

BlueCross BlueShield of Illinois BlueCross BlueShield of Montana BlueCross BlueShield of New Mexico BlueCross BlueShield of Oklahoma BlueCross BlueShield of Texas

# Electronic Onboarding

AN AGENCY/PRINCIPAL GUIDE & FAQs

Electronic onboarding process manual *from Producer Services and Administration* 

Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma, and Blue Cross and Blue Shield of Texas, Divisions of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

March 8, 2019

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### Producer Pro for Producers

Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), operates the Blue Cross and Blue Shield Plans in Illinois, New Mexico, Oklahoma and Texas. HCSC, an independent licensee of the Blue Cross and Blue Shield Association, is utilizing an electronic onboarding application to enhance the Producer onboarding experience

This manual covers the steps and information required to complete the digital onboarding and contracting process in Producer Pro. Before you begin, please make sure you have a copy of your Errors & Omission Declaration page in an electronic format, as it will be required to be loaded.

At the end of the manual are Frequently Asked Questions. Be sure to follow all instructions, read all FAQs and pay special attention to the Notes and Warnings like those shown below.



If you have any questions or concerns with the onboarding process, please contact the Producer Service Center.

Email	Producer Service Center@hcsc.net
Call	855-782-4272, Monday through Friday, 8 a.m. to 5 p.m.,
	ст
Fax	918-549-3039
Mail	Health Care Service Corporation
	Producer Service Center
	P.O. Box 60545
	Oklahoma City OK 73146

# System Requirements and Compatibility

Producer Pro can be supported on Internet Explorer, Firefox, and Chrome. Be sure to have a recent version of one of these browsers and the Reader software.

- Internet Explorer: <u>http://www.microsoft.com/windows/internet-explorer/default.aspx</u>
- Firefox: <a href="https://www.mozilla.com/en-US/firefox/">https://www.mozilla.com/en-US/firefox/</a>
- Chrome: <u>https://www.google.com/chrome/browser/desktop/</u>

# **Computing Devices**

Desktop and laptop computers are the preferred computer devices to use when completing the Producer Onboarding Application.

3/6/2019

# Invitation Email

The Producer Onboarding process begins with an automated email generated from Pro Producer. In preparation of receiving this email, producers should add <u>producer\_service\_center@psc.hcsc.health</u> to their email account's address book, contact list, safe senders or safe recipients list to make sure they receive important Producer Pro emails.

The email invitation will be sent to the email address entered by the recruiter. You should look for the email invite with the subject title of **"Onboarding Invitation"**.

The body of the email includes a Login link that launches the Producer Pro application. This is a link that is intended only for the recipient. It cannot be transferred, forwarded to another email account or used by another Individual.



**NOTE:** Be sure to save this email and/or bookmark the link, as you may need the link to log back in to view the status of your case

Inside the body of the email, Producers should click the Login hyperlink to launch the Electronic Onboarding Process in the ProducerPro application.

#### **Onboarding Invitation**





BlueCross BlueShield of Montana BlueCross BlueShield of New Mexic BlueCross BlueShield of Oklahoma BlueCross BlueShield of Texas

#### Dear Sample Producer,

You have been invited to onboard with us! To accept this invitation, please use the information below to complete your application online.

Site URL Login
User ID onboarding0001@hotmail.com
Password HCsc@123456

# **Logging In**

- Login Name enter the User ID provided to you in the email.
- **Password** enter the temporary password provided to you in the email
- Domain enter 'HCSC'.
- Click Submit

	SAP	
Login Name *		
1		
Password *		
Domain hosc [change]		
Submit		
	Forgot your pass	word?



**NOTE:** When first logging in the ProducerPro application with the credentials provided to you in the email, you will be prompted to change your password.

At the "Change Password" page, the producer must change the temporary password to a new, unique and memorable password with the following specifications:

- At least eight characters long AND
- Contains at least one numeric character OR
- Contains at least one lower case letter OR
- Contains at least one upper case letter

Reconstruction of the		
	You are logged in as Sample Producer.	
	<ul> <li>Please set a new password. Your password must be changed to protect the integrity of your account.</li> <li>Password must chain Letters, numbers and special characters</li> <li>Password must have more than 8 characters.</li> <li>Password must have less than 20 characters.</li> </ul>	
	New Password * Confirm Password *	
	Change Password Log Off	

Click the Change Password button after entering the new password.



### **Logging Out**

To log out, click the **Exit** button in the upper right hand corner.

	8
Case Id	٩

You will be asked to confirm your choice by clicking the **Return** button to go back to the product, or the **Logout** button to complete the logout process.

Logoff
Are you sure you want to logout ?
Yes No

# **Onboarding Home Page**

Upon login, users are directed to the Home page. Click the link for the onboarding case key to begin:

<b>.</b>	Real Const Handback of Hitson Real Const Handback of Hitson Handback of Hitson Handback of Hitson Handback of Handback of Handback Handback of Handback of Handback								Case ID	۵		8
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	Open cases assigned to me									Chart Edit Col	umns Refresh	0
	Case Key	0	Case Name d	Subcategory	Status ¢	Assigned To	Created By \$	Created On		Updated		٠
	Onboarding-OB-171		Sample Producer: 02/14/2019		Invitation Sent	0 <sup>1</sup> 0 0 <sup>1</sup> 0	Gian ProducerSystemAdi ProducerSystem Administrator	02/14/2019	12:13:16	02/14/2019	12:13:38	
										e.	960	2
>	THE BEST RUN											

On the first screen, you will be prompted to enter the Agency Tax ID Number. Once entered, the Agency's assigned NPN# should display as well as Company Name and Business State. Next, enter the Principal's SSN to retrieve the assigned NPN#. The Principal's Name, Resident License State, and Birthdate should display. Next, click the checkbox authorizing the request to obtain a PDB Report from NIPR. Click **Submit**.

