



## Banner Medicare Onboarding and Certification User Guide

Welcome to the Banner Medicare onboarding user guide. This step-by-step guide will assist you in completing your onboarding and certification for 2023 Banner Medicare products.

**Browser Requirements:** Our onboarding solution works with most browsers, including Google Chrome, Firefox, Microsoft Edge, Safari and many more.

**Warning:** Our solution is NOT compatible with Internet Explorer. Do not use Internet Explorer Browser to access onboarding as you will be unable to complete your onboarding and certification using Internet Explorer.

### Required Information & Documents:

To complete your onboarding and certification, please have the following information and documents available for input and upload into our system.

- ✓ A copy of your 2023 AHIP - Medicare + Fraud, Waste, and Abuse Training Completion Certificate.
  - Having these documents and information available will expedite your onboarding process. If you do not have a copy of your 2023 AHIP certificate yet, visit [www.ahipmedicaretraining.com](http://www.ahipmedicaretraining.com) to log in and download a copy or register and complete your training.
  
- ✓ A copy of your current Errors and Omissions Insurance certificate (certificate must show it covers you).

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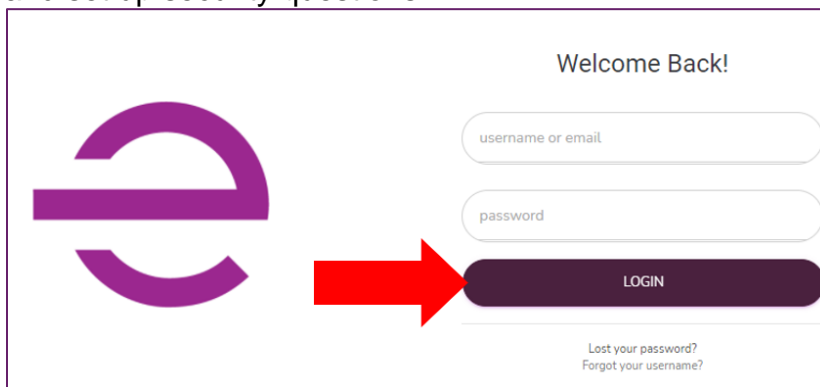
## Step 1 Email Invitation

To begin your onboarding process, you will receive an email invitation to access our system. Your email invitation will include:

1. Your onboarding **username**
2. Your **temporary password (Initial Cases only)**
3. A link to log in to our onboarding solution, EvolveNEXT.

Click the link in your email invitation to access our onboarding solution. This will open a new window, you will see this login screen shown below. Enter your *username* and *password* that was provided to you in your email invitation.

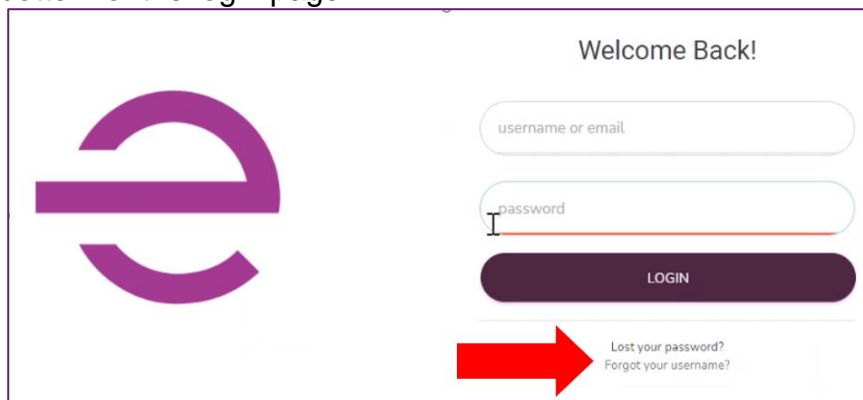
Click *Login*. Once logged in you will be prompted to change your temporary password and set up security questions.



