

# Guide to Onboarding a Agent



Clear Spring  
Health

*Updated 9/16/21*

# Important Changes

- Clear Spring has implemented a new platform to support on-boarding, certification, agent portal, web enrollment, and commission payments.
- While some agent data has been pre-loaded into the new platform, we ask that you review that information carefully and notify Clear Spring of any changes.
- Information that has not been pre-loaded (e.g., banking information) will need to be entered or uploaded.
- Clear Spring Health will no longer assign Agent ID numbers to contracted agents.
- All functions will now use the National Producer Number (NPN) to identify agents.



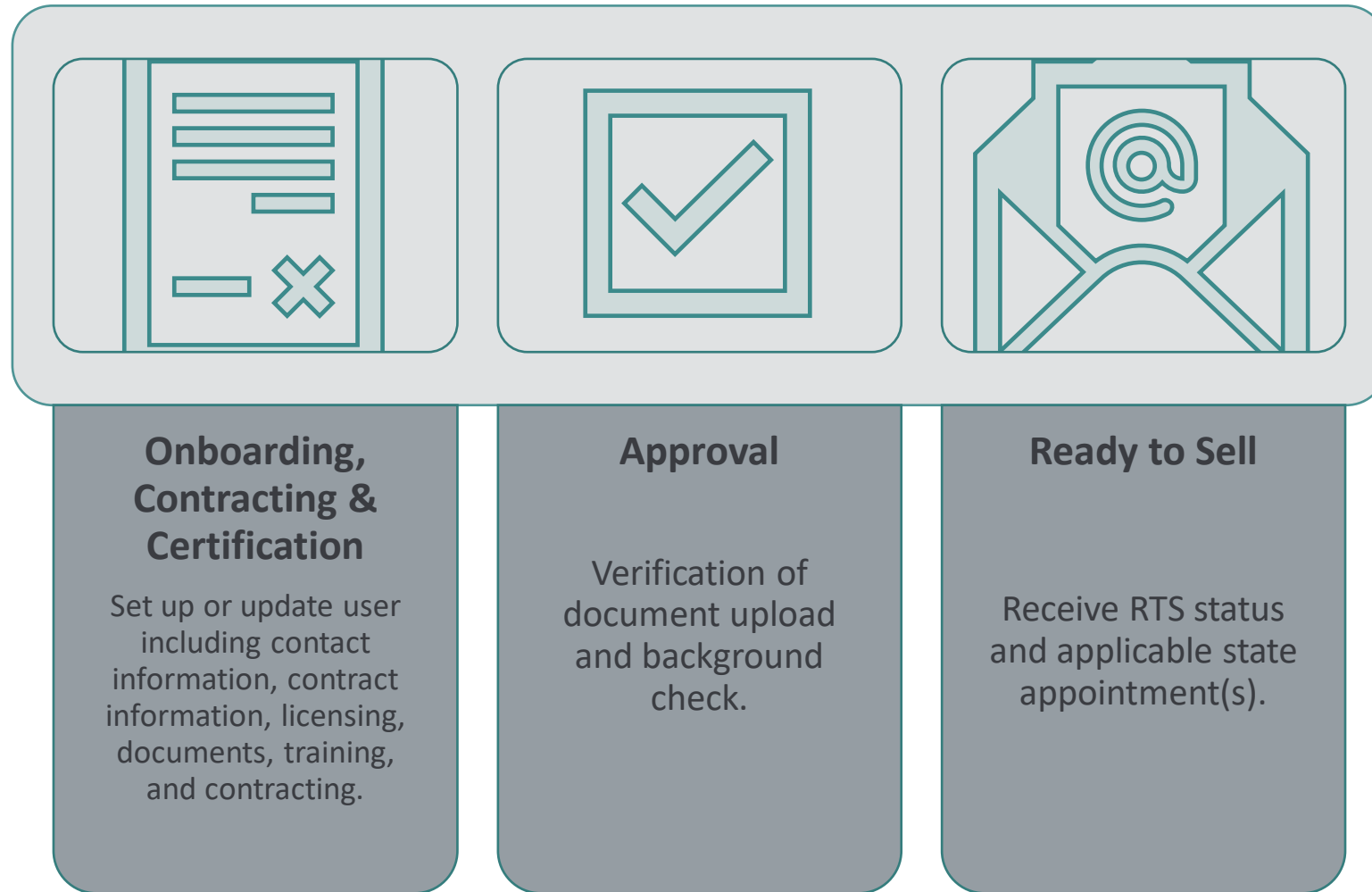
# Purpose & Definitions



# Purpose

- The purpose of this guide is to provide agency administrative staff a step-by-step guide to onboarding and certification with Clear Spring Health.
- Questions and/or feedback can be provided by contacting [certification@clearspringhealthcare.com](mailto:certification@clearspringhealthcare.com) or calling **1-888-296-2506**.