Reference of the second		Case ID	٩	8
6				
C2	Please enter your Agency Tax Id Number (TIN) to continue. Your TIN will be used to retrieve your Agency NPN			
	Agency Tax ID Number * 123456789 (required			
	Agency NPN 123456789			
	TIN Lookup Results			
	Company Name Business State Agency, Inc. OK			
	1 total rows, displaying from 1 to 1			
	Please enter your SSN to continue. Your SSN will be used to retrieve your NPN.			
	SSN* 1224557789			
	required NPN 123456789			
	NPN Lookup Results			
	Name Resident State Date of Birth			
	Doe, Jane OK 01/01/1900 1 total rows, displaying from 1 to 1			
	In autoritie HLSL to request PUB Higher to Heporty from Name.     Submit			

# Agency & Principal Information

As part of the application process, the Principal will need to complete a series of tabs, each asking for specific information for the Agency and themselves. The tabs are:

- General
- Licenses
- Appointments
- Background Questionnaire
- E&O
- Banking Information
- Code of Conduct
- eSignature

Each tab must be completed in order to submit the onboarding application for review and processing.

## <u>General</u>

The first tab is the "General" tab, which will display Address and Contact information obtained from NIPR. The Producer will be asked to confirm if the Business Phone# and Address information is their correct contact information. If the Producer wishes to provide different information, the fields can be edited.

		1 toube 1		in in you	insinto sava your pro	Breas and complete	e une application	shortly.	at any time. If you have	completed the oppletation, preuse each submit	and you mill be conducted
			Click the butte	on below t	o save your progress.					Once you are finished with your application, please clic	the button below.
				Sav	e					Submit	
eneral	Licenses	Appointments	Background Questionnaire	E&O	Banking Information	Code of Conduct	eSignature				
							P	ease complete all required fields.			
		Agency Na	me Mister Insurance Ag	ency					Primary Address		1
		Agency N	PN 102223						Business Address Line 1 *	401 W Wilson St	
		First Na Middle Na	me Charles						Business Address Line 2		
		Last Na	me Ray						Business City *	Valliant	
	Doing Busir	Ness As Name (Optio	PN 586789						Business State *	ок •	
		Business Pho	e * 580-933-4212						Business ZIP *	74764	
	L	Contact Fr	ail Joffroy Majorue@bo	c not					County		

Once the required fields have been populated, click **Save** before proceeding to the next tab.

NOTE: Primary Address Cannot be a P.O. Box
WARNING: Fields in red should be reviewed and completed prior to continuing, or you will get an incomplete message.

### **Licenses**

The "Licenses" tab displays the states that your recruiter has selected, and where an Active Insurance License was found for both the Agency & Principal.

			Case ID	<u> </u>	8
Please fill out the application below. If you wish to save	your progress and complete the application later, click Save and log back i	n at any time. If you have completed the application, please click Submit and you will l	be contacted shortly.		
Click the button below to save your progress.		Once you are finished with your application, please	e click the button below.		
Swe		Submit			
General Licenses Appointments Background Questionnaire Incomplete E&O Incomplete Bank	king Information Incomplete Code of Conduct Incomplete eSignature				
	Your active licenses according to NIPR are shown below. Please set under.	ect the licenses you wish to do business			
Agency/Entity NIPR Active Licenses				۲	
Select All				Search	
License State	Effective Date     Expiration Date	te			
OK 100102764 Insurance Producer 935 - Accident & Health Or Sickness	05/14/1992 05/31/2019	NR			
1 total rows, displaying from 1 to 1					
Producer NIPR Active Licenses				(2)	
				Search	
License Ucense Ucense blicense Class & License LOA	Effective Date     Expiration Date	te 单 Residency Statu#			
OK 3000377749 Insurance Producer 935 - Accident & Health Or Sickness	09/04/2018 08/31/2020	NR			
1 total rows, displaying from 1 to 1		J			
Contract for BlueLincs HMO *					
© No					

Click the checkboxes corresponding to the state(s) in which the Agency and Principal will be onboarded for.

WARNING: The Appointment fee in New Mexico is \$20, the appointment fee in Oklahoma is \$30, and the appointment fee in Texas is \$10. There is no appointment fee in Illinois and Montana. Appointment Fees will be deducted from your first month's commissions.

If Oklahoma is selected, please confirm if you wish to also contract for BlueLincs HMO by selecting 'Yes'.



WARNING: If you select "YES" for BlueLincs HMO in Oklahoma, an additional appointment fee of \$30 will apply.

When you are finished, click the **Save** button to save your progress. Click the "Appointments" tab to proceed to the next section.

## **Appointments**

The "Appointments" tab displays all active appointments for the Agency and Principal per NIPR. All information displayed is for reference only.