The screenshot shows a login interface titled "Welcome Back!". On the left is a large purple stylized logo resembling the letter 'E'. To the right are two input fields: "username or email" and "password". Below these fields is a dark purple button labeled "LOGIN". At the bottom right, there are two links: "Lost your password?" and "Forgot your username?". A red arrow points from the logo area towards the "LOGIN" button.

## Forgot Password Recovery

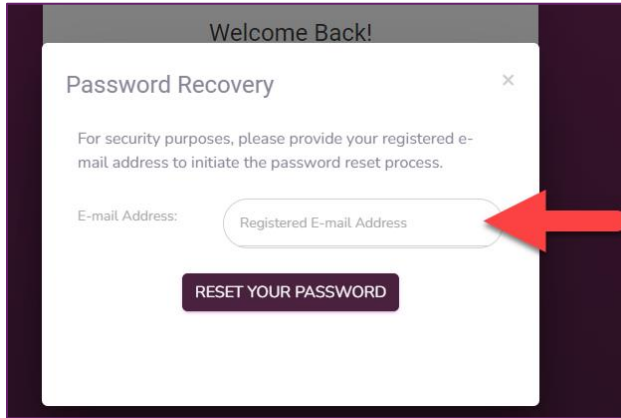
If at any time you forget your password, you may click on *Lost your password* on the bottom of the login page.



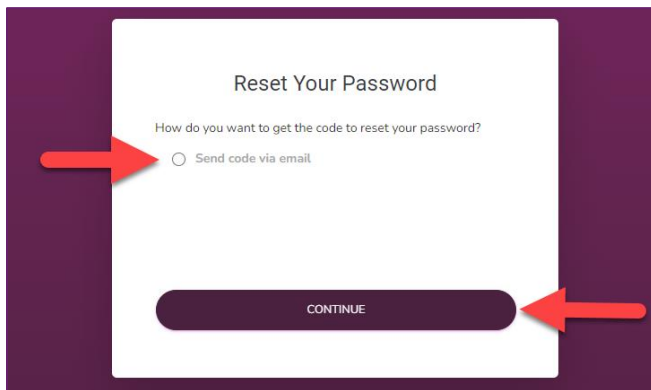
This screenshot is identical to the one above, showing the "Welcome Back!" login screen. However, a red arrow points from the bottom right towards the "Lost your password?" link.



You will need to enter your username to recover your password. Enter your email address and click on **RESET YOUR PASSWORD**.



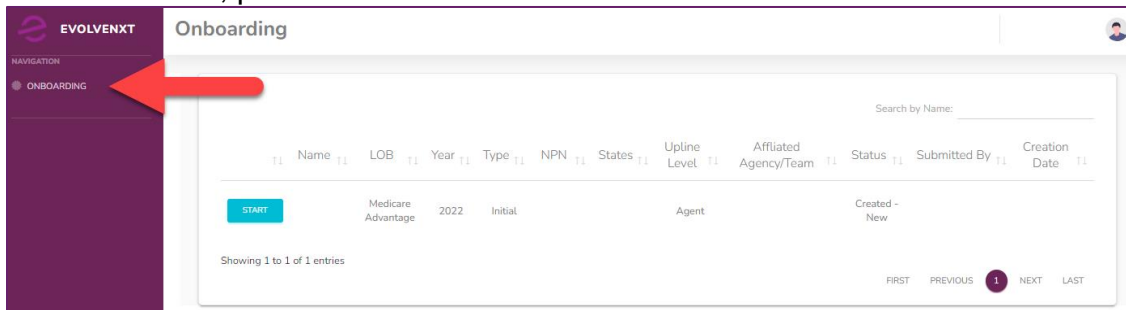
Select *Send Code via email* and click on **CONTINUE**.



## Step 2 Navigate to Onboarding

Once you have logged in to the system, you will see the Dashboard page shown below.

