rate of \$125

Confirm you are in the correct place by the location of our logos in the right-hand corner. For password and website issues, AHIP recommends you:

1. Clear your cache and cookies
2. Close your browser entirely
3. Reopen and try again

Contact AHIP for Technical Support **Phone:** 866.234.6909 **Email:** Support@AHIPInsuranceEducation.org

**Scroll down
to read all
information
and proceed**

EVOLVENXT

NAVIGATION

MY CERTIFICATION CASES 1

My Certification Cases

CONTACT INFO LICENSE INFO TRAINING SUBMIT

Fields marked with an asterisk (*) are required.

Personal Information


First Name *
Middle Initial
Last Name *
Job Title
SSN *
NPN *
DOB *
Mobile Phone *
Business Phone *
Marketing Phone
Email *

Primary Address Information

Address 1 *
Address 2

Complete all fields to include those required.

Scroll to complete all information and proceed

 **EVOLVENXT**

NAVIGATION

MY CERTIFICATION CASES

1

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My Certification Cases

CONTACT INFO

LICENSE INFO

TRAINING

SUBMIT

License Information

The table below indicates all states where ZingAEP sells products for each line of business. Please choose and declare your sales intent per line of business from the available state options.

Active : Our records show that you own a valid health license in this state.
Inactive : Our records show that you own a health license but it is not currently active.
No License Found: Our records show that you do not own any health license in this state.

If you do not currently own a license in a state where you intend to sell for ZingAEP, you may still declare sales intent. However, you will need to acquire a license from that state's department of insurance before reaching ready to sell status in that state.

Lasso Declared States

<input checked="" type="checkbox"/> UT - Utah — Active License	<input type="checkbox"/> MO - Missouri — No License Found
<input type="checkbox"/> AK - Alaska — No License Found	<input type="checkbox"/> MS - Mississippi — No License Found
<input type="checkbox"/> AL - Alabama — No License Found	<input checked="" type="checkbox"/> MT - Montana — Active License
<input type="checkbox"/> AR - Arkansas — No License Found	<input type="checkbox"/> NC - North Carolina — No License Found
<input checked="" type="checkbox"/> AZ - Arizona — Active License	<input type="checkbox"/> ND - North Dakota — No License Found
<input type="checkbox"/> DC - District of Columbia — No License Found	<input type="checkbox"/> NH - New Hampshire — No License Found

**Update
selling states as desired**

**Scroll for all
information
and to proceed**

BEGIN TRAINING SCREEN

The screenshot displays the 'My Certification Cases' interface with the 'TRAINING' tab selected. The 'Available Trainings' table lists the following data:

Training Name	Training Type	Status
2024 Lasso Training	Lasso Training	Incomplete

Component Name	Started	Completed	Score	Pass / Fail
Lasso Healthcare 2024 Product Training				

A red arrow points to the 'TAKE TRAINING' button located in the first column of the second table row.

ZING HEALTH TRAINING SCREEN

The screenshot displays a web interface for "Zing Health 2023-2024 Product Certification Training". At the top, a red arrow points to a "DOWNLOAD TRAINING MATERIAL" button, with the text "Click to download pdf training slides" above it. The main content area features a PowerPoint presentation viewer. The left sidebar shows a list of slides, with the first slide titled "Zing Health 2023-2024 Product Training" selected. The main slide area shows the title slide with the Zing Health logo and the text "Zing Health 2023-2024 Product Training" and "Zing Health, Inc.". A red arrow points to the right side of the slide area, with the text "Scroll down to view training slides within the system". At the bottom, a red arrow points to a "TAKE QUIZ" button, with the text "Click to take the exam" above it.

Click to download pdf training slides

DOWNLOAD TRAINING MATERIAL

Scroll down to view training slides within the system

Click to take the exam

TAKE QUIZ

PRODUCT TRAINING EXAM SCREEN

2023-2024 Product Certification Training

Need to review? Download training for reference as needed → [DOWNLOAD TRAINING MATERIAL](#)

VIEW PROGRESS → **Total of 30 questions**

Question 1 of 30

READ QUESTION

<input type="radio"/>	
<input type="radio"/>	
<input type="radio"/>	
<input type="radio"/>	

Select best possible answer →

[NEXT](#) → **Click to advance forward**

You will not be able to go back once you select next

PRODUCT TRAINING RESULTS SCREEN: PASSED

Click to download pdf training slides

DOWNLOAD TRAINING MATERIAL

You have completed this component of the training.

RESULTS

Total Questions	30
Correct Answers	30
Your Score	100.00 %
Passing Score	85.00 %
Passed	Yes

View Results

CLOSE

Click to close

PRODUCT TRAINING RESULTS SCREEN: FAILED

Click to download pdf training slides

DOWNLOAD TRAINING MATERIAL

You have completed this component of the training.

