

# EvolveNXT Certification Guide 2023 - 2024

**Available June 27** 



**evolveINXT** 

Incentivize, Inspire, Grow

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### **BROKER EMAIL INVITATION: CURRENT USERS**

From: donotreply@evolvenxt.com

Dear {broker name},

You are invited to onboard with ZING Health and or Lasso Healthcare to market Medicare Advantage Plans. If you have any questions, please contact your recruiting agency.

URL: https://zing.evolvenxt.com/login.htm

Please use your current Evolve NXT login and password.

In addition to completing your contracting workflow, please make sure that you add Zing-Lasso as an authorized entity in your AHIP account. To add Zing-Lasso to your AHIP account please use this link:

URL: <u>http://ahipmedicaretraining.com/clients/zinghealthandlassohealthcare</u>

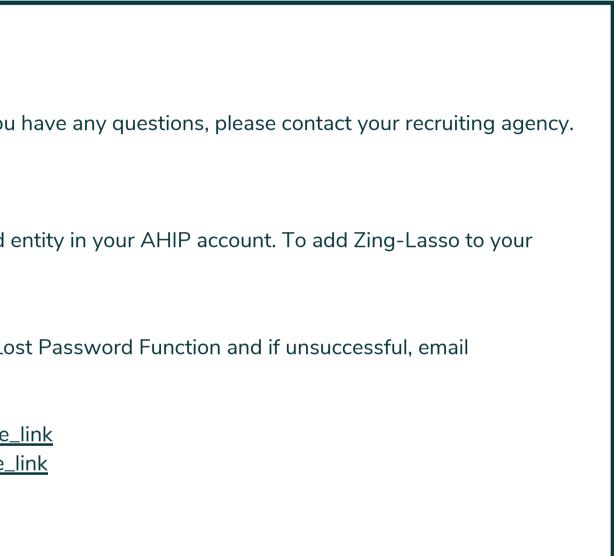
If you are unable to access the registration website or have any questions regarding the process, please try the Lost Password Function and if unsuccessful, email Brokers@myzinghealth.com.

Link to Broker Guide: <u>https://drive.google.com/file/d/1fXI5fhqd6Gz32H2IPImdHmmqErO9SUQQ/view?usp=share\_link</u> Link to Agency Guide: <u>https://drive.google.com/file/d/10fu5JN2s1MBiuFXVuK-iODb51uLyQ\_zm/view?usp=share\_link</u>

Thank you, Zing Health and Lasso Healthcare









### **BROKER EMAIL INVITATION: NEW USERS**

Login email address: {email}

From: donotreply@evolvenxt.com Dear {broker name}, You are invited to onboard with ZING Health and or Lasso Healthcare to market Medicare Advantage Plans. If you have any questions, please contact your recruiting agency. To facilitate the contracting process, please use the URL and login below to complete the process: URL: https://zing.evolvenxt.com/login.htm Password: {temporary password} In addition to completing your contracting workflow, please make sure to add Zing-Lasso to your AHIP account through this link: URL: <u>http://ahipmedicaretraining.com/clients/zinghealthandlassohealthcare</u> If you are unable to access the registration website or have any questions regarding the process, please try the Lost Password Function and if unsuccessful, email Brokers@myzinghealth.com. Link to Broker Guide: <a href="https://drive.google.com/file/d/1fXI5fhqd6Gz32H2IPImdHmmqErO9SUQQ/view?usp=share\_link">https://drive.google.com/file/d/1fXI5fhqd6Gz32H2IPImdHmmqErO9SUQQ/view?usp=share\_link</a> Link to Agency Guide: <a href="https://drive.google.com/file/d/10fu5JN2s1MBiuFXVuK-iODb51uLyQ\_zm/view?usp=share\_link">https://drive.google.com/file/d/10fu5JN2s1MBiuFXVuK-iODb51uLyQ\_zm/view?usp=share\_link</a> Thank you,