	Please fill out						Q
		the application below. If you wish to save your progress and complete the application later, of	ick Save and log back in at	any time. If you have comp	leted the application, please click Submit a	nd you will be contacted shortly.	
				,		, , , , , , , , , , , , , , , , , , ,	
	Cli	ck the button below to save your progress.			Once you are finished with your application	ition, please click the button below.	
		Save			Subr	nit .	
General Lice	enses Appointments Background Quest	ionnaire E80 Banking Information Code of Conduct eSignature					
		5					
		Your active appointments according	o NIPR are shown below. The	is is for your reference only	у.		
							-
Agency/Entity	y NIPR Active Appointments						0
							Count
Linner Cash	Anna (1997) 100	A Comment Name	A Annual Status	A Status Data			Search
OK	035 - Accident & Health Or Sickness	11501 - Communitycare Hmo. Inc.	Active	11/28/2018	-		
OK	16 - Life	89008 - Communitycare Life And Health Insurance Company	Active	11/28/2018			
OK	935 - Accident & Health Or Sickness	89008 - Communitycare Life And Health Insurance Company	Active	11/28/2018			
OK	935 - Accident & Health Or Sickness	64246 - Guardian Life Insurance Company Of America	Active	12/18/2018			
ок	16 - Life	64246 - Guardian Life Insurance Company Of America	Active	12/18/2018			
OK	935 - Accident & Health Or Sickness	70570 - Health Care Service Corporation A Mutual Legal Reserve Company	Active	11/30/2018			
ок	935 - Accident & Health Or Sickness	89206 - Ohio National Life Assurance Corporation	Active	12/08/2018			
OK	16 - Life	89205 - Ohio National Life Assurance Corporation	Active	12/08/2018			
ок	16 - Life	67172 - Obio National Life Insurance Company, The	Active	12/08/2018			
ОК	935 - Accident & Health Or Sickness	67172 - Ohio National Life Insurance Company, The	Active	12/08/2018			
ок	16 - Life	61271 - Principal Life Insurance Company	Active	12/13/2018			
ОК	935 - Accident & Health Or Sickness	61271 - Principal Life Insurance Company	Active	12/13/2018			
ок	16 - Life	79227 - Pruco Life Insurance Company	Active	12/18/2018			
тх	825 - Life, Accident, Health And Hmo	70670 - Blue Cross And Blue Shield Of Texas, A Division Of Health Care Service Corporation	Active	07/15/2014			
тх	825 - Life, Accident, Health And Hmo	79227 - Pruco Life Insurance Company	Active	10/06/2016			
15 total rows, displ	playing from 1 to 15						

After reviewing, click the "Background Questionnaire" tab to proceed to the next section.

## **Background Questionnaire**

The "Background Information" tab requires you to answer a set of background information questions regarding the state insurance license(s). All questions require an answer. Select the **Yes** or **No** radio button for each question. The questions are:

- 1. Is your license as a health insurance agent, producer or broker currently expired, revoked or cancelled by the state or under review by the state agency?
- 2. Have you ever been denied a license to sell insurance or any kind, or Medicare or HMO products, in any state?
- 3. Have you been suspended, debarred or prohibited from selling insurance or from participation in any state or federal insurance or other program?
- 4. Has your license ever been revoked or have you ever been censured by any state?
- 5. Have any complaints been filed against you with any insurance regulatory board, agency or department of insurance within the last five years?
- 6. Have you ever been denied an agent, producer or broker, contract or had any such contract terminated for cause by any insurance or managed care company?
- 7. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, intentional misrepresentation, or breach of fiduciary duty?
- 8. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or a member or manager of a limited liability company, for overdue monies, by an insurer, an insured or a producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless such bankruptcies involve or involved funds held on behalf of others.
- 9. Have you ever been convicted of, or plead guilty, entered an Alford plea, or a plea of no contest to, a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?
- 10. Have you ever been convicted of, or plead guilty, entered an Alford plea, or a plea of no contest to, a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony?
- 11. Has the Agency's accident and health license ever been suspended, revoked or terminated in any of the states where contracting is requested?
- 12. Is there any objection to an inspection report at our expense?

Answering '**Yes'** to any of the Background Information questions, will be require you to provide an explanation.

				Case ID	٩	
Click the button below to save your progress.	aSimatura		Once you are finished with your application, please click the butto	n below.		
Centers Constant Populations according to a constant of the second secon	Yes     No	e answer all questions below. Please Explain: * Example Text				
2. Have you ever been denied a license to sell insurance or any kind, or Medicare or HMO products, in any state? *	⊙ Yes ⊛ No					
<ol> <li>Here you been supended, debarred or prohibited from selling insurance or from participation in any state or federal insurance or other program?</li> <li>Has your license ever been revoked or have you ever been censured by any state? *</li> </ol>	Ves No Ves No Ves No					
5. Have any complaints been filed against you with any insurance regulatory board, agency or department of insurance within the last five years? *	© Yes © No					
<ol> <li>Have you ever been denied an agent, producer or broker, contract or had any such contract terminated for cause by any insurance or managed care company).</li> <li>Are you currently a party to, or have you ever been found liable in, any lasmul, arbitration or mediation proceeding involving displayors of thrave, missiopropriation or conversion of funds, intentional missiopresentation, or brown of finitude value?</li> </ol>	Yes     No     Yes     No					
8. Has any demand been made or judgment endered against you or any business in which you are or were an owner, partner, officer or director, or a member or manager of a limited lability company, for overdue monies, by an insure, an insured or a producte, or have you ever been subject to a banknuptor proceeding? Do not include personal banknuptor is invoir or invoired unda had on bahaf of others.	© Yes ◎ No					
9. Have you ever been convicted of, or plead guilty, entered an Alford plea, or a plea of no contest to, a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor? *	© Yes © No					
10. Have you ever been convicted of, or plead guilty, entered an Alford plea, or a plea of no contest to, a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? *	O Yes No					

When you are finished, click the **Save** button to save your progress. Click the "**E&O**" tab to proceed to the next section.

