MOLINA HEALTHCARE

NAVIGATION

My Onboarding Cases

Welcome to EvolveNXT – your all-in-one platform for managing **Medicare** business.
EvolveNXT is built to simplify your workflow, helping brokers and agencies manage **commissions**, **contracting**, **certifications**, and **client records** —all in one place.

This guide will walk you through the key features and tools you'll use to navigate and get the most out of the portal. With a single login, you can manage multiple carriers and lines of business across the Evolve portal.

Until onboarding is complete, you'll only see the "**My Onboarding Cases**" section in the navigation bar. Once you're fully onboarded, the full navigation menu will become available.

Evolve Registration Email*

From: donotreply@evolvenxt.com
Date: Fri, May 16, 2025, 11:38 AM
Subject: Molina Medicare Agent Contracting Registration
To: email@email.com

Dear **Agent Name**,

Thank you for your interest in selling Molina Medicare. You have been invited to onboard with Molina Field Broker.
To accept this invitation, please use the information below to complete your application online.

This onboarding case will be active for 60 days from the date the first link was sent at which time the link will be deactivated.
URL: https://molina.evolvenxt.com/login.htm

Username: email@email.com
Temporary Password: 2FD6F42BDFE7

Thanks,
Medicare Broker Support Unit
Phone: 866-440-9788
Email: MCRBrokerContracting@MolinaHealthCare.com

Same broker portal account for Molina Medicare and Marketplace

Evolve Login

MOLINA HEALTHCARE

e powered by EvolveNXT

Email Address
username or email

Password
password

LOGIN

⦿ Login to Molina
○ Show me all carriers linked to my account

Selecting this option will display all carriers linked to your account

Lost your password?

⚠️ **Important:** Login may take up to **1 hour** after you receive your registration email.
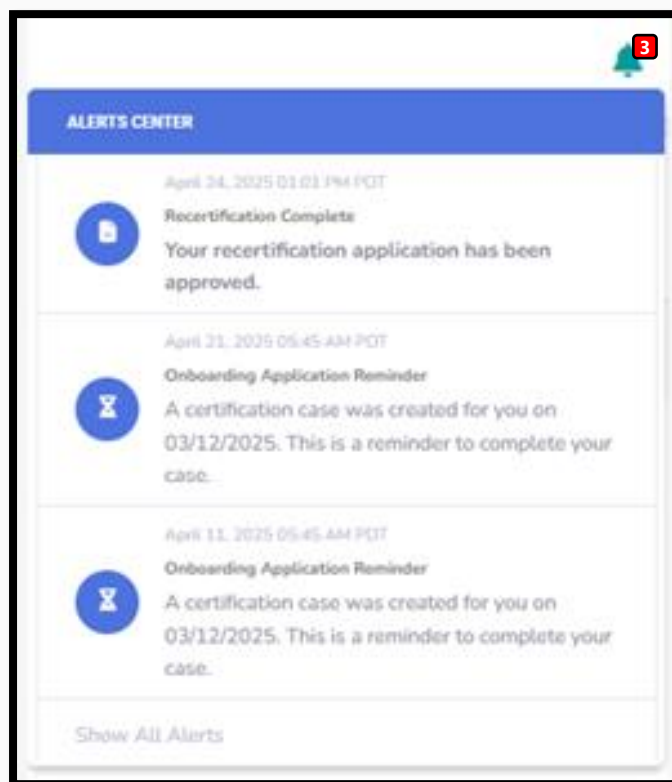
Continue

NAVIGATION

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🔔 Notifications

If you have unread notifications, a red bade with a number will appear on the notification bell icon.
Click the bell to open the Alerts Center.
- Click on an individual alert to view its details
- Or select "Show All Alerts" to see the full list of notifications

👤 Switch Profiles

Principle-type brokers can switch between their broker and agency profiles. To switch views, click on your profile name and select the desired profile.

🧱 Exit the Portal

When you're finished using the portal, be sure to log out securely by selecting "Exit Portal" from your profile menu.