Zing Health and Lasso Healthcare



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### **LOGIN PAGE**

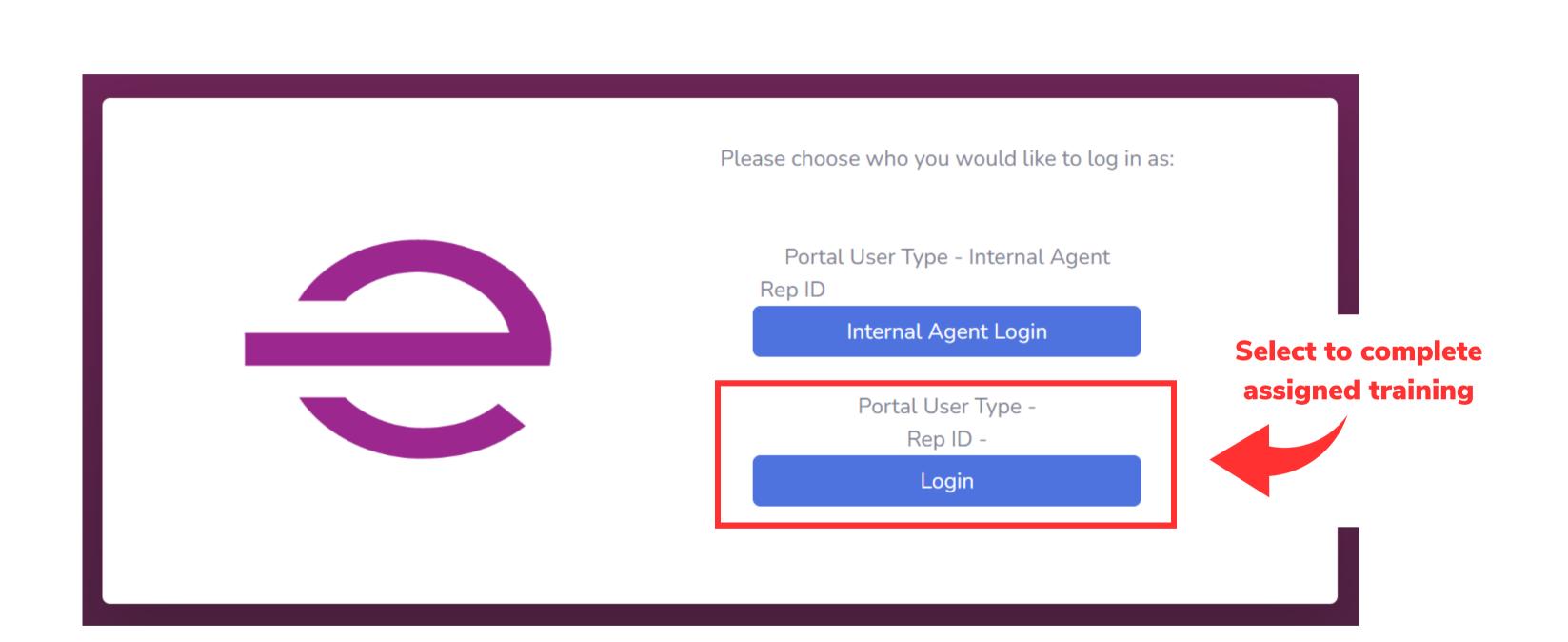




# Hello, Welcome Back! dense ame or email rd vord LOGN Lost your password?



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	Ay Certification Cases					٠	3
MY CERTIFICATION CASES		LOB <sup>↑↓</sup> Year Medical Savings Account 202	<sup>↑↓</sup> Sales Level <sup>↑↓</sup> Agent - 01	Affliated Agency/Team	°↓ Submitted By ↑↓		Status ↑↓ Created - New
	Showing 1 to 1 of 1 entries					FIRST PREVIOUS 1	
Select to start assigned case							
+ los	<b>SO</b> <sup>®</sup> Ithcare					e√o	lver



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### Recertification

Both Zing Health and Lasso Healthcare require agents to complete the annual Medicare Compliance + Fraud, Waste, and Abuse training and share the results with us. To have your AHIP transmitted to us, you will need to use our link below. http://ahipmedicaretraining.com/clients/zinghealthandlassohealthcare

Use this process if...

- You completed AHIP through a different carrier and you would like to transmit your results to us
- You still need to complete AHIP and you would like to receive the discounted rate of \$125

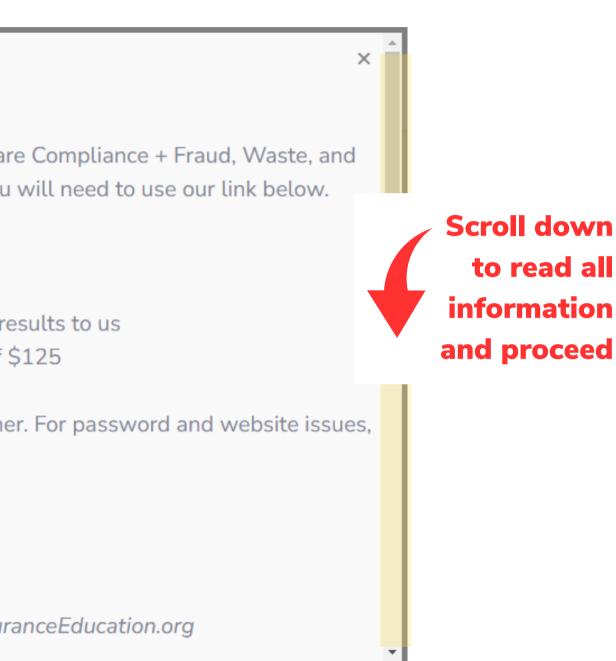
Confirm you are in the correct place by the location of our logos in the right-hand corner. For password and website issues, AHIP recommends you:

- 1. Clear your cache and cookies
- 2. Close your browser entirely
- 3. Reopen and try again

Contact AHIP for Technical Support Phone: 866.234.6909 Email: Support@AHIPInsuranceEducation.org



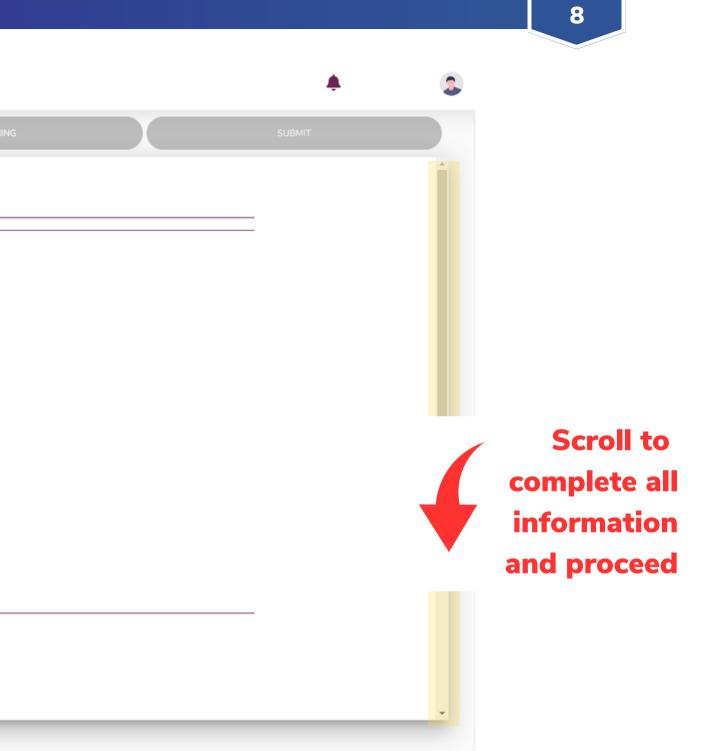
## Link to transmit AHIP results to us





	My Certification Cases	i			
MAVIGATION	CONTACT INFO	,	LICE	NSE INFO	TRAIN
		Fields marked with an ast	erisk (*) are required.		
Ŭ		Personal Information			
		First Name *			
		Middle Initial			
Complet	e all	Last Name *			
fields to	include	Job Title			
those real	auirod	SSN *			
tiosered	quireu.	NPN *			
		DOB *			
		Mobile Phone *			
		Business Phone *			
		Marketing Phone			
		Email *			
		Primary Address Informa	ation		
		Address 1 *			
		Address 2			