### <u>E&O</u>

On this tab, please enter in the Agency Errors & Omissions Insurance Policy Information into the required fields Required fields on the "E & O Information" page are:

- Insurance Company (Carrier Name) a list of available options will auto-populate once text is entered select 'OTHER' if the Insurance Carrier is not found in the list and manually enter the company name.
- Policy Number
- Effective Date Policy Effective Date
  - Policy Effective date must be current, and no Future Effective Dates are permitted.
- Expiration Date Policy Expiration date must not expire within the next 7 Days.
- Per Occurrence Limit value must be greater than 0.
- Aggregate Limit value must be greater than 0
- **E&O Upload** upload the declaration page(s) from your E&O policy. Only one uploaded file allowed.

	Please f	ill out the applic	cation below. If you wish to save	e your progress and co click	mplete the application later, click Sa Submit and you will be contacted sh	ive and log back in at any time nortly.	e. If you have con	npleted the application, please	
		Click the butto	on below to save your progress.			Once you are finished	with your applica	tion, please click the button below.	
General Incomplete	Licenses A	opointments	Background Questionnaire	complete E&O Incompl	Banking Information	Code of Conduct Incomplete	eSignature		
				Please provide you company is	r E&O insurance information below. not listed, please choose Other and	If your insurance specify it.			
Insuran	ce Company *	start typing to se	lect value						
Po	olicy Number *	[required]							
E	ffective Date *	[required]							
Ex	piration Date *	[required]							
Per Occ	urrence Limit *	[required]							
Ag	gregate Limit *	(required)							
E&O Upload	*	[required]							
	[required]								

When you are finished, click the **Save** button to save your progress. Click the "Banking Information" tab to proceed to the next section.

**Declaration page(s)** 

### **Banking Information**

The "Banking Information" tab allows you to enter your banking information for Electronic Funds Transfers. Enter all information outlined in red:

- Account Type select Checking or Savings
- Routing Number provide a 9-digit routing number
- Validate Routing Account Number value must match Routing Number
- Account Number provide account number
- Validate Account Number value must match Account Number

Bar Cross Bar Shield of Heads Har Cross Bar Shield of Net Net Bar Cross Bar Shield of Net Net Bar Cross Bar Shield of Net Net Bar Cross Bar Shield of True	r.									Case ID	Q	
		Please fill	ut the application below. If you wis	sh to save	your progress and comp	lete the application lat	er, click Save an Intacted shortly.	d log back in at ar	ny time. If you have complete	ed the application, please click		
			Click the button below to save you	r progres	S.			Once you are	finished with your application	on, please click the button below		
			Save						Submit	1		
General	Licenses	Appointmer	ts Background Questionnaire	E&O	Banking Information	Code of Conduct	eSignature					
					Please	enter your Banking In	formation below.					
	Pa	iyment Type E	FT									
	Bank Acc	count Type *	Checking	•								
	Routir	ng Number *	23456789									
١	/alidate Routir	ng Number *	23456789									
	Accou	nt Number *	876543210									
	alidata Accou	ot Number t (										

When you are finished, click the **Save** button to save your progress. Click the "Code of Conduct" tab to proceed to the next section.



# **Code of Conduct**

The "Code of Conduct" tab displays the HealthCare Services Corporation (HCSC) External Sales Agent Code of Conduct. Please read all of the information carefully. Acceptance via electronic signature is required to complete the onboarding process. The name that is input into the Signature field must match the Principal Name provided on the "General" tab.

