

# ApexHealth Agent Onboarding User Guide

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## 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 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)
- A copy of your E&O Certificate
  - *A policy of at least \$1,000,000 per claim and \$1,000,000 aggregate is required to maintain appointment.*
- A copy of your W-9

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

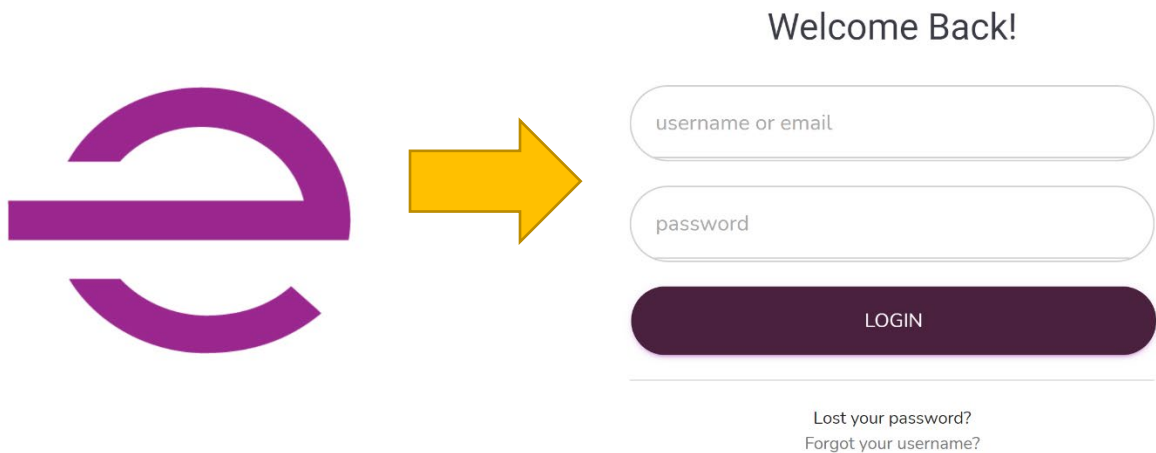
## Step 1: Initiate Onboarding and Access

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](mailto:agentsupport@apexhealth.com) or contact your Agency/Field Marketing Organization (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

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?](#)

In addition to a welcome email, you will receive an email from Checkr. ApexHealth utilizes Checkr to perform a pre-appointment background check. You are required to consent to a background check as part of the ApexHealth onboarding process. The email invitation will expire within seven (7) days of receipt. The process could take up to seven (7) calendar days to complete.

## 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

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*.

The screenshot shows a web application interface with a navigation bar at the top containing five tabs: 'CONTACT INFO' (selected), 'CONTRACT INFO', 'LICENSE INFO', 'TRAINING', and 'SUBMIT'. Below the navigation bar is a form titled 'Personal Information'. The form contains the following fields:

- First Name\*
- Middle Initial
- Last Name\*
- SSN\*
- NPN\* (with a 'CHECK NPN' button to its right, highlighted by a yellow arrow)
- DOB\*
- Phone\*
- Cell Phone
- Email\*
- Secondary Email

Job Title\* \_\_\_\_\_

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**Primary Address Information**

Address 1\* \_\_\_\_\_

Address 2 \_\_\_\_\_

City\* \_\_\_\_\_

State\* -- \_\_\_\_\_

Zip Code\* \_\_\_\_\_

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**Agent Information**

Agent Type External Agent

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**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*.

CONTACT INFO   **CONTRACT INFO**   LICENSE INFO   TRAINING   SUBMIT

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

### Contract Application

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Gender \*    Male    Female

Contract Type \*   Individual

Business Phone

Business Fax

Preferred Mailing \*   Resident Address

Cell Phone

Preferred Method of Contact \*   Res. Phone

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### 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** DOCUMENTS 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

## Step 6: Documents

You are required to upload your AHIP Completion Certificate, current E&O Certificate, and W-9 form within this section. Select the *Upload AHIP Training Certificate* tile to attach your up-to-date certificate. Select the *Upload Current E&O Certificate* tile to upload your Errors and Omissions policy. Select the *Upload W-9* tile to submit your current W-9 form.

CONTACT INFO CONTRACT INFO LICENSE INFO **DOCUMENTS** TRAINING SUBMIT

Please ensure you upload at least 1 file per each required type.

Required documents:

- Current E&O Certificate
- AHIP Training Certificate

All other documents shown, if any, are optional uploads.  
 TO UPLOAD A SPECIFIC FILE TYPE, CLICK ON THE CORRESPONDING BOX.

Uploaded Documents

No documents loaded.

Add Document(s)

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

ABORT CASE CONTINUE

## Step 7: Training

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

- ApexHealth Product Training – **Must score a 90% or higher, up to 3 attempts**

Select *Take Training* to begin each training module.

### Training Information

Required Training(s)					
Training Name	Training Type			Status	
2023 MA Training	Apex OB Training			Incomplete	
	Component Name	Started	Completed	Score	Pass / Fail
<a href="#">TAKE TRAINING</a>	2023 MA				
	Component Name	Started	Completed	Score	Pass / Fail
<a href="#">TAKE TRAINING</a>	Code of Conduct				

## Training Component - 2023 MA

[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.

## 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.

## 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).

### Submit Onboarding

ApexHealth\_Producer Agreement\_2023\_Final\_s... 1 / 22 94%

### ApexHealth Medicare Advantage Producer Agreement

This Medicare Advantage Producer Agreement (“Agreement”) is entered on \_\_\_\_\_, (“Effective Date”) by and between ApexHealth, Inc., a North Carolina corporation (the “Company”), on its own behalf and for the benefit of its affiliates, and the undersigned individual agent, broker, producer or agency (“Producer”). Company and Producer are referred to herein singularly as “Party” and collectively as the “Parties”.

**WHEREAS**, Company offers Medicare Advantage plans pursuant to one or more contracts with the Centers for Medicare and Medicaid Services (“CMS”).

**WHEREAS**, Company and Producer desire to enter into this Agreement, whereby, among other things, Producer shall present Medicare Products (as defined below) to Medicare eligible individuals in return for commission paid by Company.

**NOW THEREFORE**, in consideration of the mutual covenants herein contained and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties intending to be legally bound hereby, agree as follows:

Producer has read and fully understands the terms and conditions of this Agreement, and its exhibits. Producer certifies that it is duly licensed and authorized to lawfully market Medicare Products, as set forth herein.

#### 1. DEFINITIONS

a) “Enrollee” means an eligible Medicare beneficiary who has enrolled in a Medicare Product as confirmed by CMS through the efforts of Producer.

b) “Government Agency(ies)” means government agencies, including but not limited to the Centers for Medicaid and Medicare Services (CMS), Office of the Inspector General (“OIG”), Health and Human Services (HHS), the Office of Civil Rights (“OCR”) and the North Carolina Department of Insurance (“NCDOI”).

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.

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*.