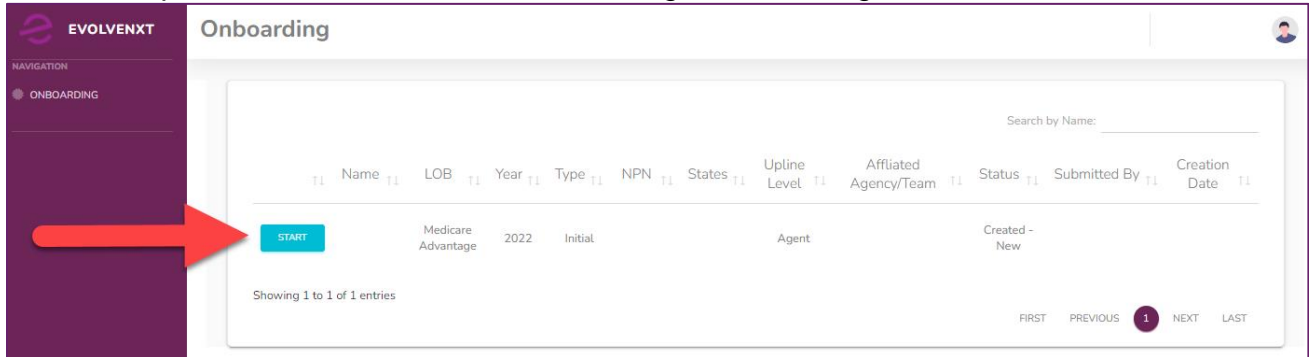
On the left side, please click on **ONBOARDING**



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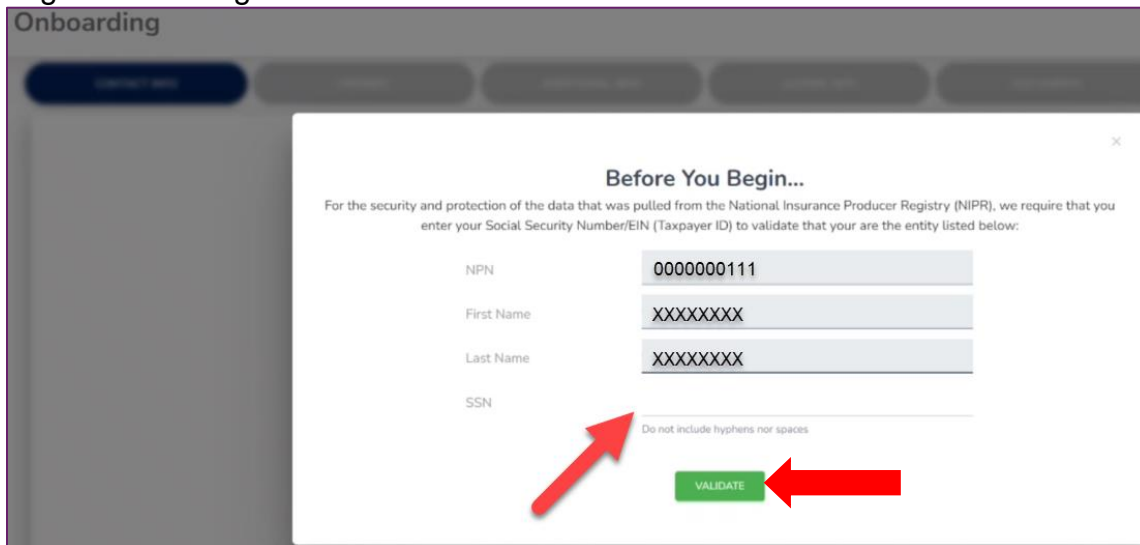
### Step 3 Start your Onboarding Case

On the left please click on *START* button to begin onboarding.



### Step 4 Validate Your Login

Input your SSN/EIN number on the SSN or EIN line and click the *VALIDATE* button to begin onboarding.



### Step 5 Contact Information

Once you begin your onboarding case, the page below will be displayed.

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All fields with Red asterisks (\*) need to be filled out. Your information entered in these fields will be used on the contract.