	Case D	<u> </u>
Please fill out the application below. If you wish to save	e your progress and complete the application later, click Save and log back in at any time. If you have completed the application, please click Submit and you will be contacted shortly.	
Click the button below to save your progress.	Once you are finished with your application, please click the button below.	
Sare	Saant	
General Licenses Appointments Background Questionnaire E&O Banking Information Code of Conduct	eSignature	
	Please sign the following agreement.	
HealthCare Services Corporation (HCSC) External Sales Agent Code of Conduct		
As a HealthCare Services Corporation (HCSC) external sales agent, I agree to abide by all of the following terms while representing	g HealthCare Services Corporation (HCSC) Medicare products to Medicare beneficiaries and/or their representatives, family members, friends, and in the communities in which I solicit and sale Medicare products.	
1 rout. 1. Treat each individual with whom I work representing HealthCare Services Corporation (HCSC) Medicare products with respect, c 2. Accurately represent my professional designations, qualifications, professional licenses, and other such endorsements or criteria overmmertal asence.	courtery understanding, professionalism, and emputy. 1. I will not provide advice or guidance beyond my professional capabilities or qualifications not, under any circumstance, represent or infer that I work for or am endorsed by Medicare, the Centers for Medicare and Medica	id Services (CMS) or any other
3. Represent HealthCare Services Corporation (HCSC) Medicare products with complete accuracy, thoroughness, and honesty. Un	Ider no circumstance will lexaggerate, intentionally misinform, mislead or knowingly misrepresent the benefits, premiums, member cost-sharing, administrative rules, or any other feature about any HealthCare Services Cor	rporation (HCSC) Medicare
product 1 will not make any promises on behalf of Medicare or HealthCare Services Corporation (HCSC). 4. Strive to assure that each Medicare beneficiary comprehends the fundamentals of the HealthCare Services Corporation (HCSC) required materials have been provided to the Medicare beneficiary before errollment occurs.	Medicare products in which they are enrolling, that each Medicare beneficiary understands their choice of enrolling in a HealthCare Services Corporation (HCSC) Medicare product and terminating any other Medicare cover	arage they may have, and that all
<ol> <li>Refrain from using technical or industry jargon to describe HealthCare Services Corporation (HCSC) Medicare product(s) unless 6. Abide by all applicable federal and state laws, regulations, HealthCare Services Corporation (HCSC) FMO/External Sales Agent ("HIPAD") and the demonstram Recovery and Reinvertement &amp; rt ("ABR")</li> </ol>	a law or regulation requires such specific terminology. Guide, and HealthCare Services Corporation (HCSC) policies and procedures governing the solicitation and sale of Medicare products and the associated confidentiality and security provisions of the Health Insurance Port	ability and Accountability Act
(In response the Fundament Incomenty and intermediate the (PUNOT) provides proper guidance and act in the best interest of each Medicare 3. Use my professional skills and findical judgment of always provide proper guidance and act in the best interest of each Medicare 8. Use only advertising, marketing, sales presentation, enrollment and other materials which have been provided to me by Health medium, expression to majorit analysism materials advertised by the advertised b	I beneficiary with whom I work. This means that I will place my client's and prospective client's needs ahead of my own considerations in all shuations. Jame Services Corporation (HCSC) or that have been previously approved in writing by HealthCare Services Corporation (HCSC) for my usage. I will also obtain prior written approval from HealthCare Services Corporation (HCSC) for my usage. I will also obtain prior written approval from HealthCare Services Corporation (HCSC) for my usage. I will also obtain prior written approval from HealthCare Services Corporation (HCSC) for my usage. I will also obtain prior written approval from HealthCare Services Corporation (HCSC) for my usage.	HCSC) for any advertising
<ol> <li>Abide by professional courtesy. Under no circumstance will I involve any Medicare beneficiary in any type of dispute or debate r</li> </ol>	Autopeane reasonate de reale a depletador (reade) mandera. Velative to compassion or citeri telationship.	
10. Continue to learn about the Medicare Program, HealthCare Services Corporation (HCSC) Medicare products, and other govern	iment programs that may impact my clients and potential clients.	
<ol> <li>Provide timely service to my cuents with professionausm, competence, and sincenty.</li> <li>Seek to assure that the Medicare heneficiary understands that the nerson discussion Medicare plan options with them is either</li> </ol>	employed contracted or authorized through a contracted entity with HealthCare Services Comparison (HCSC) and may be compensated based on the benefician/s enrollment in a HealthCare Services Comparison (HCSC)	3 Medicare product
<ol> <li>Report to HealthCare Services Corporation (HCSC)'s Medicare Compliance Officer or the HealthCare Services Corporation (HC 14. Participate in any specialized training required by HealthCare Services Corporation (HCSC).</li> </ol>	3C) hotline (800-485-5226) any potential or actual misconduct, breach situation, fraud/waste/abuse, or non-compliance by any agent, potential or current member, or Gateway staff without lear of retaliation.	,
<ol> <li>Agree to fully and truthfully cooperate in any compliance or regulatory investigation or audit.</li> <li>Notify HealthCare Sensors Corporation (HCSC)'s Medicare Compliance Officer immediately if I am excluded from participation.</li> </ol>	in External books are senamore	
Lo noor resultante services volpostant (nooc) a metalecto companie companie numerative in metalecto in an exclusion of the services corporation (HCSC) acknowledge that I have read this Code (HCSC)'s guidelines and requirements as set forth in HealthCare Services Corporation (HCSC) FMO/External Sales Agent Guide, a	In communication program. Conduct and understand the requirements and prohibitions set forth above. I agree to comply with these requirements and prohibitions, all other applicable Medicare statutes, regulations and guidelines, as well as Heal is same may be amended from time to time.	IthCare Services Corporation
Current language used by HCSC for consent   understand and consent to use of an electronic record to effectuate and document my relationship with Health Care Service Corp I induction that and anticiation. Box audientics instants who have a large to document that terms of each and needforkline deconductions.	xontion (relevent to as the "Company"). I acknowledge that by affling my electronic signature to each document that I have read and understand the entire contract package including but not limited to the Agency Agreem	ient and supporting documents as
annea ar ea appearann ay ny teorana agrinana aonin' agric o ana anago ana anago ana anago ana ang atao ang ang	an ensuring generation and ensure and ensure of the configuration of the	
rrepresent that the personal information i have provided in the previous table to the Company is complete, the and correct. I under	stuario ano agree nas in making into apportation for contract	
Code of Conduct Acceptance *  Accept		
Signature *		
Timestamp		

When you are finished, click the **Save** button to save your progress. Click the "eSignature" tab to proceed to the next section.

# **Review Documents**

The last section to complete is found on the "eSignature" tab. This tab provides a summary of the forms that you completed and indicates which documents require an electronic signature. Start by consenting to electronic signature and carefully reading all content of the document to be signed.