RESULTS

Total Questions	30
Correct Answers	10
Your Score	33.33 %
Passing Score	85.00 %
Passed	No

View Results

CLOSE

Click to close

COMPLETION SCREEN

View Results Again

Available Trainings		
Training Name	Training Type	Status
2024 Lasso Training	Lasso Training	Passed

	Component Name	Started	Completed	Score	Pass / Fail
RESULTS	Lasso Healthcare 2024 Product Training	06/23/2023 08:31 AM PDT	06/23/2023 08:43 AM PDT	100.00	Passed

Click to move forward

Helpful Tip: If a certificate of completion is needed, please print screen. A downloadable certificate is not provided.

SCREEN WHEN THERE IS A FAILED EXAM ATTEMPT

Click to take training again

View Results Again

Click to abort

My Certification Cases

CONTACT INFO LICENSE INFO **TRAINING** SUBMIT

Training Information

Available Trainings


Training Name	Training Type	Status
2024 Zing Training	Zing Training	Failed

Component Name	Started	Completed	Score	Pass / Fail
TAKE TRAINING	Zing Health 2023-2024 Product Certification Training			


Component Name	Started	Completed	Score	Pass / Fail	
RESULTS	Zing Health 2023-2024 Product Certification Training	06/23/2023 08:57 AM PDT	06/23/2023 07:44 PM PDT	23.33	Failed

ABORT

2024 AGREEMENT

 EVOLVENXT

NAVIGATION

 MY CERTIFICATION CASES

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My Certification Cases

CONTACT INFO

LICENSE INFO

TRAINING

SUBMIT

Fields marked with an asterisk (*) are required.
Please click on the links below to review the documents and digitally sign as appropriate

Submit Recertification

obdoc_download.htm25 / 3194%+

23

24

Health Act ("HITECH Act") and its implementing regulations, and as they may be further amended from time to time (collectively, "HIPAA");

WHEREAS, Business Associate provides professional services for Covered Entity pursuant to an Independent Broker Agent Agreement between the parties (collectively, the "Master Agreement");

WHEREAS, Business Associate, in the course of providing services to Covered Entity, may have access to certain Protected Health Information ("PHI") and may be deemed a business associate for certain purposes under HIPAA;


WHEREAS, the Parties contemplate that Business Associate may obtain PHI, with Covered Entity's knowledge and consent, from certain other business associates of Covered Entity that may possess such PHI; and


WHEREAS, Business Associate and Covered Entity are entering into this BAA to set forth Business Associate's obligations with respect to its handling of the PHI, whether such PHI was obtained from another business associate of Covered Entity or directly from Covered Entity; **NOW, THEREFORE**, for mutual consideration, the sufficiency and delivery of which is acknowledged by the Parties, and upon the premises and covenants set forth herein, the Parties agree as follows:

1. **Definitions.** Unless otherwise defined herein, capitalized terms used in this BAA shall have the meanings ascribed to them in HIPAA or the Master Agreement between Covered Entity and Business Associate, as applicable.

2. **Obligations and Activities of Business Associate.** To the extent that Business Associate is provided with or creates any PHI on behalf of Covered Entity and is acting as a business associate of Covered Entity, Business Associate agrees to comply with the provisions of HIPAA applicable to business associates, and in doing so, represents and warrants as follows:

Scroll to
view all
information
and sign

 **Zing HEALTH**TM


Incentivize. Inspire. Grow

2024 AGREEMENT: SIGNATURE BOX

The screenshot displays the 'My Certification Cases' page in the EVOLVENXT system. The left sidebar contains the EVOLVENXT logo and a navigation menu with 'MY CERTIFICATION CASES' highlighted. The main content area has a tabbed interface with 'CONTACT INFO', 'LICENSE INFO', 'TRAINING', and 'SUBMIT' tabs. The 'SUBMIT' tab is active, showing a document preview of a 'Lasso Broker Contract 2024' and a signature box. The signature box is labeled 'Please sign your name in the space below.' and includes a 'CLEAR' button. A red arrow points to the signature box with the text 'Electronically sign with finger, stylus, or mouse'. Another red arrow points to the 'SUBMIT' button with the text 'Click to SUBMIT'. A third red arrow points to the right side of the page with the text 'Scroll to view all information and sign'.

EVOLVENXT

NAVIGATION

MY CERTIFICATION CASES

My Certification Cases

CONTACT INFO

LICENSE INFO

TRAINING

SUBMIT

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accordance with the standards set forth in HITECH Act §13402(h) and any guidance issued thereunder.

(iii) Business Associate agrees to provide Covered Entity with such written documentation concerning **safeguards** as Covered Entity may reasonably request from time to time.

Lasso Broker Contract 2024

Date * 06/23/2023

IP Address * 108.87.116.140, 108.87.116.140

Please sign your name in the space below.