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

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**Personal Information**

First Name\* XXXXXXXX

Middle Initial

Last Name\* XXXXXXXX

SSN\* 000 00 000

NPN\* XXXXXXXX

DOB\* 00/00/0000

Mobile Phone\*

Business Phone\*

Home Phone

Email\* XXXXXXXXXXXX@gmail.com

Secondary Email

Job Title\*

---

**Primary Address Information**

Address 1\*

Address 2

City\*

State\*

Zip Code \*

If your Shipping Address is not the same as your Primary Address, select No from the drop down and enter your shipping address. Scroll down to click the CONTINUE button.

**Shipping Address Information**

Shipping Address Same as Residence? \* No

Address 1\* --

Address 2

City\*

State\* --

Zip Code \*

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If your Shipping Address is the same as Primary Address, select Yes for **Shipping Address Same as Residence** and scroll to the bottom of the page to continue.

Primary Address Information

Address 1\* \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City\* \_\_\_\_\_  
State\* \_\_\_\_\_  
Zip Code\* \_\_\_\_\_

---

Shipping Address Information

Shipping Address Same as Residence? \*

--  
Yes  
No

Click the **CONTINUE** button to proceed with your onboarding.


Agent Information

Agent Type \_\_\_\_\_

---

Upline Information

LOB \_\_\_\_\_  
Sales Level \_\_\_\_\_  
Next Upline \_\_\_\_\_  
States AZ \_\_\_\_\_




## Step 6 Payment

Click **CONTINUE** to generate your W9 (W9 preview available at the end).

Banking Information

Based on the information collected in previous steps, no additional data needs to be collected here. Please click on "Continue" to proceed.





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## Step 7 Additional Information

On this page, you will answer 14 background questions. If you answer yes to any question, you will need to provide an explanation. Once complete, click *Continue* at the bottom of the page.

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

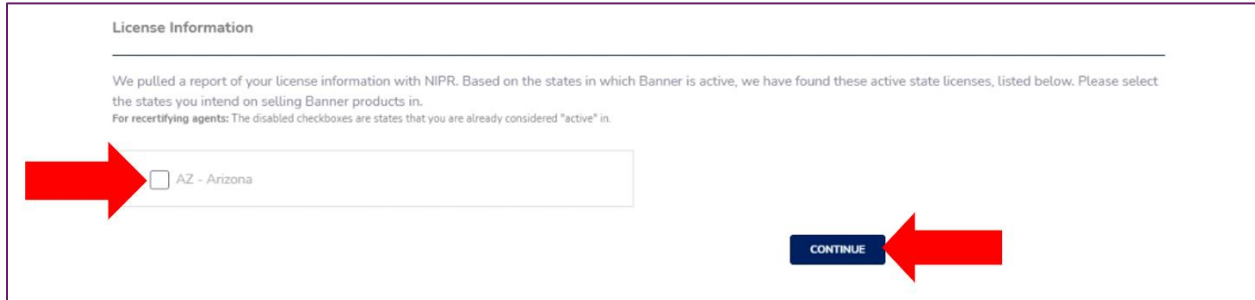
1. Do you have any indebtedness to any insurance company, insurer or managing general agent or agency? \*  No  Yes
2. Do you have any pending criminal charges against you? \*  No  Yes
3. Have you ever pled guilty or been convicted of a felony (either state or federal) or a misdemeanor (excluding minor traffic offenses)? \*  No  Yes
4. Have you or your agency, owner or principal, officer, shareholder, partner or member ever: Been investigated or had any proceeding held by any department of insurance? \*  No  Yes
5. Have you or your agency, owner or principal, officer, shareholder, partner or member ever: Been or currently subject to corrective action by a Medicare Advantage or Part D Prescription Health Plan or carrier? \*  No  Yes
6. Have you or your agency, owner or principal, officer, shareholder, partner or member ever: Had an individual / agency contract or company appointment terminated for cause? \*  No  Yes
7. Have you or your agency, owner or principal, officer, shareholder, partner or member ever: Been refused a license to sell insurance? \*  No  Yes
8. Have you or your agency, owner or principal, officer, shareholder, partner or member ever: Had an insurance license revoked or cancelled by an insurance department? \*  No  Yes
9. Have you or your agency, owner or principal, officer, shareholder, partner or member ever: Been suspended, fined, debarred, censured or had disciplinary action taken by a State or Federal Agency including Medicare, Medicaid or the Federal Employee Health Benefit Program? \*  No  Yes
10. Have you or your agency, owner or principal, officer, shareholder, partner or member ever: Been excluded, or are you aware of any actions that could result in exclusion by the Office of Inspector General (OIG), from participation in the federal Medicare or Medicaid programs? \*  No  Yes
11. Have you or your agency, owner or principal, officer, shareholder, partner or member ever: Surrendered or withdrawn a licensing application to avoid disciplinary action or denial of an insurance license? \*  No  Yes
12. Have you or your agency, owner or principal, officer, shareholder, partner or member ever: Been named a party in a lawsuit? \*  No  Yes
13. Have you or your agency, owner or principal, officer, shareholder, partner or member ever: Filed bankruptcy or gone through bankruptcy proceedings during the past 7 years? \*  No  Yes
14. Have you or your agency, owner or principal, officer, shareholder, partner or member ever: Currently have or had any liens or outstanding judgments against you? \*  No  Yes