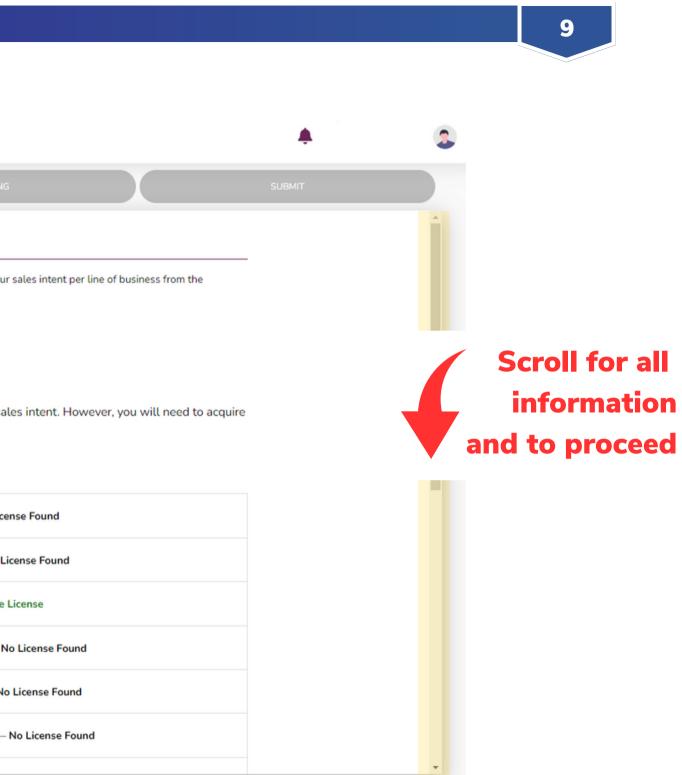






<b>EVOLVENXT</b> My Certification Cases		
MAVIGATION MY CERTIFICATION CASES	LICENSE INFO	TRAININ
	License Information The table below indicates all states where ZingAEP sells products for each line of busi available state options. Active : Our records show that you own a valid health license in this state.	ness. Please choose and declare you
Update	Inactive : Our records show that you own a health license but it is not curren No License Found: Our records show that you do not own any health license If you do not currently own a license in a state where you intend to sell for Z a license from that state's department of insurance before reaching ready to Lasso Declared States	e in this state. (ingAEP, you may still declare sa
selling states per line	UT - Utah — Active License	MO - Missouri — No Lic
of business as desired	AK - Alaska — No License Found AL - Alabama — No License Found	MS - Mississippi — No L
	AR - Arkansas — No License Found	NC - North Carolina — I
	AZ - Arizona — Active License	ND - North Dakota — N
	DC - District of Columbia — No License Found	NH - New Hampshire —
		_







### **SCREEN WHEN ONE LINE OF BUSINESS (LOB) IS SELECTED**

	My Certification Cases								3
MAVIGATION			LICENSE INFO		TRAINING			SUBMIT	
		Training Information						_	
			Av	ailable Trainings					
			Training Name	Tra	ining Type	S	Status		
			2024 Lasso Training	La	sso Training	Inc	omplete		
			Component Name	Started	Completed	Score	Pass / Fail		
Clic	ck to	TAKE TRAINING	Lasso Healthcare 2024 Product Training						
	ess training								
acc	ess training							_	



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### **SCREEN WHEN TWO LINES OF BUSINESS (LOB) ARE SELECTED**

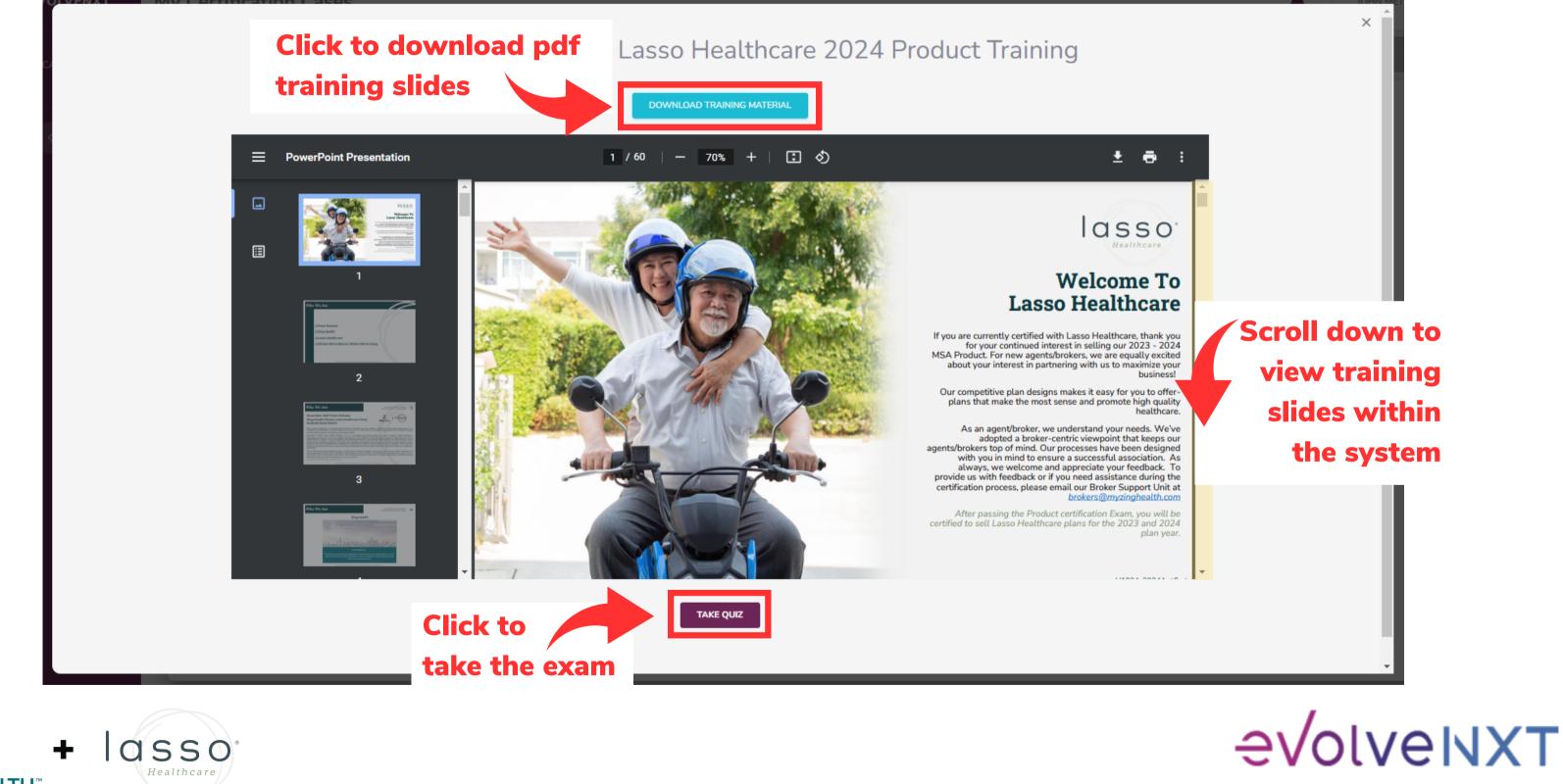
	cation Cases						<b>≜</b>	
IGATION MY CERTIFICATION CASES	CONTACT INFO	LICENSE INFO		TRAINING			SUBMIT	
	Training Information	on						
		Av	ailable Trainings				_	
		Training Name	Tra	ining Type		Status		
		2024 Lasso Training	La	sso Training	Inc	complete		
		Component Name	Started	Completed	Score	Pass / Fail		
		G Lasso Healthcare 2024 Product Training						
Click to			_					
access		2024 Zing Training	Zi	ng Training	Inc	complete		
training		Component Name	Started	Completed	Score	Pass / Fail		
		G Zing Health 2023-2024 Product Certification Training						
							_	