Continue

Broker Name
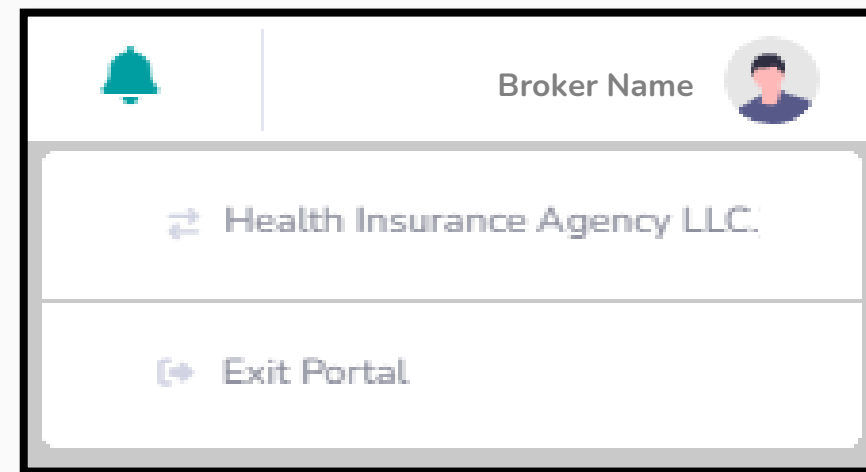
🚀 Start Your Onboarding Case

To begin your onboarding:

1.Go to the **"My Onboarding Cases"** section.

2.Click the **"Start"** button to open and begin your Onboarding Case.

Search by Names:

	Creation Type	LoB	Type	Status	Email	NPN	Broker Type	Broker Sub Type	Sales Level	Name	Upline Name	Creation Date	Email Send Date	Year	Submitted By
START	Individual	Medicare Advantage	Initial	Unsubmitted - Contact Info			Field Broker	Downline Only	Agent - 01			05/14/2025	05/14/2025	2025	

Showing 1 to 1 of 1 entries

First   Previous   1   Next   Last

Start

NAVIGATION

My Onboarding Cases

Before you begin.
🔒 For your security, we need to verify your identity.

To protect the data pulled from the **National Insurance Producer Registry (NIPR)**,
please enter your full **Social Security Number** to confirm you're the entity listed below

Click **Validate** to continue

NPN

First Name

Last Name

SSN

Do not include hyphens nor spaces

VALIDATE

If you are unable to validate your identity, check if the NPN and Name shown below are correct.
If they are not, please reach out to your agency or our broker support contact found on our website.

Continue

| Contact Info | Additional Info | License Info | Submit |

Review, confirm, and complete your contact information.

You can only have one set of demographic details across all lines of business (Medicare Advantage, Employer Group Waiver Plan, and Prescription Drug Plan).

Scroll to the bottom of the page and check the box to acknowledge the statement.

When you're done, click **Continue**

☑ You are onboarding as a 1099, Direct to Health Plan. This means that you do not have an upline and you will receive your own commissions. Your commissions cannot be assigned to another contracted entity and you will have to complete banking information for payment. After you are Active:Certified, you will have the ability to request to join a hierarchy and assign commissions to this entity. If this is not the model you wish to onboard as, please click the Cancel option below and request a new invitation from your preferred hierarchy or agency.

CANCEL   CONTINUE

Continue

Broker Name

| Contact Info | **Additional Info** | License Info | Submit |

In the **Additional Info** section, answer all background questions by selecting "**Yes**" or "**No**" for each one.

When you're done, click **Continue**

	No	Yes
1. Have you ever had your insurance or securities license suspended, revoked or subject to disciplinary action, or have you ever had an application for an insurance license denied by any insurance department?*	No	Yes
2. Have you ever been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? *	No	Yes
3. Have you ever pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? *	No	Yes
4. Have you ever had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? *	No	Yes
5. Have you ever had a complaint filed against you with an insurance department, NASD or other regulatory agency or do you anticipate one being filed? *	No	Yes
6. Within the last ten (10) years, have you been a party to any civil action involving dishonesty, breach of trust or a financial dispute? *	No	Yes
7. Do you owe an insurance company or other person for any premiums collected or monies advanced? *	No	Yes
8. Has any company or other person alleged that it has not received premiums or other monies due such company or person from you? *	No	Yes

Fields marked with an asterisk (*) are required.

Continue

Contact Info   Additional Info   **License Info**   Submit

In the **License Info** section, you'll select the states where you hold an active license.
You can only choose states where your upline is also licensed.
Your Resident State License will be auto-selected based on your address.

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.