•• 0	De Courde-Nicki d'Hant Int courde-Nicki d'Hant Int courde-Nicki d'Hant Int courde-Nicki d'Hant Int courde-Nicki d'Hant Int courde-Nicki d'Han	7									Case I	D	٩	8
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	General	Licenses	Appointments	Background Questionnaire	E&O Bankin	g Information Code of Cons	uct eSignature	Please complete and sign all forms be	elow.					
				Please Review & A	Act on Thes	e Documents					Docu <i>Sign</i>			
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						THIS PRODUCE Health Care Ser	AGREEMENT ("Agreer ice Corporation, a Mul	DUCER AGREEN tent") is made and entered into this <u>ten</u> day of ual Legal Reserve Company ("HCSC"), and Scan i	February, 2019 by and between					
						This Agreement the purpose of Producer Comp "Compensation follows:	is established for the s ubmitting applications risation Schedule(s)," Schedules") for each a	ole purpose of authorizing Producer access to Hi to HCSC for insurance products and policies as a and the "Group Markets Producer Compensation oplicable state and which are attached and incor	ISC insurance products and policies for et forth in the "Consumer Markets Schedule(s)" (together, the porated herein. The parties agree as					
								I. TERMS AND CONDITION	IS					
						1.01 Appo HCSC hereby a products which service of HCSC policies and pro information on reserves the rig products from:	ntment of Prod points Producer as an are listed in the Compo- nsurance policies and cedures. No coverage upplications and to imi- nt, at its sole discretion by geographic market.	LCCF. grant with the power to solicit applications for i nation Schedules attached hereto, and to assi products. All applications submitted will confor- ible effective until applications are approved in diately northy HCSC of any change in informat to revise, discontinue, withdraw or change any to revise, discontinue, withdraw or change any	suance of HCSC's insurance policies and t and support HCSC in renewal and to the HCSC's underwriting guidelines and by HCSC. Producer has a duty to werify all ion submitted on applications. HCSC rates, or policy form(+) or to retire					
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The following are the documents requiring your review:

The following are the documents requiring your review:

- **Producer Agreement:** The Standard Producer Agreement is the contract between the Agency, with the Principal as the Authorized Signer, and Health Care Service Corporation. Please indicate on the last page whether the Agency is contracting as an Partnership, Corporation, or Other
- **New Mexico Addendum:** This document is for producers selling in New Mexico. This is an addendum to the Standard Producer Agreement, applicable to New Mexico business rules only. It does not require a signature, but must be reviewed. This document is viewable only if you are selling in New Mexico.
- **Oklahoma Addendum:** This document is for producers selling in Oklahoma. This is an addendum to the Standard Producer Agreement, applicable to Oklahoma business rules only. It does not require a signature, but must be reviewed. This document is viewable only if you are selling in Oklahoma.
- **Montana Addendum:** This document is for Producer requesting to be contracted for Montana. This is an addendum to the Standard Producer Agreement, applicable to Montana business rules only. It does not require a signature but must be reviewed. This document is viewable if Montana was selected.
- **W-9:** This document is required for all producers. The W-9 is a standard tax form used as an official document to validate the Entity Tax Identification Number. Please choose the appropriate Federal Tax Classification.

### Sign Packet

When you click the "Sign" button, Producer Pro locks your "signature" in to the document. After you select the "Sign" box, Producer Pro presents the next document requiring your review and signature or, in some cases, just your review. Repeat this process for all documents. Click "Finish" when done.

		C	kse ID Q
	Please complete and sign all forms below.		
Please review the documents below.		FINISH OTHER ACTIONS •	
	@ Q ⊻- 🖬 ③		<b>L</b>
	PRODUCER AGREEMENT		*
START	SIGNATURE PAGE		
	IN WITNESS WHEREOF, HCSC and Producer each execute and deliver this Agreement by an authorized representative as of the date set forth above.		
	PRODUCER Conversiting a Lines one Orderation Distribution		
	Agency Principal and/or signing Authority General Agent and Printed Name on Produser License		
	Entity Name HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY Sover Address for notice		
	City, State, 2P for notice Echand L, Alligaritti, Vice President, Betall Markets HCSC Authorited Signiture		
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# **Submit Application**

Once you have applied your signatures and reviewed all documents, you're ready to submit your application. If you are sure that all information you've submitted is accurate, click the **Submit** button.

1									Case ID	٩	8
			Please fill out the appli	lication below. If you wish to save you	r progress and comp	lete the applic	ation later, click Save and log back in at any time. If you have completed the	application, please click Submit and you	a will be contacted shortly.		
			Click the but	tton below to save your progress.			Once	e you are finished with your application, p	please click the button below.		
				Save				Submit			
General	Licenses	Appointments	Background Questionnaire	E&O Banking Information	Code of Conduct	eSignature	Please complete and sign all forms below.				
							Thank You!				
			l	Thank you for comple	ting the eSig	nature po	rtion of the application. You may now submit you	ar application for review.			

Your application status will change to "HCSC Review" indicating that your documents were sent to the Producer Administration team for processing.

# Viewing Documents after Submission

After completing the onboarding packet and submitting it for review, you can log back in to view your documents if needed. Open the initial email you received from Producer Pro—the one containing your producer-specific link. Click on the link and type in the permanent password you created. Click the **Submit** button. You will be directed back to the Home page. You can access your onboarding case by clicking the Case Key where you'll be able to review the information you submitted.

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	Open cases assigned to me							Chart Edit Columns Ref	esh 🛞
	Case Key	Case Name	© Subcategory	Status	Assigned To	Created By \$	Created On	Updated	
	Onboarding-OB-175	Sample Producer: 02/18/2019		HCSC Review	ŵ ŵ	Gian ProducerSystemAd ProducerSystem Administrator	02/18/2019 11:04:03	02/19/2019 13:21:1	9
	One item found.							6 6 (	- 6-
cher through		entined below i	to review tr	he informat	ion you provid	ed.			