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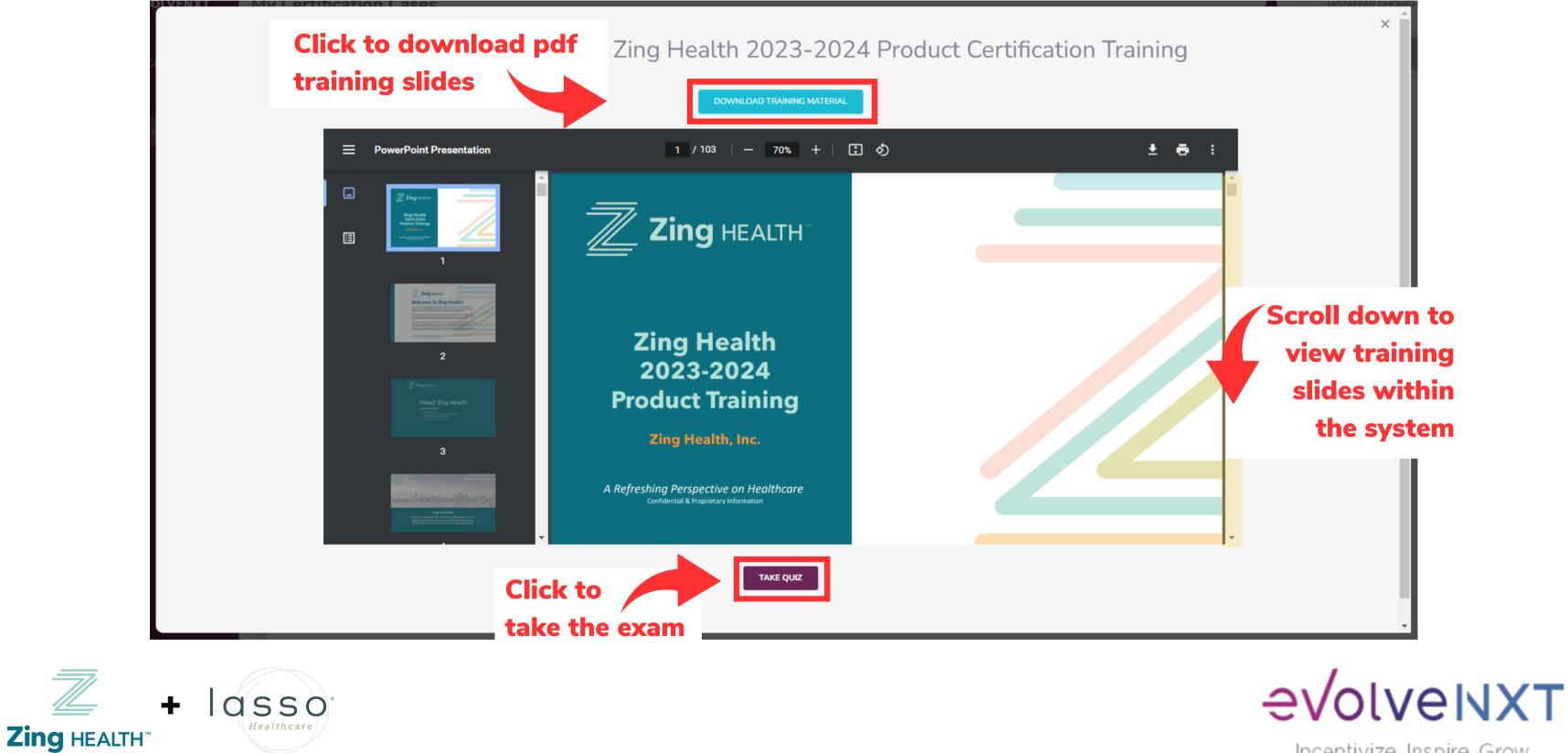
### **LASSO HEALTHCARE TRAINING SCREEN**





