ApexHealth Medicare Advantage Onboarding User Guide

Getting Started

Welcome to the ApexHealth Medicare Advantage Onboarding User Guide. This step-by-step process will assist you with the onboarding and certification completion process for CY 2022 ApexHealth Medicare Advantage products.

Required Information

The following information is required for upload into our system:

- First Name
- Last Name
- Date of Birth
- Social Security Number (SSN)
- National Producer Number (NPN)
- Contact Information
- A Copy of Your AHIP Completion Certificate (if applicable)

Browser Requirements: Latest versions of Google Chrome, Microsoft Edge, Safari, Firefox

Step 1: Initiate Onboarding and Access

To initiate the onboarding process, you will need to submit an onboarding application via secure email to the ApexHealth Agent Support Team at agentsupport@apexhealth.com or contact your Agency/FMO contracting contact. Once an onboarding case has been created, you will receive a welcome email containing the following information:

- Username
- Temporary Password
- A link to the onboarding portal

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Click the link within the welcome letter to navigate to the onboarding portal. You will need to enter your username and temporary password that is provided within your welcome email.

Select *Login*. The system will prompt you to create a new password.

Welcome Back!

username or email

password

LOGIN

Lost your password?
Forgot your username?

Step 2: Start Application/Case

Once you have successfully logged into the portal, you will see your onboarding case. Select *Start* to begin.

	Name	LOB	Year	Type	NPN	States	Upline Level
START							

Showing 1 to 1 of 1 entries

Step 3: Contact Information

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All fields indicated with a red asterisk (*) are required to be filled out in order to proceed with the application. The information within these fields will be generated on the ensuing contract.

Once you have verified that the pre-populated information is correct, enter your Social Security Number (SSN).

Next, select *Check NPN*. The system will validate the National Producer Number (NPN) that has been entered in the applicable field.

After this information has been verified, complete the remaining required fields, and select *Continue*.

Job Title*

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   Agency Test2

ABORT CASE   CONTINUE

Step 4: Contract Information

All fields indicated with a red asterisk (*) are required to be filled out in order to proceed with the application.

Enter your Contract Information, including Contract Type, Preferred Mailing information, Preferred Method of Contact, and W-9 information. After these fields have been completed, select *Continue*.

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| CONTACT INFO | CONTRACT INFO | LICENSE INFO | TRAINING | SUBMIT |

Fields marked with an asterisk (*) are required.

Contract Application

Gender *	◉ Male ○ Female
Contract Type *	Individual
Business Phone	
Business Fax	
Preferred Mailing *	Resident Address
Cell Phone	
Preferred Method of Contact *	Res. Phone

W9 Tax Information

| Taxation Type * | Individual/Single-Member LLC |

ABORT CASE   CONTINUE

Step 5: License Information

This information is captured based on your National Producer Number (NPN) provided previously in Step 3. If this information is incorrect, please revisit Step 3. If this information is correct, please check the applicable state(s) and select *Continue*.

| CONTACT INFO | CONTRACT INFO | LICENSE INFO | TRAINING | SUBMIT |

License Information

We pulled a report of your license information with NIPR. Based on the states in which Apex is active, we have found these active state licenses, listed below. Please select the states you intend on selling Apex products in.
For recertifying agents: The disabled checkboxes are states that you are already considered "active" in.

☑ NC - North Carolina

ABORT CASE   CONTINUE

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Step 6: Documents

You are required to upload your AHIP Completion Certificate within this section. Select the *Upload AHIP Training Certificate* tile to attach your up-to-date certificate. If you have not completed an AHIP training, you will be required to complete the 2022 ApexHealth Medicare Basics Training.

Please ensure you upload at least 1 file per each required type.
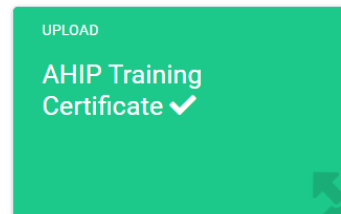
Required documents:
None
All other documents shown, if any, are optional uploads.
TO UPLOAD A SPECIFIC FILE TYPE, CLICK ON THE CORRESPONDING BOX.

Uploaded Documents

File Name	File Type	Description	Delete
436504.jpg	AHIP Training Certificate		🗑

Add Document(s)

UPLOAD

AHIP Training Certificate ✔

ABORT CASE   CONTINUE

Step 7: Training

You will be required to complete a 2022 ApexHealth Product Training and a 2022 ApexHealth Code of Conduct Training. The passing score benchmark is below:

➢ 2022 ApexHealth Product Training – **Must score a 90% or higher, up to 3 attempts**
➢ 2022 ApexHealth Medicare Basics Training∗ – **Must score a 90% or higher, up to 3 attempts**

∗ Required if you have not certified through AHIP

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Select *Take Training* to begin each training module.

Training Information

Required Training(s)

Training Name	Training Type	Status
ApexHealthExam	Apex OB Training	Incomplete

	Component Name	Started	Completed	Score	Pass / Fail
TAKE TRAINING	2022 ApexHealth Product Training				

	Component Name	Started	Completed	Score	Pass / Fail
TAKE TRAINING	Code of Conduct				

Training Component - 2022 ApexHealth Product Training

DOWNLOAD TRAINING MATERIAL

TAKE QUIZ

You may download each training by selecting the *Download Training Material* button within each module.

Select *Take Quiz* at the bottom of the screen.

2022 ApexHealth Product Training

This 45-slide training will conclude with a 25-question exam. You will have 3 opportunities to reach a passing score of **90%** or above.

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2022 ApexHealth Medicare Basics Training

This training consists of 234-slides and a 48-question exam. You will have 3 opportunities to reach a passing score of **90%** or above.

Step 8: Sign and Submit

After completing the required training, you can proceed to review the agent contract. The information filled out in Step 3 will be populated within the contract (name, address, title).

☐ I have read and agree to the terms and conditions of the contract

☐ 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 *

IP Address *

Please sign your name in the space below.

CLEAR

ABORT CASE   SUBMIT

After fully reviewing the contract, sign your name within the space provided and select *Submit.*

Upon submission, you will see the status of your application. In addition, you may download the contract for your records by selecting *Download Contract.*

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