## **Additional Information Requests**

During the review process, the Producer Administration team may require you to provide additional documents etc. If so, you will receive an email notification describing the additional information needed:

BlueCross BlueShield of Illinois BlueCross BlueShield of Nontana BlueCross BlueShield of New Mexico BlueCross BlueShield of Texas
02/20/2019
Sample Producer
123 Sesame St.
Dallas, TX 75251
Dear Sample Producer, .
Thank you for your recently submitted onboarding request.
Our review of the submitted information is nearly completed; however, one or more of the following documents was not included with the request
SAMPLE TEXT
The documents are a requirement of doing business with BCBS of Illinois
In an effort to expedite the processing of your request, we are allowing you 30 days to provide missing documents. If you fail to provide proof the necessary documents, your Producer Record will be terminated.
Thank You
Producer Administration

You will need to provide the information requested as soon as possible and resubmit your onboarding application. After providing the requested information, follow the steps as outlined in the <u>Submit Application</u> section of this document. Once resubmitted, your application will return to the status it was previously in – "HSCS Review".

### Welcome Letter

Upon receipt of all completed, necessary documentation for your Agency application, our Producer Administration team will begin the review and validation process. Within three-five business days after receiving all of the requested documents, your onboarding packet should be approved.

When your onboarding packet is approved, you'll receive a "Welcome Letter" via email with your nine-digit producer identification number. This number is very important. It is used in every sales and administrative transaction.

# **Frequently Asked Questions**

# **Email Invitation**

- Q: What do I do if I lose or delete my email invitation containing the link to my transaction?
- A: Make sure to save the original email containing the link to your transaction until you have completed the entire onboarding process. Once you have signed all your documents, you will receive an email to confirm that your onboarding process is complete.

This email will also contain a link to your transaction. Because a link is "unique," it will only take you to your own transaction. We suggest bookmarking the link or saving it as a favorite to prevent losing it, and for quick access to your onboarding documents. If, however, you do lose the link, you should contact the Producer Service Center by calling 855-782-4272, or emailing Producer Service Center@hcsc.net.

### Q: What if I don't receive the email invitation?

A: Email applications have become more and more strict when analyzing incoming emails and categorizing them as junk or spam emails. In preparation of receiving this very important email, a producer should add <u>Producer\_Service\_Center@hcsc.net</u> to his or her email address book, contact list, safe senders or safe recipients list to make sure important onboarding-related emails are received. If the producer hasn't received the email, check the "junk" folder. Also, a company's email privacy settings may have blocked the email.

### **Passwords**

- Q: The temporary password sent to me isn't working. What can I do?
- A: When you first begin the process, you will need to obtain a temporary password, which will be sent to you via email. The email will contain an eight-character password, randomly generated and unique to your producer user name.

**Do not** <u>CUT and paste</u> the temporary password from this email into Producer Pro. Cutting the password from the email will not accurately copy. Instead, <u>COPY and paste</u> the password – or type it – into the appropriate field in Producer Pro.

This temporary password is only valid for 30 minutes. If you try to enter the temporary password after the 30-minute window, you'll receive an error message. You'll need to click the Get My Password button again to have another temporary password sent to you.

Each request for a temporary password invalidates the previous request. Please do not submit multiple requests.

## **General Questions**

#### Q: What is Producer Pro?

- A. Producer Pro is a Web-based software application designed to help with the recruiting, onboarding, contracting and management of agents and agencies.
- Q: How will I know if there's an issue or error with the onboarding application?
- A: If there is an issue with the onboarding packet that the Home Office cannot resolve, a representative from Producer Services and Administration will reach out to you to obtain more information or documentation. You will receive an email update (your Welcome Letter) when your packet is complete and approved.
- Q: I've completed my packet. How long will it take to receive my producer identification number?
- A: Once the Home Office receives all required documentation, you will receive an email containing your nine-digit producer identification number within three-five business days.

## **Navigation**

- Q: Will Producer Pro time out after a certain amount of time of activity or inactivity?
- A: Yes, after a period of inactivity of approximately 45 minutes, your session will be timed out and you will be required to log back in to the system.

#### Q: Which fields are required?

A: Each required field will be identified with an \*. Some fields have validation logic built in to ensure the information being entered is accurate (i.e., the Confirm SSN/EIN fields). If the values entered are inaccurate, an error message box will pop up and will require the producer to enter correct information before continuing to the next page. All required fields must be populated before moving on to the next page. If you try to continue without entering all required information, you will see a validation error message.

### Q: What will happen if I use the Back or Forward buttons on my browser's toolbar?

A: Since Producer Pro is an online software application, and not like typical website pages, using the **Back** or **Forward** buttons on your Internet browser's toolbar will not take you back or forward to the last page visited. Instead, your browser may simply remain on the current page, or it may bring you back to the beginning of your transaction without saving portions of your work. DO NOT use your Internet browser's back and forward commands to move through the Producer Pro system; use the Producer Pro buttons instead.

#### Q: How can I navigate back or forward through the screens?

A: To move between different screens of Producer Pro, click the **tabs (ex. General, Licenses, Appointments...)** for each section of required information.

### Q: Can I have multiple browser windows open while accessing Producer Pro?

A: You can have additional browser windows open as long as they are accessing sites other than Producer Pro. You cannot have multiple Producer Pro windows open simultaneously – doing so will cause system errors.

- Q: What if I accidentally close the browser window before I complete the onboarding packet?
- A: Each time you click the **Save** button, Producer Pro saves your information. If you accidentally close the browser window, the application will save all of your information up through the last tab you've completed or the last page on which you clicked the **Save** button. All you have to do is log back in to your transaction.