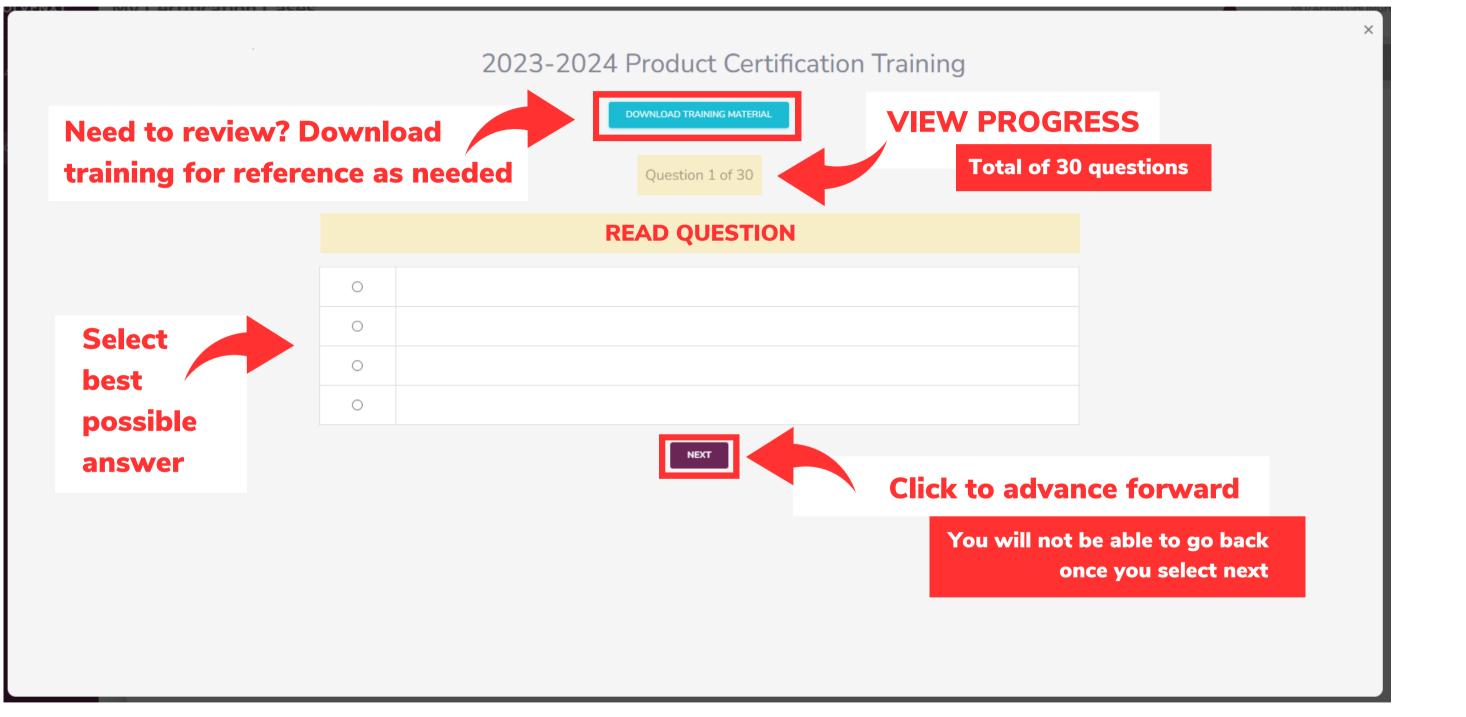
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### **LASSO HEALTHCARE TRAINING SCREEN**



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### **PRODUCT TRAINING EXAM SCREEN**

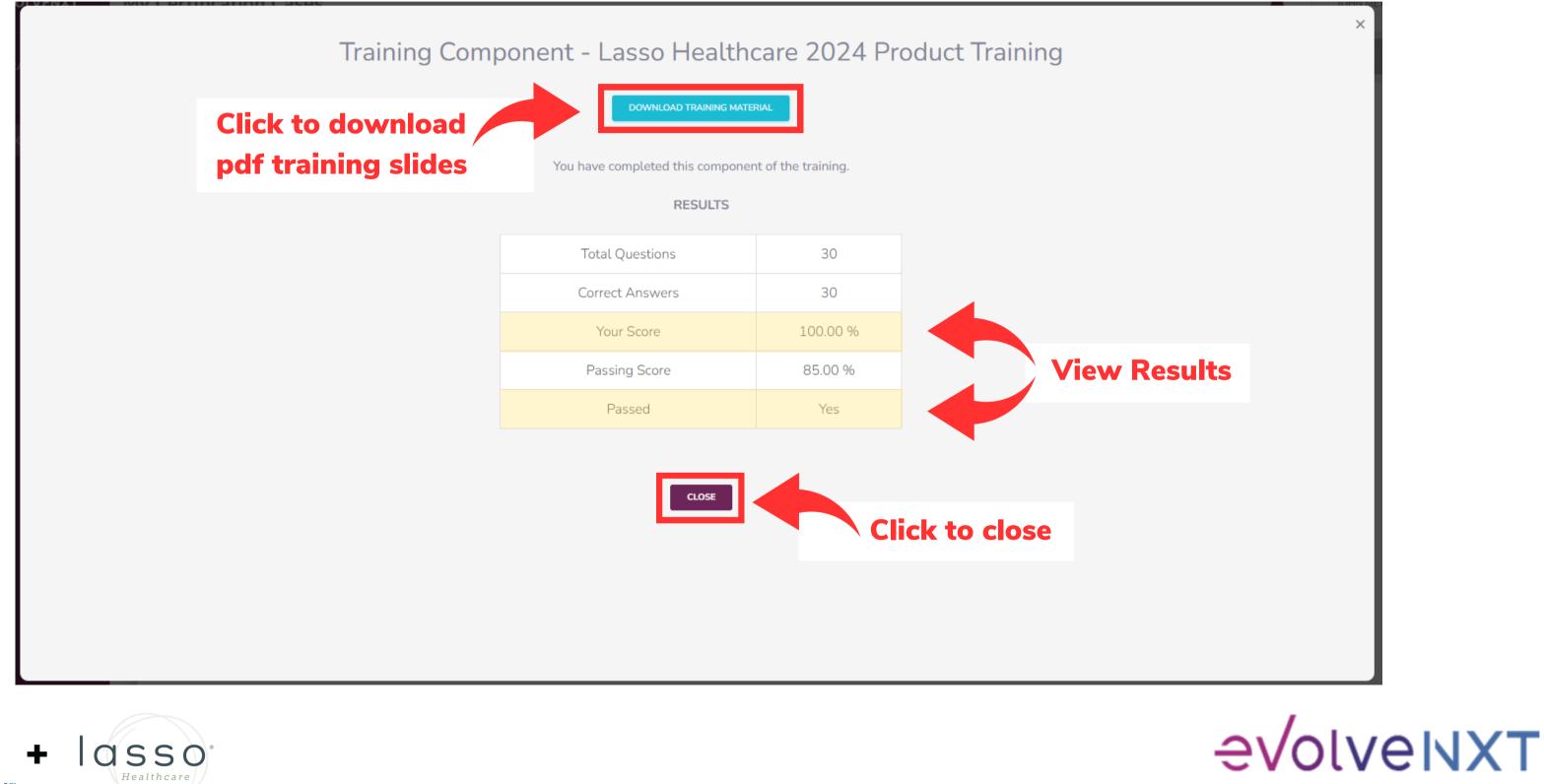




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### **PRODUCT TRAINING RESULTS SCREEN: PASSED**