CONTINUE



## Step 8 License Information

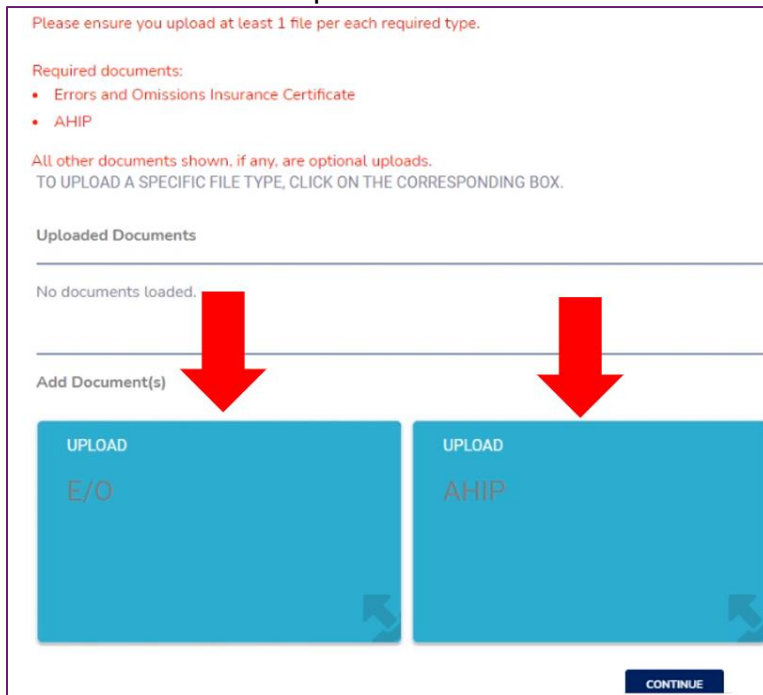
On this page, your license information should be displayed. This information was fetched based on your NPN entered on *Step 4 Contact Information*. Select the box for AZ-Arizona and then click *Continue*.



The screenshot shows a form titled "License Information". Below the title, there is a horizontal line and a paragraph of text: "We pulled a report of your license information with NIPR. Based on the states in which Banner is active, we have found these active state licenses, listed below. Please select the states you intend on selling Banner products in. For recertifying agents: The disabled checkboxes are states that you are already considered 'active' in." Below this text is a list of states with checkboxes. The state "AZ - Arizona" is highlighted with a red arrow pointing to its checkbox. To the right of the list is a blue button labeled "CONTINUE" with a red arrow pointing to it.