# Definitions



# Onboarding Overview

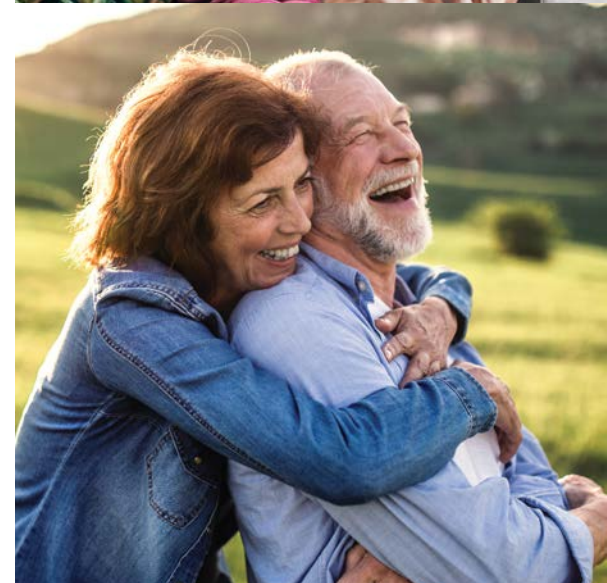
Below is a list of the documents and/or information to have available during on-boarding. Even if you are a returning agent, you'll need to verify the information is current.

All items are required, and onboarding cannot be completed without this information.

Information	Format	Reason
Agent NPN	Fill in	Identification
Tax ID Number (TIN)	Fill in	Identification
Errors & Omissions (E&O) Coverage	PDF	Insurance
AHIP Training Completion	PDF	Training/CMS Requirements
W-9	PDF	Commission Payments
Bank Account and Routing Numbers	Fill in	Commission Payments