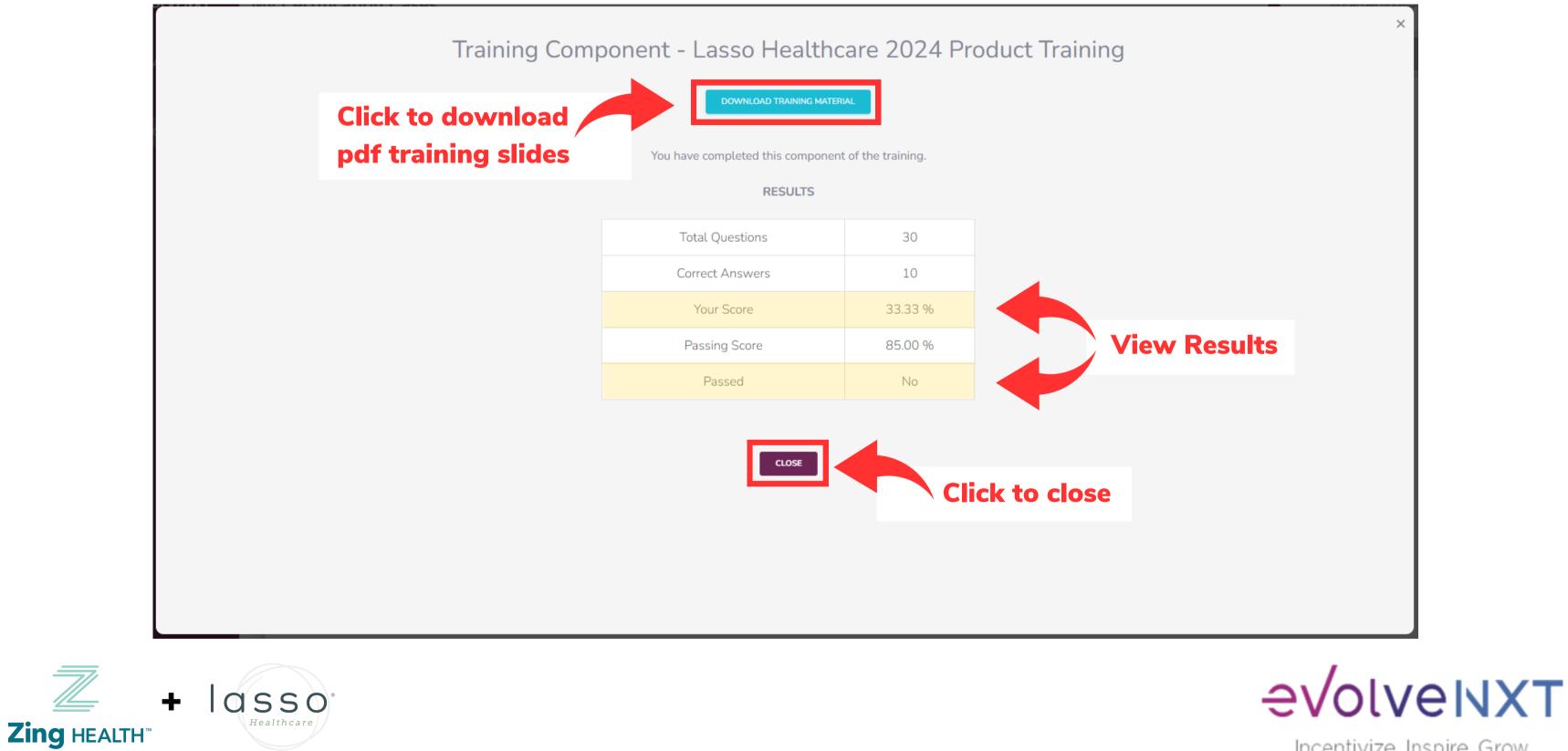




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### **PRODUCT TRAINING RESULTS SCREEN: FAILED**

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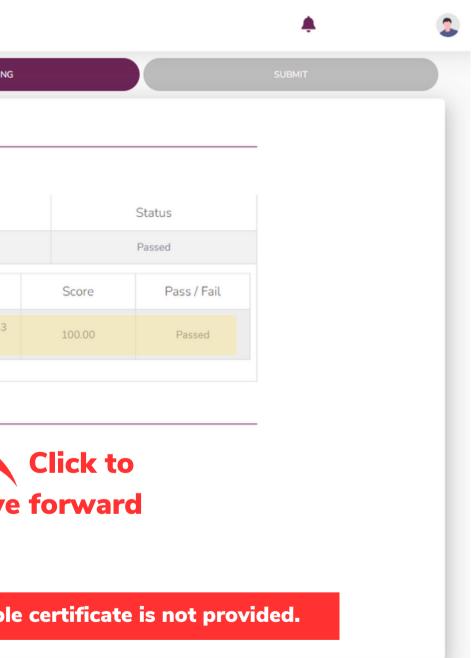
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### **COMPLETION SCREEN WHEN ONE LINE OF BUSINESS (LOB) IS SELECTED**

	My Certification Cases		LICENSE INFO			TRAINING
MY CERTIFICATION CASES		Training Information				
				Available	e Trainings	
			Training Name			Training Type
			2024 Lasso Training			Lasso Training
			Component Name	Sta	arted	Completed
		RESULTS	Lasso Healthcare 2024 Product Training		023 08:31 1 PDT	06/23/2023 08:43 AM PDT
View	Results Again					
				CON	ITINUE	
						move
	lf a cortificate of co	malation is	needed place print o	croop	A do	wnloadabl
			needed, please print s	creen	- A do	wiiioadabi



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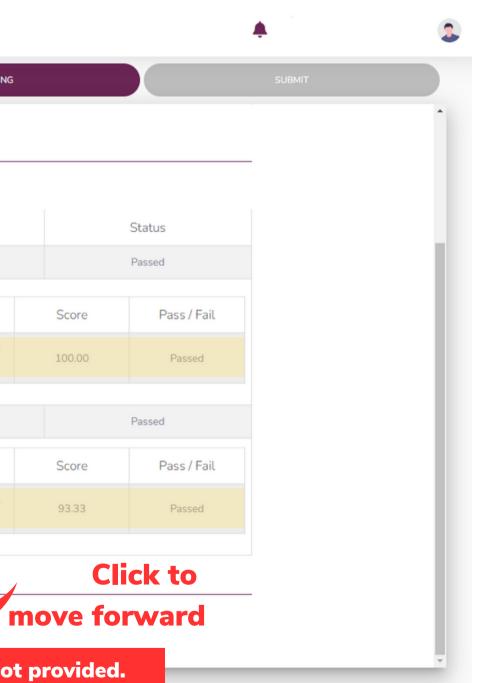
### **SCREEN WHEN TWO LINES OF BUSINESS (LOB) ARE SELECTED**