## Step 9 Documents

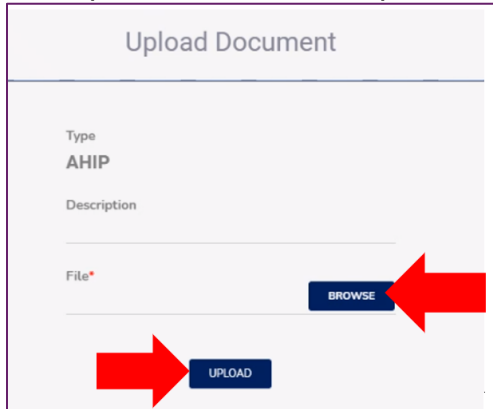
On this page, you will upload your required documents. You will need to upload a copy of your E&O certificate and your 2023 AHIP certificate. To do so, click on the big teal button that corresponds to each document under the "Add Documents" section.



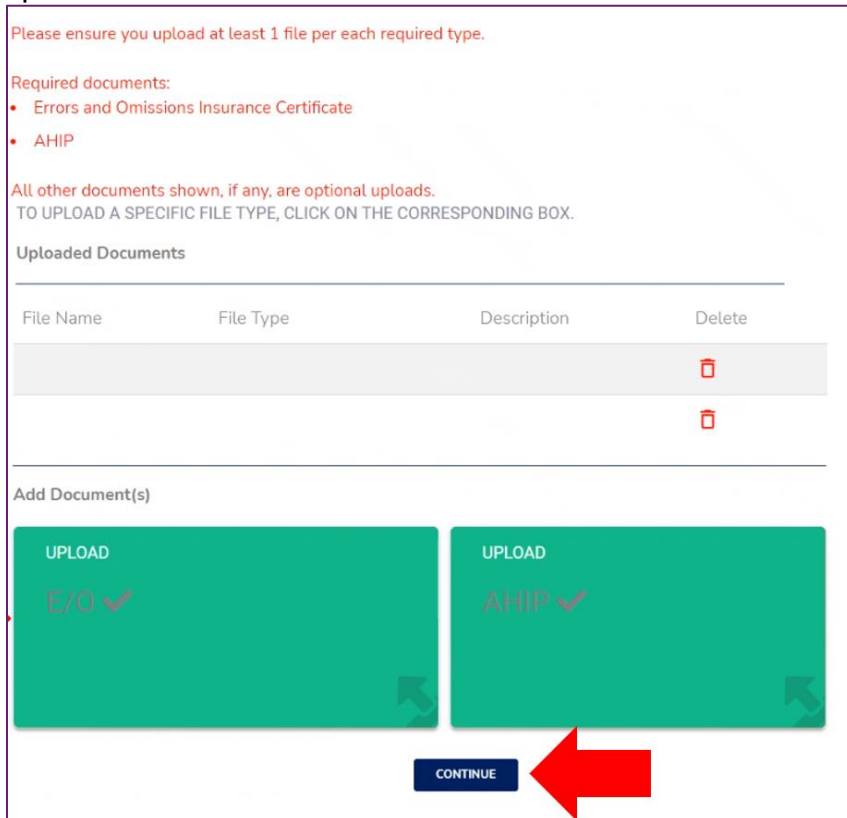
The screenshot shows a page titled "Documents". At the top, there is a red warning message: "Please ensure you upload at least 1 file per each required type." Below this, there is a section titled "Required documents:" with a list of items: "Errors and Omissions Insurance Certificate" and "AHIP". Below the list, there is a note: "All other documents shown, if any, are optional uploads. TO UPLOAD A SPECIFIC FILE TYPE, CLICK ON THE CORRESPONDING BOX." Below this note is a section titled "Uploaded Documents" with the text "No documents loaded." Below this section is a section titled "Add Document(s)" with two large teal buttons. The first button is labeled "UPLOAD E/O" and the second button is labeled "UPLOAD AHIP". Both buttons have a red arrow pointing to them. At the bottom right of the page is a blue button labeled "CONTINUE".



Once you click on each teal button, this screen below will pop up. You may type in a description, but it is not required. Click on *Browse* to find your file, then click *Upload*.



Once all files are uploaded you will see the boxes all turn GREEN. If you uploaded the wrong file in error, click on the red trash can and it will delete the file. All files must be uploaded to continue. Click *Continue*.