MA Declared States

☑ AZ - Arizona - **Active License**	☑ NV - Nevada - **Active License**
☑ ID - Idaho - **Active License**	☑ OH - Ohio - **Active License**
☑ IL - Illinois - **Active License**	☑ SC - South Carolina - **Inactive License**
☑ KY - Kentucky - **Inactive License**	☑ TX - Texas - **Active License**
☑ MI - Michigan - **Active License**	☑ UT - Utah - **Active License**
☑ MS - Mississippi - **No License Found**	☑ VA - Virginia - **Inactive License**
☑ NE - Nebraska - **No License Found**	☑ WA - Washington - **Inactive License**
☑ NM - New Mexico - **Active License**	☑ WI - Wisconsin - **Active License**

Continue

NAVIGATION

My Onboarding Cases

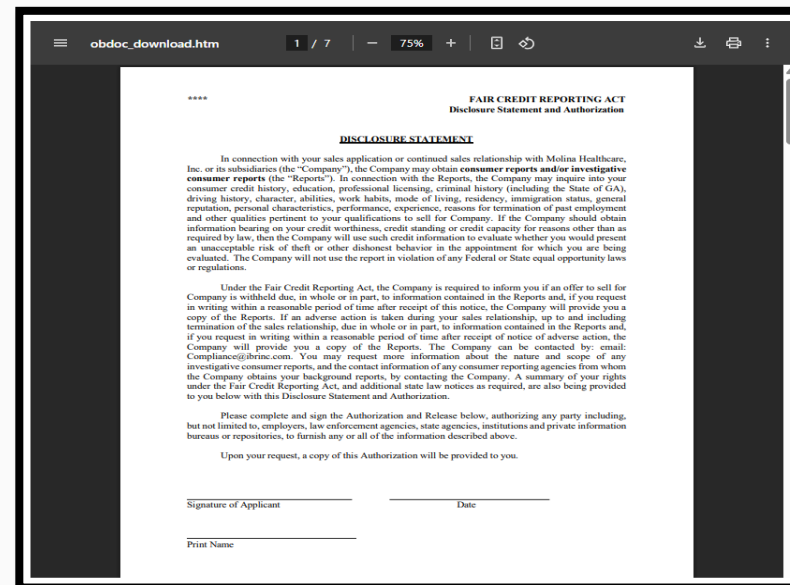Contact Info | Additional Info | License Info | Submit

In the **Submit** section, you'll review and sign the following documents:
Each one will open in the center of your screen for easy reading and signing.
Individual Agent Agreement (30 pages)
Individual Agreement Exhibit D (2 pages)
FCRA NIPR Document (4 pages)

📌 Use the navigation controls **just below the embedded document** to open and move through each file.

Brokers can also download these forms for their records.

obdoc_download.htm   1 / 7   —   75%   +

FAIR CREDIT REPORTING ACT
Disclosure Statement and Authorization

DISCLOSURE STATEMENT

In connection with your sales application or continued sales relationship with Molina Healthcare, Inc. or its subsidiaries (the "Company"), the Company may obtain **consumer reports and/or investigative consumer reports** (the "Reports"). In connection with the Reports, the Company may inquire into your consumer credit history, education, professional licensing, criminal history (including the State of GA), driving history, character, abilities, work habits, mode of living, residency, immigration status, general reputation, personal characteristics, performance, experience, reasons for termination of past employment and other qualities pertinent to your qualifications to sell for Company. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the appointment for which you are being evaluated. The Company will not use the report in violation of any Federal or State equal opportunity laws or regulations.

Under the Fair Credit Reporting Act, the Company is required to inform you if an offer to sell for Company is withheld due, in whole or in part, to information contained in the Reports and, if you request in writing within a reasonable period of time after receipt of this notice, the Company will provide you a copy of the Reports. If an adverse action is taken during your sales relationship, up to and including termination of the sales relationship, due in whole or in part, to information contained in the Reports and, if you request in writing within a reasonable period of time after receipt of notice of adverse action, the Company will provide you a copy of the Reports. The Company can be contacted by: email: Compliance@ibrinc.com. You may request more information about the nature and scope of any investigative consumer reports, and the contact information of any consumer reporting agencies from whom the Company obtains your background reports, by contacting the Company. A summary of your rights under the Fair Credit Reporting Act, and additional state law notices as required, are also being provided to you below with this Disclosure Statement and Authorization.

Please complete and sign the Authorization and Release below, authorizing any party including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, to furnish any or all of the information described above.

Upon your request, a copy of this Authorization will be provided to you.

Signature of Applicant _____   Date _____

Print Name _____

2025 Individual Agent Agreement

2025 Individual Agent Agreement Exhibit D

FCRA NIPR Document

Continue

Broker Name

Contact Info | Additional Info | License Info | Submit

✅ Check all boxes to confirm you've read and agreed to each statement.
✍️ Then, add your electronic signature to finish onboarding.
Your signature will be saved in the My Documents section of the Portal.

Click **Submit**.