MY CERTIFICATION CASES	CONTACT INFO		LICENSE INFO			TRJ
<hr/>	Training Inform	mation				
				Availat	ole Trainings	
			Training Name			Training Type
			2024 Lasso Training			Lasso Training
			Component Name	S	Started	Complete
	RESULTS	rs I	asso Healthcare 2024 Product Training		/2023 07:46 PM PDT	06/23/2023 0 PM PDT
View /						
Results			2024 Zing Training			Zing Training
Again			Component Name	S	Started	Complete
	RESULTS	Zin	g Health 2023-2024 Product Certification Training		/2023 08:57 AM PDT	06/23/2023 0 PM PDT

Helpful Tip: If a certificate of completion is needed, please print screen. A downloadable certificate is not provided.

lasso ÷ Healthcare **Zing** HEALTH<sup>™</sup>

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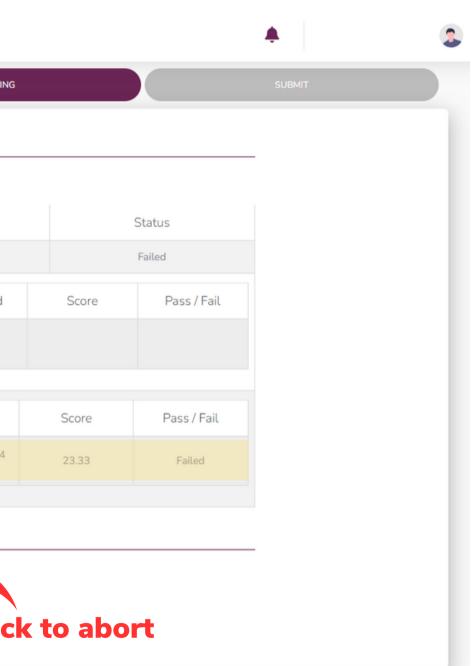


### **SCREEN WHEN THERE IS A FAILED EXAM ATTEMPT**

	My Certification Case	es			
MAVIGATION	CONTACT INFO		LICENSE INFO		TRAININ
		Training Information			
				Available Trainings	
			Training Name		Training Type
			2024 Zing Training		Zing Training
	lick to take		Component Name	Started	Completed
	aining yeain	TAKE TRAINING	Zing Health 2023-2024 Product Certificatio Training	n	
			Component Name	Started	Completed
	View	RESULTS	Zing Health 2023-2024 Product Certification Training	06/23/2023 08:57 AM PDT	06/23/2023 07:44 PM PDT
	Results Again				
				ABORT	
					Clie

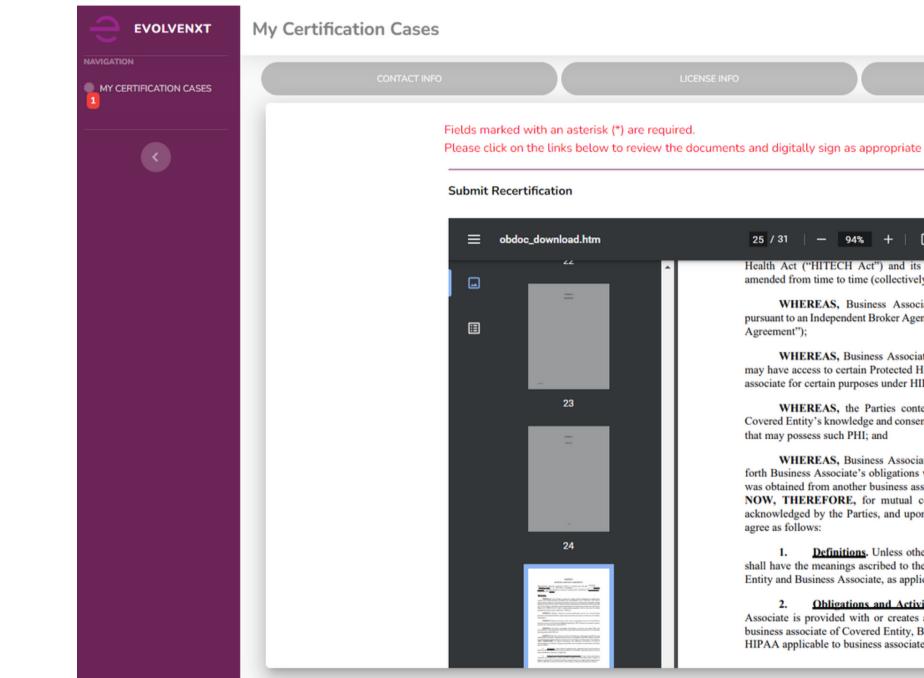


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### **2024 AGREEMENT**



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Health Act ("HITECH Act") and its implementing regulations, and as they may be further amended from time to time (collectively, "HIPAA");

WHEREAS, Business Associate provides professional services for Covered Entity pursuant to an Independent Broker Agent Agreement between the parties (collectively, the "Master Agreement");

WHEREAS, Business Associate, in the course of providing services to Covered Entity, may have access to certain Protected Health Information ("PHI") and may be deemed a business associate for certain purposes under HIPAA;

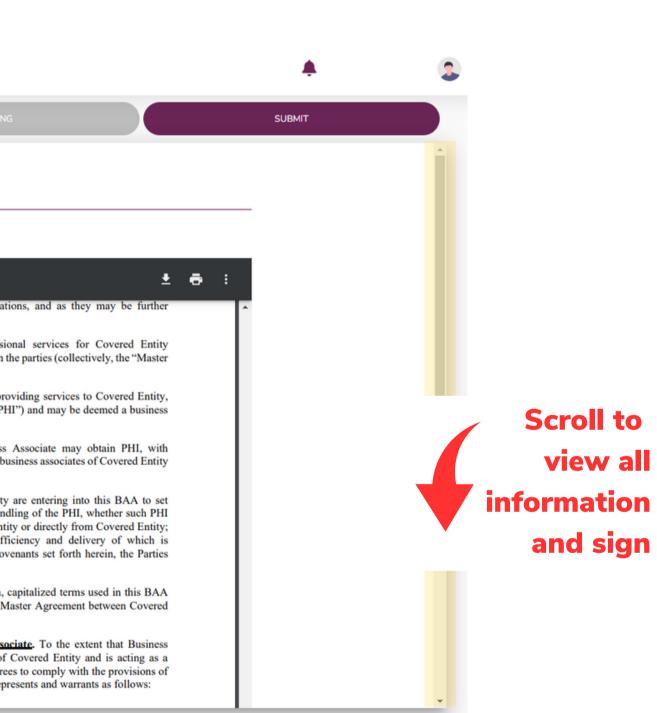
WHEREAS, the Parties contemplate that Business Associate may obtain PHI, with Covered Entity's knowledge and consent, from certain other business associates of Covered Entity that may possess such PHI; and