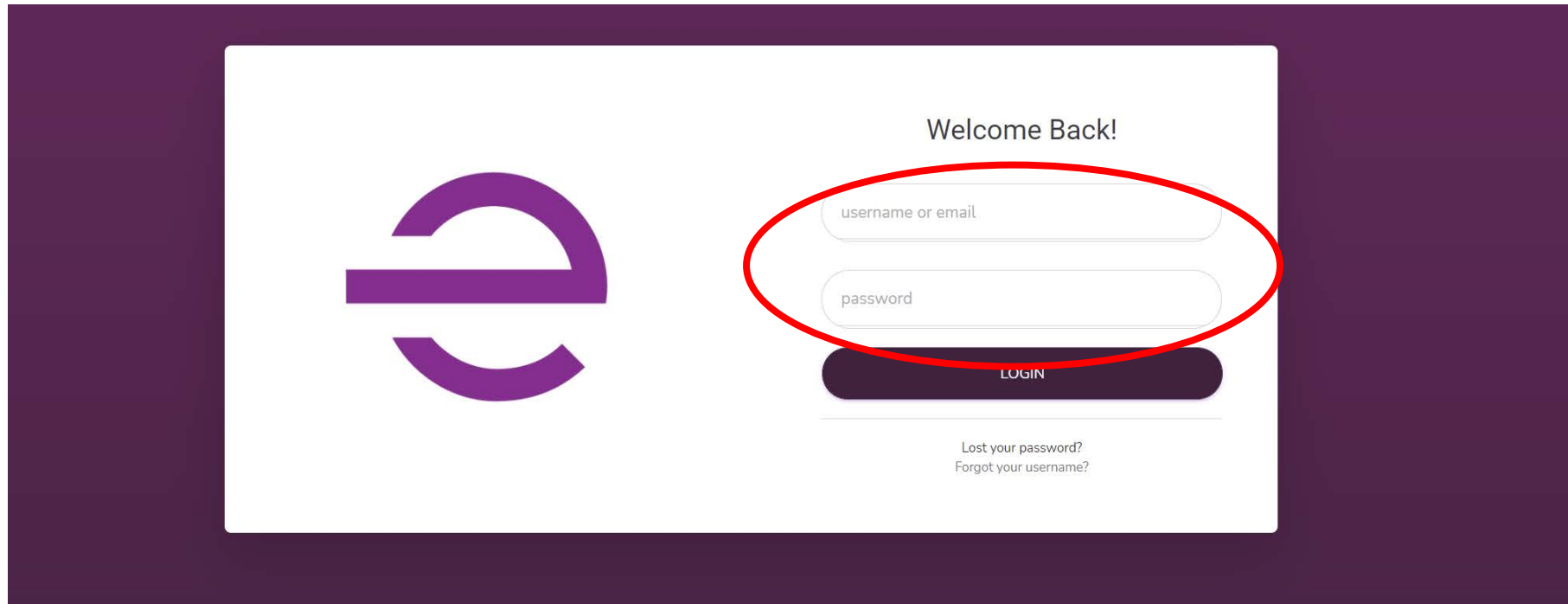
# Accessing the Portal





# Accessing the Portal

- First time portal users: use the link in the email from CSH Certification ([certification@clearspringhealthcare.com](mailto:certification@clearspringhealthcare.com))
- Returning portal users: go to <https://csh.evolverxt.com/>







# Contracting & Certification an Agent



# Contracting & Certification

- Completion of new agency set up will generate an email from [certification@clearspringhealthcare.com](mailto:certification@clearspringhealthcare.com)
- Select the link in the email to proceed with the onboarding steps.



# Contracting & Certification – Contact Information



Fields marked with an asterisk (\*) are required.

- After entering and verifying your name and SSN/TIN, please click on the 'Check NPN' box for validation. You will not be able to proceed without validating your NPN.

## Personal Information

First Name*	Ron
Middle Initial	
Last Name*	Santo
SSN*	
NPN*	<input type="button" value="CHECK NPN"/>
DOB*	
Phone*	
Cell Phone	
Email*	testcase@yahoo.com
Secondary Email	
Job Title	

NOTE: First Name, Last Name and NPN will be pre-populated.

- Input SSN#
- Select Check NPN
- Input DOB, Phone and Email

# Contracting & Certification – Contact Information *(cont.)*

CONTACT INFO

CONTRACT INFO

ADDITIONAL INFO

LICENSE INFO

DOCUMENTS

BANKING INFO

TRAINING

SUBMIT

- Input applicable information.
- Note: Address entered here is considered the “residential” address.

## Primary Address Information

Address 1\*

Address 2

City\*

State\*

Zip Code \*

## Agent Information

Agent Type

External Agent

## Upline Information

LOB

Medicare Advantage

Sales Level

01 - Agent

Next Upline

ABORT CASE

CONTINUE

- **NOTE: Selecting Abort Case will cancel all entered information and require the user to have their account reset and start over.**

# Contracting & Certification – Contract Information



CONTACT INFO CONTRACT INFO ADDITIONAL INFO LICENSE INFO DOCUMENTS BANKING INFO TRAINING SUBMIT

Fields marked with an asterisk (\*) are required.

## Contract Application

Gender *	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contract Type *	LLC
Business Phone	1234567890
Business Fax	
Preferred Mailing *	Resident Address
Cell Phone	
Preferred Method of Contact *	Bus. Phone

## W9 Tax Information

Taxation Type *	C Corporation
-----------------	---------------

ABORT CASE

CONTINUE

- Input applicable information.
- Note: “Preferred Mailing” has two selections: Residential and Business.
- Selecting Residential Address will default to the primary address input in the Contact Info.
- Selecting Business Address will require entry of another address.

- **NOTE: Selecting Abort Case will cancel all entered information and require the user to have their account reset and start over.**

# Contracting & Certification – Additional Info



Fields marked with an asterisk (\*) are required.

If you answer "Yes" to any of these questions, please upload supporting documentation in the **Document** section of this Onboarding process.

## Background Questions

1. Have you been convicted of a felony? \* ☐ No ☐ Yes
2. Has any legal or regulatory body ever sanctioned, censured, penalized or otherwise disciplined you? \* ☐ No ☐ Yes
3. Has any state or federal regulatory agency or self-regulatory authority ever filed a complaint against you? \* ☐ No ☐ Yes
4. Has a bonding or security company denied, ever paid out or revoked a bond? \* ☐ No ☐ Yes

• Answer questions.