☑ I agree I have thoroughly reviewed this Agent Appointment Application and have answered all questions to the best of my knowledge. *
☑ I agree to comply with CMS regulations for Medicare Advantage Organizations. *
☑ I agree to avoid prohibited practices such as door-to-door marketing, offering inducements for enrollments, or other unapproved promotional activities such as gift cards or cash incentives. *
☑ I agree to use ONLY marketing collaterals and advertisements that have been approved by CMS and Molina Healthcare in connection with marketing Molina Medicare. *
☑ I agree to refrain from engaging in misleading, confusing, or "high pressure" sales tactics as you market Molina Medicare. *
☑ I agree to comply with all of the terms and conditions of Molina Healthcare's standard Producer agreement, which includes a HIPAA Business Associate Agreement, and CMS Program Requirements. A copy of the Producer Agreement was provided to me upon Molina Healthcare's approval of this Agent Appointment Application. *
☑ I acknowledge that upon approval of this Agent Appointment Application, I will be an independent contractor, not an employee of Molina Healthcare. Accordingly, I will have no claim for vacation or sick leave, retirement benefits, Social Security, Workers' Compensation benefits, disability or unemployment insurance benefits, or employee benefits of any kind. *
☑ I agree that I will not solicit individuals to enroll in Molina Medicare until I receive notification from Molina Healthcare that this Agent Appointment Application has been approved. *
☑ I agree to hold Errors and Omissions insurance with limits of $1,000,000 per incident and $1,000,000 in the aggregate and will make it available to Molina upon request. *

Date *   05/16/2025
IP Address *   192.0.2.0

Please sign your name in the space below.

CLEAR

CANCEL   SUBMIT

Date and IP Address can not be edited

Continue

Broker Name 👤

Contact Info   Additional Info   License Info   Submit

✅ **What Happens Next**

Your Onboarding case will be updated to **Submitted.**

Creation Type	LoB	Type	Status	Email	NPN	Broker Type	Broker Sub Type	Sales Level	Name	Upline Name	Creation Date	Email Send Date	Year	Submitted By
Individual	Medicare Advantage	Initial	Submitted			Field Broker	Direct	Agent - 01			05/20/2025	05/20/2025	2025	

Once everything's checked off and approved, your status will update to Active: Pending.

Now, you'll see a new option in the navigation called Required Training ❗

Click it to view any remaining training you need to complete to wrap up your onboarding.

Continue

NAVIGATION

My Onboarding Cases

Required Training ❗

Broker Name

NAVIGATION

My Onboarding Cases

Required Training ❗

Click "**Start**" to open and complete both the **Code of Ethics** and **Medicare Annual Certificate.** Completing these will unlock access to the **Medicare Products Exam** and **AHIP Medicare Training.**

Continue

Broker Name

My Onboarding Cases

Required Training ❗

Here's what the training screen will look like.
Start and complete each course to unlock the remaining two required trainings:
Medicare Products Exam and AHIP Medicare Training.

Code of Ethics

Code of Ethics

START COURSE

2025 Medicare Annual Certificate

2025 Molina Medicare Annual Certification

START COURSE

In Progress (50%)   Molina Product & AHIP Training 2025

Molina Training 2025

COMPLETED	Code of Ethics - **Completed - 05/16/2025**
COMPLETED	2025 Medicare Annual Certificate - **Completed - 05/16/2025**
START	2025 Molina Medicare Products - Exam
START	AHIP Medicare Training 2025

Continue

📝 **2025 Molina Medicare Products – Exam**

The exam has **14 questions**.

You'll need to score **85% or higher** to pass.

You get **3 total attempts** to complete it.

Take your time, and good luck!

SUBMIT

Continue

AHIP - Medicare Certification and Fraud, Waste, and Abuse Training

Medicare Certification and Fraud, Waste, and Abuse Training
To comply with Molina's certification requirements necessary for Ready-to-Sell (RTS) status, you are required to complete Medicare Certification + Fraud, Waste, and Abuse Training annually.

NAVIGATION

My Onboarding Cases

Required Training ❗

AHIP - Medicare Certification and Fraud, Waste, and Abuse Training

AHIP requires you to add Molina as an affiliate corporation in your AHIP account so we receive your AHIP completion records. Select the button below to complete AHIP certification.

If you have already completed AHIP certification for this plan year, please select the button below to add Molina as an affiliate corporation in your AHIP profile. Certification completion will update within 24 hours of your affiliation update.

Please Note: If you do not see the discounted/negotiated rate on the AHIP site, do not proceed with payment but submit a Support Ticket through the Molina Workbench Broker Portal. Reimbursements will not be issued for incorrect amounts charged/paid.