CLEAR


SUBMIT

Electronically sign with finger, stylus, or mouse


Click to SUBMIT

Scroll to view all information and sign

SUBMISSION SUCCESSFUL

 **EVOLVENXT**



NAVIGATION

 MY CERTIFICATION CASES

1

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My Certification Cases



CONTACT INFO

LICENSE INFO

TRAINING

SUBMIT

Submission Successful!

Thank you for completing your annual recertification workflow.

A copy of your signed documents as well as any other submitted documents will be available in your broker portal once this case is approved. To view or download these documents please navigate to Documents & Resources - My Documents.

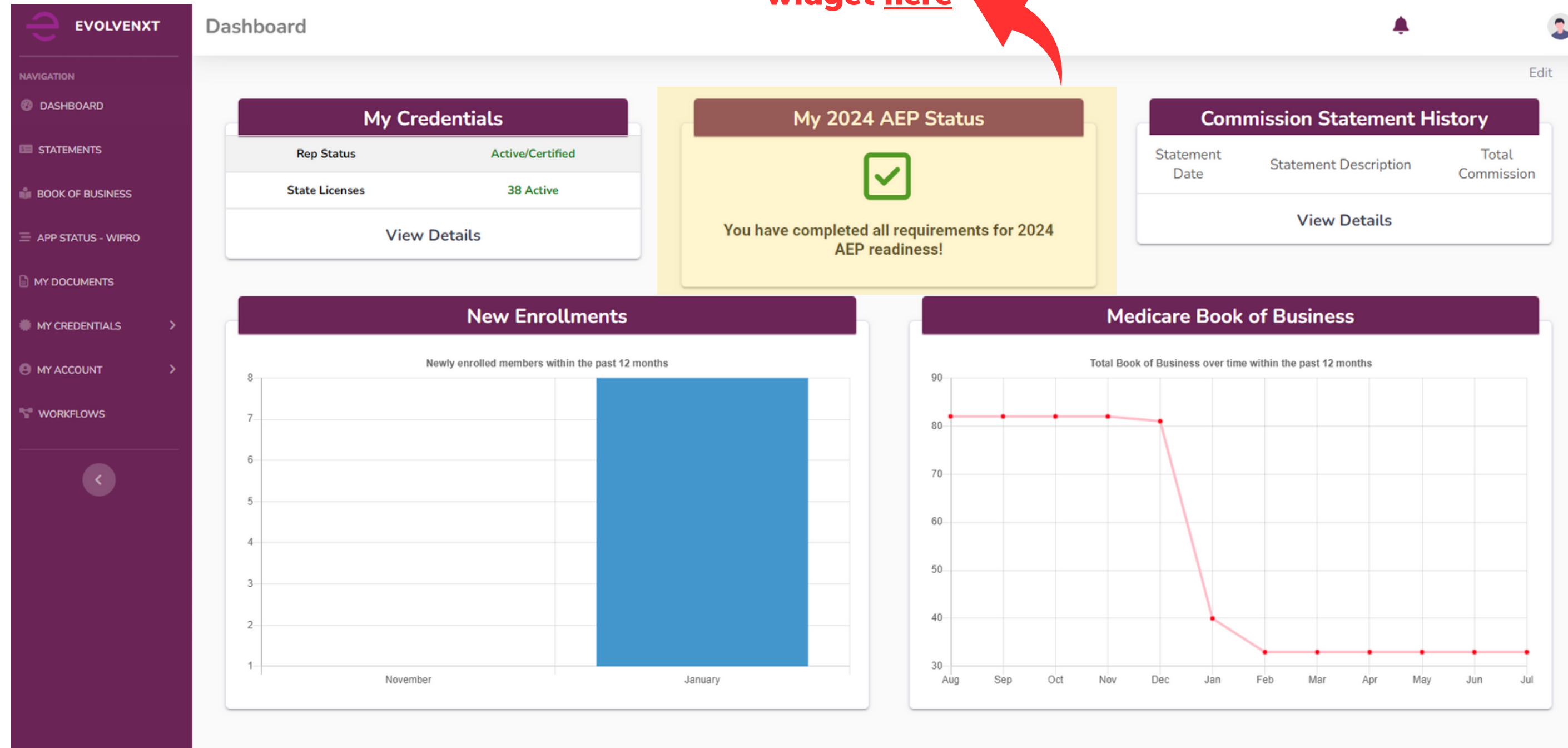
Broker Name

Email

NPN

CONFIRM YOUR RTS STATUS

More on the RTS
widget here



Questions? Contact Broker Support

@ **brokers@myzinghealth.com**

 **866-946-4458 opt. 4**

CLICK TO VIEW EVOLVE REFERENCE GUIDES BELOW

[EvolveNXT Broker Guide](#)

[EvolveNXT Agency Guide](#)