ABORT CASE

CONTINUE

• **NOTE: Selecting Abort Case will cancel all entered information and require the user to have their account reset and start over.**

# Contracting & Certification – License Info

CONTACT INFO

CONTRACT INFO

ADDITIONAL INFO

LICENSE INFO

DOCUMENTS

BANKING INFO

TRAINING

SUBMIT

## License Information

We pulled a report of your license information with NIPR. Based on the states in which CSH is active, we have found these active state licenses, listed below. Please select the states you intend on selling CSH products in.

For recertifying agents: The disabled checkboxes are states that you are already considered "active" in.

<input type="checkbox"/> CO - Colorado	<input type="checkbox"/> NC - North Carolina
<input type="checkbox"/> GA - Georgia	<input type="checkbox"/> SC - South Carolina
<input checked="" type="checkbox"/> IL - Illinois	<input type="checkbox"/> VA - Virginia

ABORT CASE

CONTINUE

- Select applicable information .

- NOTE: Selecting Abort Case will cancel all entered information and require the user to have their account reset and start over.



# Contracting & Certification - Documents



- Upload requested documents.
- Refer to next slide for what, if any, additional information is needed for each document.
- Change to green indicates successful upload.

Add Document(s)

Pre-Upload

UPLOAD Current E&O Certificate	UPLOAD W-9
UPLOAD AHIP Training Certificate	

Post Upload

UPLOAD Current E&O Certificate ✓	UPLOAD W-9 ✓
UPLOAD AHIP Training Certificate ✓	

ABORT CASE CONTINUE

- NOTE: Selecting Abort Case will cancel all entered information and require the user to have their account reset and start over.

# Contracting & Certification – Documents *(cont.)*

CONTACT INFO

CONTRACT INFO

ADDITIONAL INFO

LICENSE INFO

DOCUMENTS

BANKING INFO

TRAINING

SUBMIT

Type

Current E&O Certificate

Carrier Name\*

Start Date\*

End Date\*

Coverage Amount

Description

File\*

BROWSE

Type

W-9

Description

File\*

BROWSE

UPLOAD

Type

AHIP Training Certificate

Description

File\*

BROWSE

UPLOAD

# Contracting & Certification – Banking Info

CONTACT INFO

CONTRACT INFO

ADDITIONAL INFO

LICENSE INFO

DOCUMENTS

BANKING INFO

TRAINING

SUBMIT

Fields marked with an asterisk (\*) are required.

## Banking Information

Payment Method	ACH (Direct Deposit)
Account Type	--
[?] Account Number: *	
Verify Account Number *	
[?] Routing Number: *	
Financial Institution *	

ABORT CASE

CONTINUE

• Input applicable banking information.

• **NOTE: Selecting Abort Case will cancel all entered information and require the user to have their account reset and start over.**

# Contracting & Certification - Training



## Training Information

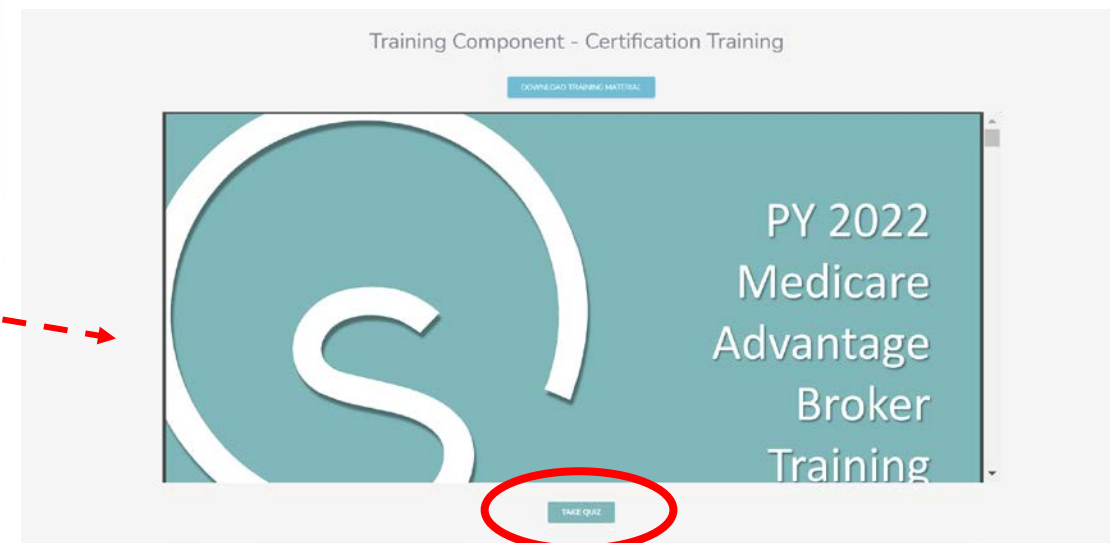
Available Trainings					
Training Name		Training Type		Status	
Certification Training		CSH Certification Training		Incomplete	
Component Name	Started	Completed	Score	Pass / Fail	
Certification Training					