To log back in, click on the link you were sent in the original email invitation. See <u>Viewing Documents after</u> <u>Submission</u>.

- Q: What happens if I Save but I've only partially completed the onboarding packet?
- A: When you click on the **Save** button, Producer Pro will save all information you've entered up to that point. All you have to do is log back in to your transaction.

To log back in, click on the link you were sent in the original email invitation. See <u>Viewing Documents after</u> <u>Submission</u>.

### **Appointments and Fees**

- Q: What if my recruiter chose too few selling states and I would like to sell in more states?
- A: You will need to contact the Producer Service Center by calling 855-782-4272, Monday through Friday, 8 a.m. to 5 p.m., CT. If needed, a Producer Service Center representative will route you to the appropriate state sales team for onboarding/appointment approved.
- Q: In which state(s) will I need to be appointed?
- A: Below are the appointment rules for New Mexico, Oklahoma and Texas are as follows:
  - Illinois: This state does not require appointments.
  - Montana All Individual Producer
  - New Mexico: All Individual Producer
  - Oklahoma: All Individual Producer
  - Texas: All Individual Producer

### **Q:** What are the appointment fees for each state?

- A: All appointment fees for newly onboarded producers will be subtracted from the producer's first monthly commission statement.
  - Montana \$0
  - New Mexico: \$20.00
  - Oklahoma: \$30.00
  - Texas: \$13.50
- Q: I don't know if I plan to sell BlueLincs HMO in Oklahoma. How should I answer that question?
- A: If you are unsure whether you can sell BlueLincs HMO, we suggest leaving the response at "No." If you answer **"Yes,"** you will incur an additional appointment fee.
  - Selling BlueLincs HMO requires an additional appointment with the Oklahoma Department of Insurance due to HMO regulations in that state. If you intend to sell BlueLincs HMO, we will appoint you for this product line. That way, you can sell BlueLincs HMO as soon as you receive the welcome letter.

### **Errors and Omissions Coverage**

#### Q: What is the E&O coverage requirement?

A: Illinois, New Mexico, Oklahoma, and Texas - The minimum requirement for Errors and Omissions coverage is \$500,000 per claim and aggregate.

**Montana** - The minimum requirement for Errors and Omissions coverage is 1,000,000 per claim and aggregate.

### Q: What if my policy doesn't meet the requirement?

A: You will be required to update the limits of your E&O Policy in order to meet the minimum limits in order for the contracting application to be approved.

# **Uploading Files**

- Q: Which file formats are acceptable for uploading my supporting documentation?
- A: Files must be in one of the following formats in order to be uploaded to the onboarding packet:
  - PDF
  - JPG
  - PNG
  - GIF
  - JPEG
  - TIFF

### Q: Is there a file size limit?

- A: The maximum file size per file is 3072 KB or 3 MB. To determine what file type and size your document is, locate the file you'd like to upload. Right click on the document and select Properties. A "Properties" menu will appear detailing the file's specifics. Here you will find the type of file and the size of the file.
- Q: What if I try to upload a file with a file type other than those specified or larger than the allotted size?
- A. Acceptable file types are PDF, JPEG, JPG, GIF, PNG and TIFF. The maximum file size per file is 3072 KB or 3 MB. If a user tries to upload another file type, or a file larger than the allotted size, the user will receive an error message. The user will need to upload file(s) with valid file types and within the size allotment in order to proceed.

### Q: What do I do if my file size is too large?

A. If a file exceeds the size limit, use the help file of your software program and follow the steps to resize the PDF or image file. Note that TIFF files tend to be larger image files than JPEG, JPG, GIF or PNG image files.

## **Viewing and Signing Documents**

Q: I have the correct system requirements, but I'm still having issues accessing the application. What now?

### A: Try the following:

- 1. Make sure you're using either Internet Explorer, Google Chrome or Firefox as your Internet browser.
- 2. Check to make sure your Internet browser is a recent version.
- 3. Clear your browser's cache and cookies.

If you still have issues using Producer Pro, contact the Producer Service Center by calling 855-782-4272, or by emailing <u>Producer Service Center@hcsc.net</u>. Please provide as much detail about the issues as possible.

#### Q: How will I know that my electronic signature was applied to the document successfully?

- A: When you click the **Sign** button on each document requiring a signature, the page will automatically take you to the next document for review or signature. Your electronic signature will be shown as green text, while the demographic information will be blue text.
- Q: I've already signed my documents and realize I've made an error. How do I revise the information?
- A: If you haven't already clicked the **Submit** button to send your documents to the Home Office for review, you still have the opportunity to return to the beginning of your packet. All of your information will have been saved in Producer Pro. You will return to the interview questions tabs/sections and may review and edit any information previously entered. Click the **Save** button followed by the **Submit** button once you've verified or corrected the information. You will have to resign any documents you've already signed, since you've restarted your packet and made updates.

If you have already sent your documents to the Home Office for review, please contact the Producer Service Center at 855-782-4272 or via email at <u>Producer Service Center@hcsc.net</u>. Please note that it is very important to make sure that your information is correct. Identify errors in the onboarding packet could cause the packet to be placed in "Error" status and may result in a rejection.

## **Updating Your Demographic Information**

- Q: Once I'm through the onboarding process, how will I update my information in the future?
- A: Set up an account in the Blue Access for Producers portal. Click on the Producer Service Module option and click Update Contact Information.

You will be able to update the Primary Address, Email Address, and Phone #.