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

Required documents:

- Errors and Omissions Insurance Certificate
- AHIP

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

File Name	File Type	Description	Delete
			
			

Add Document(s)

UPLOAD E/O ✓

UPLOAD AHIP ✓

CONTINUE

## Step 10 Training

On this page, a screen will pop up for you to start your training. Click on the teal *Take Training* button.

Training Information					
Available Trainings					
Training Name	Training Type	Status			
Banner Medicare Certification Assessment	2023 Medicare Advantage Certification	Incomplete			
Component Name	Started	Completed	Score	Pass / Fail	
BMA Certification					<a href="#">TAKE TRAINING</a>

The training power point will appear. You may download the power point by clicking on the teal button *Download Training Material*. After reviewing the power point, you will be ready to take your quiz. Click the blue *Take Quiz* button at the bottom of the screen.

Training Component - BMA Certification

[DOWNLOAD TRAINING MATERIAL](#)



Banner Health

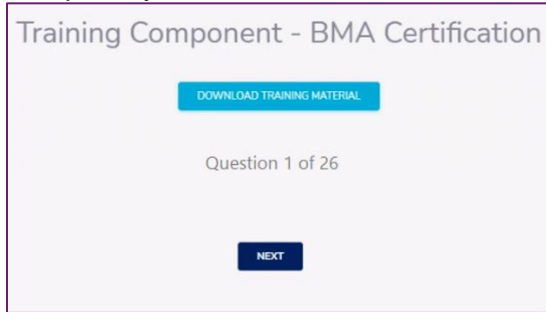
Medicare Sales Team

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[TAKE QUIZ](#)



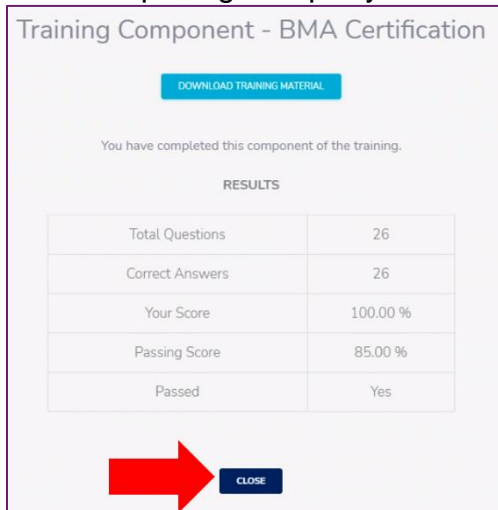
There are 25 graded questions on the quiz. Question 26 is the attestation. **You must answer YES to Question 26 (the attestation) or it will be an automatic fail.** You will have 3 chances to pass the quiz. You will need at least an **85%** to pass the quiz and complete your certification.



**You must answer YES to Question 26 (the attestation) or it will be an automatic fail.**



After completing the quiz your results will appear. After reviewing, click *Close*.



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## Step 11 Sign and Submit

Here is where you will review the contract. Make sure to follow the instructions on the top in **red**.

Please review the instructions for this section:

- Review the contract in the window below. Upon submission, all blank fields on the contract will be populated with the name, address and title information that you provided in the 'Contact Info' section.
- Read and check the boxes below the contract window and sign in the signature window.
- Click the 'Submit' button.


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Submit Onboarding

1 of 35

THE UNIVERSITY OF ARIZONA HEALTH PLANS –  
UNIVERSITY HEALTHCARE, INC.  
PRODUCER AGREEMENT


This Producer Agreement ("Agreement") is entered into effective as of the last date of signature ("Effective Date"), by and between The University of Arizona Health Plans – University Healthcare, Inc. on behalf of itself and as agent for its affiliates, Banner – University Care Advantage, Banner Plan Administration, Inc., Banner Health Insurance Group, Inc., Banner Health Plan, Inc. and Banner Health Insurance Companies, LLC (collectively "UAHP") and \_\_\_\_\_, (hereinafter referred to as "Producer").



After reviewing the contract, click on *W9* to review.