TAKE TRAINING

ABORT CASE

- Complete CSH Training.
- Take quiz. (User must pass at 85% within 3 attempts.)

NOTE: Adjust size of screen if "Take Quiz" button doesn't appear.



- NOTE: Selecting Abort Case will cancel all entered information and require the user to have their account reset and start over.

# Contracting & Certification – Training *(cont.)*

CONTACT INFO

CONTRACT INFO

ADDITIONAL INFO

LICENSE INFO

DOCUMENTS

BANKING INFO

TRAINING

SUBMIT

## Training Information

### Available Trainings

Training Name		Training Type		Status	
Certification Training		CSH Certification Training		Passed	
RESULTS	Component Name	Started	Completed	Score	Pass / Fail
	Certification Training	07/21/2021 02:33 PM	07/21/2021 02:36 PM	100.00	Passed

ABORT CASE

CONTINUE

• NOTE: Selecting Abort Case will cancel all entered information and require the user to have their account reset and start over.

# Contracting & Certification – Submit



Fields marked with an asterisk (\*) are required.

## Submit Onboarding

☐ I understand that my submission of this application means that I have read and understand the contents of this application, and that I confirm that the information I have provided is accurate.

Date \* 09/13/2021  
IP Address \* 207.181.245.24

Please sign your name in the space below.

A large, empty rectangular box for signing a name.

CLEAR

ABORT CASE

SUBMIT

- NOTE: Selecting Abort Case will cancel all entered information and require the user to have their account reset and start over.

# Contracting & Certification – Submit *(cont.)*

Submission Successful

Thank you for submitting your application.

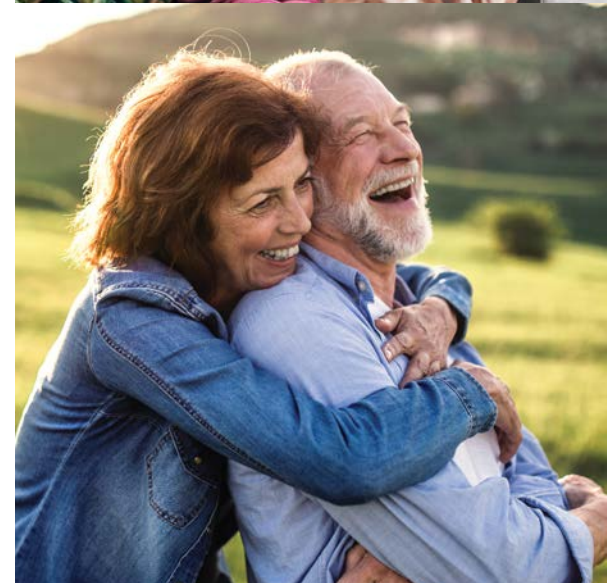
Your application has been sent to CSH for approval. You will be notified via email once action is taken regarding your application. If approved, you will receive an email regarding your login details and portal access.

Application Name	Mollet
Email	susan.mollet@clearspringhealthcare.com
NPN	9382048





# Approval Process



# Contracting & Certification – Approval Process

- Clear Spring Health will:
  - Review responses to the background questions
  - Confirm uploaded documents match requested information
  - Verify exam score
- Cases will be designated as one of the following and an email will be sent to the email address on file for that case.
  - Approved
  - Incomplete
  - Denied



## Questions/Assistance



# Contact Information



**[certification@clearspringhealthcare.com](mailto:certification@clearspringhealthcare.com)**



**1-888-296-2506**