WHEREAS, Business Associate and Covered Entity are entering into this BAA to set forth Business Associate's obligations with respect to its handling of the PHI, whether such PHI was obtained from another business associate of Covered Entity or directly from Covered Entity; NOW, THEREFORE, for mutual consideration, the sufficiency and delivery of which is acknowledged by the Parties, and upon the premises and covenants set forth herein, the Parties agree as follows:

1. Definitions. Unless otherwise defined herein, capitalized terms used in this BAA shall have the meanings ascribed to them in HIPAA or the Master Agreement between Covered Entity and Business Associate, as applicable.

2. Obligations and Activities of Business Associate. To the extent that Business Associate is provided with or creates any PHI on behalf of Covered Entity and is acting as a business associate of Covered Entity, Business Associate agrees to comply with the provisions of HIPAA applicable to business associates, and in doing so, represents and warrants as follows:

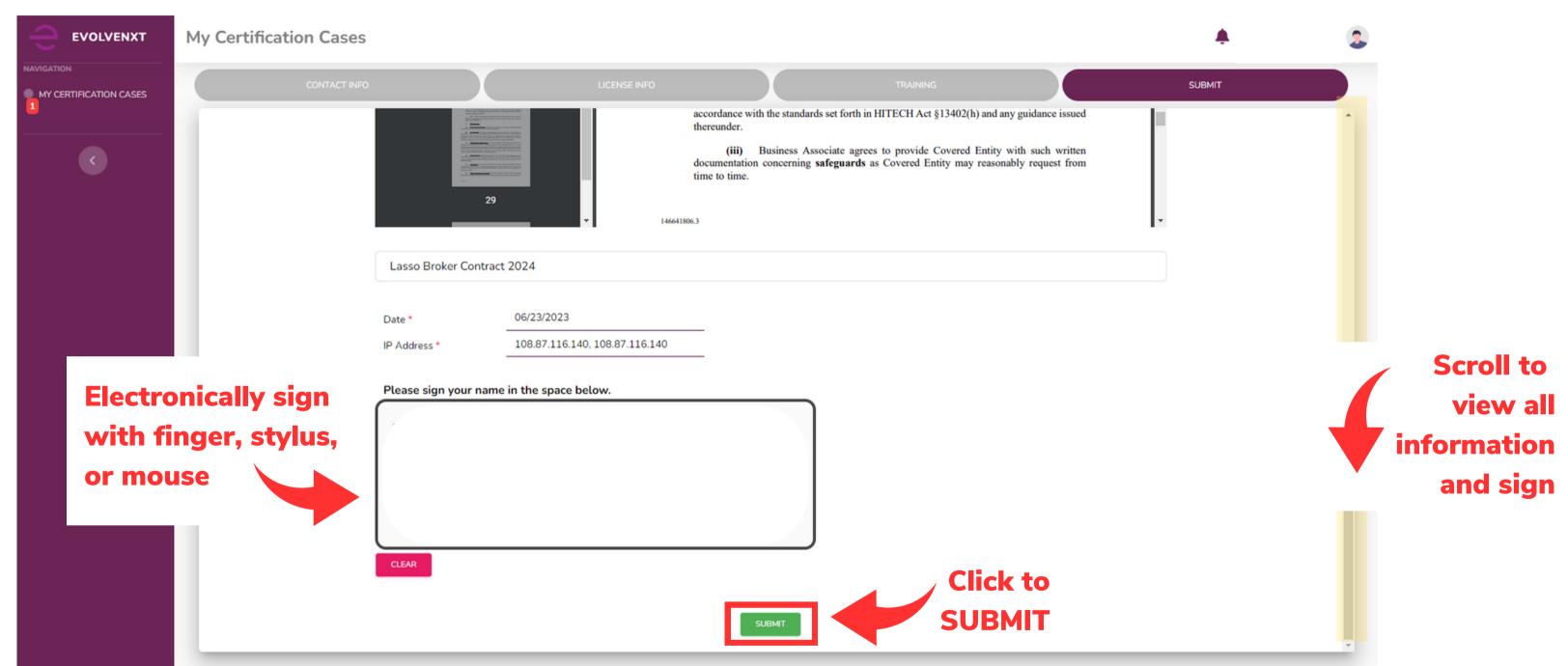






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### **2024 AGREEMENT: SIGNATURE BOX**







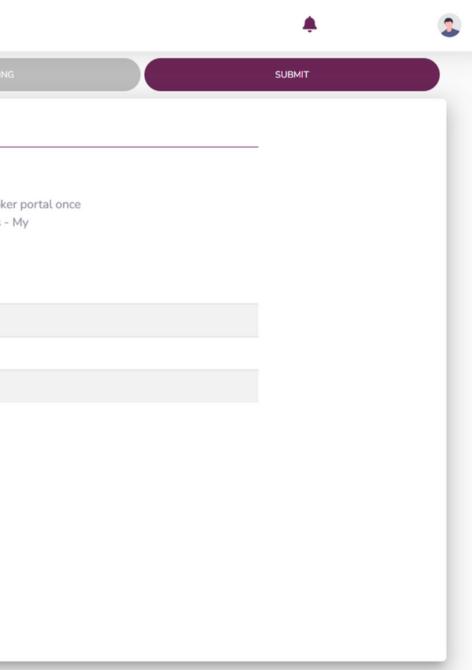
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### **SUBMISSION SUCCESSFUL**

	My Certification Cases			
MAVIGATION	CONTACT INFO		LICENSE INFO	TRAINING
•		Submission Successful! Thank you for completing your ar	nnual recertification workflow.	
				uments will be available in your broke navigate to Documents & Resources - I
		Broker Name		
		Email		
		NPN		



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# **Questions? Contact Broker Support** (C) brokers@myzinghealth.com **(**) 866-946-4458 opt. 4

### **CLICK TO VIEW EVOLVE REFERENCE GUIDES BELOW**

**EvolveNXT Broker Guide** 

**EvolveNXT Agency Guide** 