GO TO AHIP

MEDICARE CERTIFICATION HISTORY

Transmit Completed AHIP Cert to Molina Healthcare

Continue

Broker Name
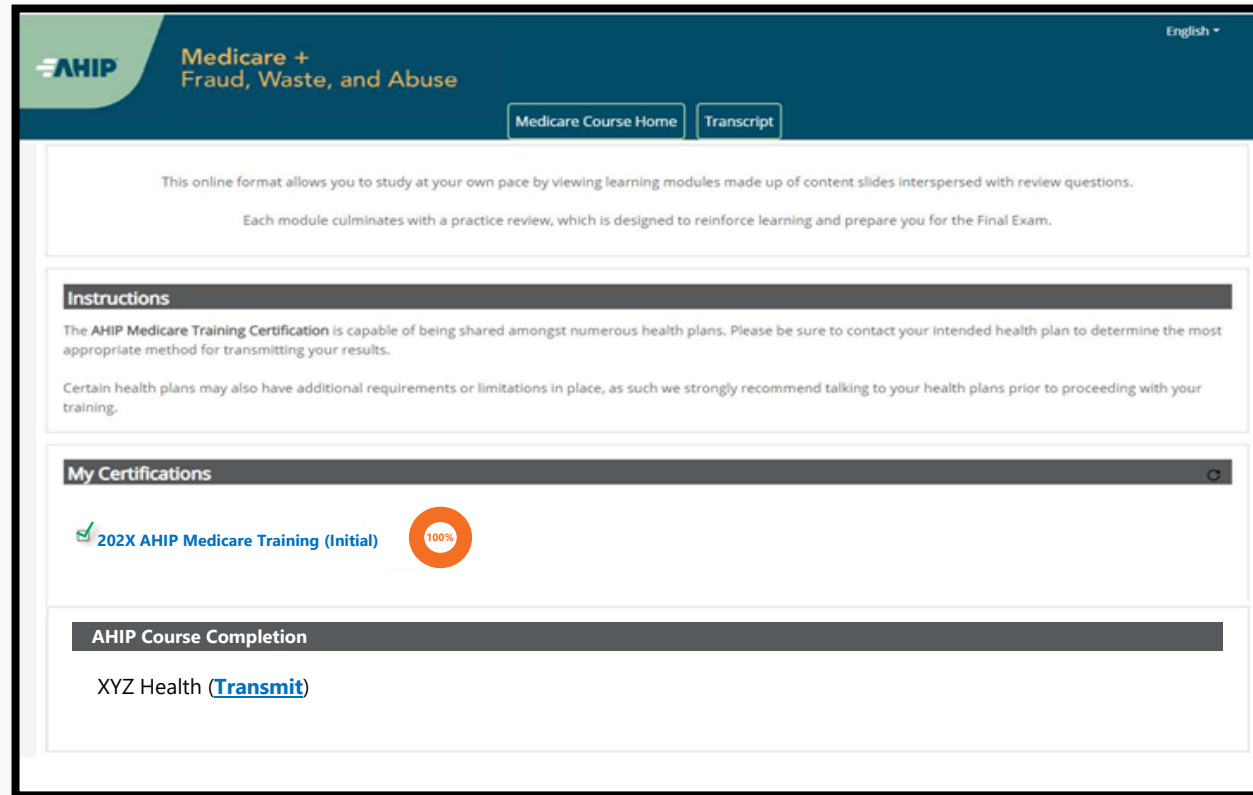
Transmit AHIP Cert to Molina

Upon completion of the AHIP Medicare Training,
you are required to transmit your scores to Molina healthcare.

To do this, click the **Transmit** link from the AHIP Course Completion section of your AHIP profile page.

Continue

Broker Name

📫 Once your information is validated and your background check is approved, you'll get a confirmation email.
You can also check your status anytime in the **Alert Center.**
If your background check is not approved, you'll receive an email with further details.

✅ After onboarding is complete and you've received your confirmation email,
you'll see the full navigation bar the next time you log in to **EvolveNXT** (see below).

Open Assigned Trainings

There are currently no required training courses assigned to you.

History

Completed   **Molina Product & AHIP Training 2025**

You have completed training on 05/16/2025

COMPLETE	Code of Ethics - **Completed - 05/16/2025**
COMPLETE	2025 Medicare Annual Certificate - **Completed - 05/16/2025**
COMPLETE	2025 Molina Medicare Products - Exam - **Completed - 05/16/2025**
COMPLETE	AHIP Medicare Training 2025 - **Completed - 05/16/2025**

NAVIGATION
Dashboard
Statements
Book of Business
Medicare App Status
Docs & Resources
My Credentials
My Account
ID Cards & PCP Changes
Workflows

END