Contract Application

W9



1 / 1 125%

abdoc\_download.htm

**W-9**  
Form (Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
XXXXXXXXXX XXXXXXXXX

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶  
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  
 Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
Exempt payee code (if any) \_\_\_\_\_  
Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
XXXX Avenue Street  
Requester's name and address (optional)

6 City, state, and ZIP code  
Tucson, AZ XXXXX

7 List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**  
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.  
**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number  
X X X - X X - X X X X  
or  
Employer identification number

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After reviewing the W9, you will need to make sure to click each box and sign your name in the signature box. Click *Submit*.

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

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

In completing this Personal Information/Appointment Application and contract request, I acknowledge that I understand the application and have answered all questions accurately to the best of my knowledge. I have read and understand the contract and agree that if and when Banner issues me such agreement, I will be bound by the terms of the agreement. I also understand and agree that Banner may, from time to time, amend the terms of such agreement. I understand that Banner or its legal representative and/or independent contractor may obtain an investigative consumer report which will confirm information regarding my background, character, reputation, credit and any criminal record. By signing this application and submission to contract, I authorize Banner to obtain such reports and understand that it retains the right to refuse such application and request to contract. I understand that I am considered an independent contractor, and not an employee of Banner and its affiliates or vendors.

Date \*

IP Address \*

Please sign your name in the space below.

The next screen you will see will state that your submission was *successful*. Here you may download the contract for your records. Click on the blue *Download Contract* button.

Submission Successful!

Thank you for submitting your application.

Your application has been sent to Banner 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.

Below is a copy of your signed contract. Please download and/or print a copy for your records. If approved, you will be able to view your contract in your portal.

Application Name

Email

NPN

To confirm that your case has been submitted, click *Onboarding* at the top left corner, then click *Home*, see *Submitted* under Status.

Onboarding Cases will appear, and you can see your case is in submitted status.

Name	LOB	Year	Type	NPN	States	Upline Level	Affiliated Agency/Team	Submitted By	Creation Date	Status
Entity Name	Medicare Advantage	2022	Entity Type	12345	AZ	Agent				Submitted

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**Congratulations!** Your onboarding case is now submitted for approval. You can log out of the system for now. Once your documents are reviewed and approved, you will receive a confirmation email stating that your onboarding and certification has been approved.

## Step 12 Approval and Confirmation

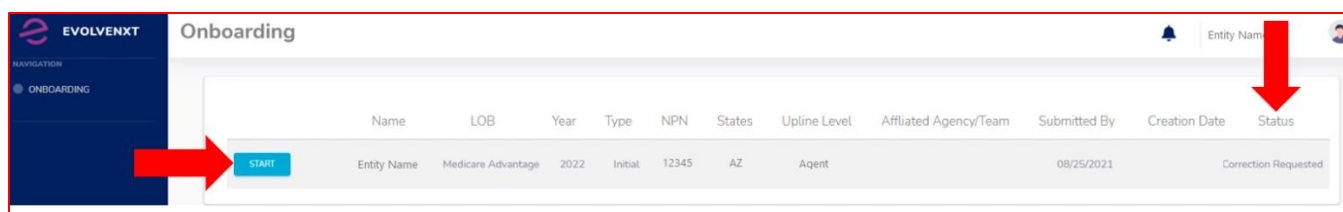
Once you have received an email indicating your onboarding case was approved, you will receive your official contracting letter via email.

## Onboarding Case Needs Correction

Once everything is submitted to Banner and is in the review process, you may receive an email indicating your case needs correction. If you do, follow the instructions in the email. See the basic steps below to correct your onboarding case. This example does not include the specific details of the deficiency or correction needed; that will be clearly stated in your email.

Step 1 Log in and click on *Onboarding*, you will see this screen below showing the status *Correction Requested*. Click the teal *Start* button.

Once you start, navigate through the different tabs at the top of the screen to correct that which needs to be corrected. You **will not** have to retake the quiz; however, you **will** need to resign the contract and re-submit for approval.



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