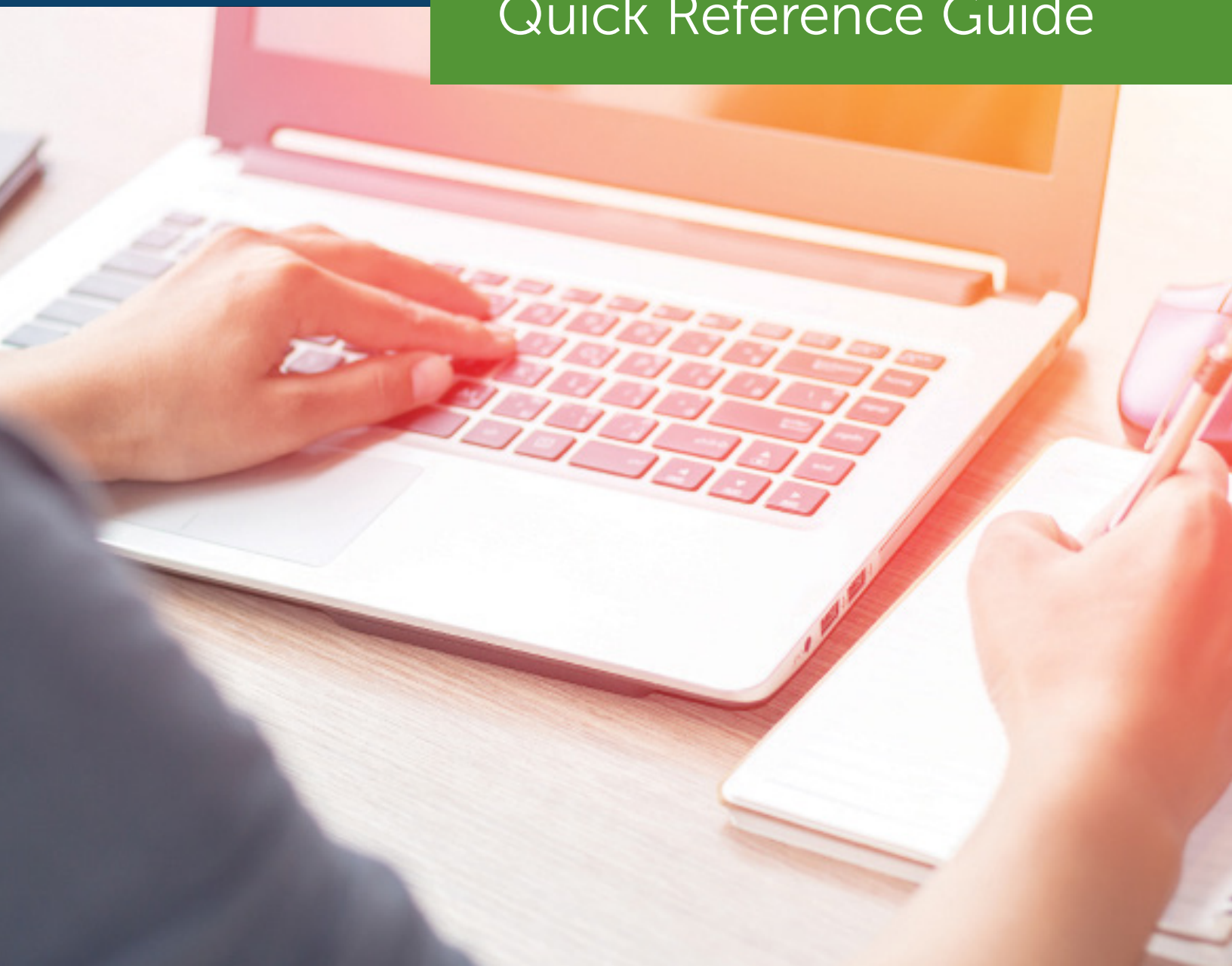
healthfirst®
Health Insurance for New Yorkers

Medicare Broker Onboarding & Recontracting

Quick Reference Guide



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Get Started

Thank you for your interest in working with Healthfirst. This quick reference guide will help you navigate the Appointment and Recontracting process with Healthfirst.

Before beginning this process, please have the following documents accessible on your computer: your **National Producer Number** (NPN), your renewed **NYS Life/Accident/Health license**, your **Errors and Omissions insurance** documents, your **Annual AHIP Certification**, and your **Banking Information**. You will need these documents to complete the onboarding and recontracting process.

If you have any questions or need additional assistance, our dedicated Broker Services unit is here for you. Please call **1-855-456-3668**, Monday to Friday, 9am–5pm.

Note: The preferred browsers to complete these tasks are Microsoft Edge and Chrome.

Note: Due to compatibility issues, do not use any Apple devices (iPhone, iPads, Apple Prods, etc). You will need to use a Windows-based laptop/computer and Chrome/Microsoft Edge browser.

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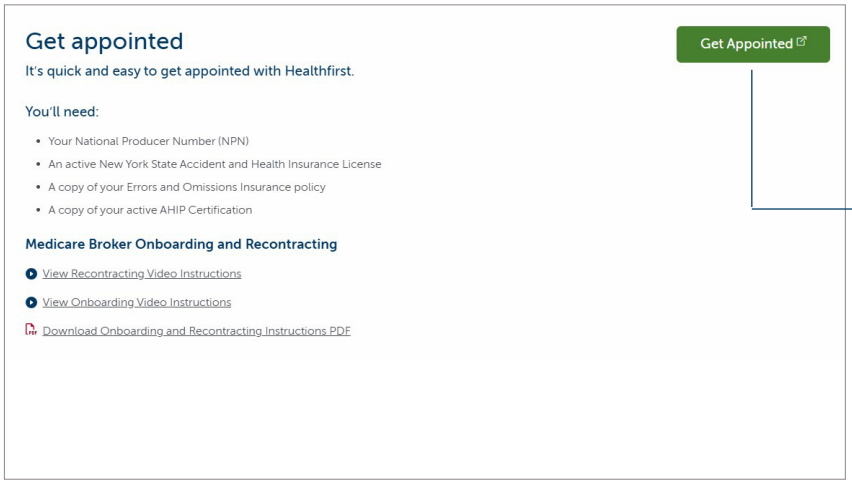
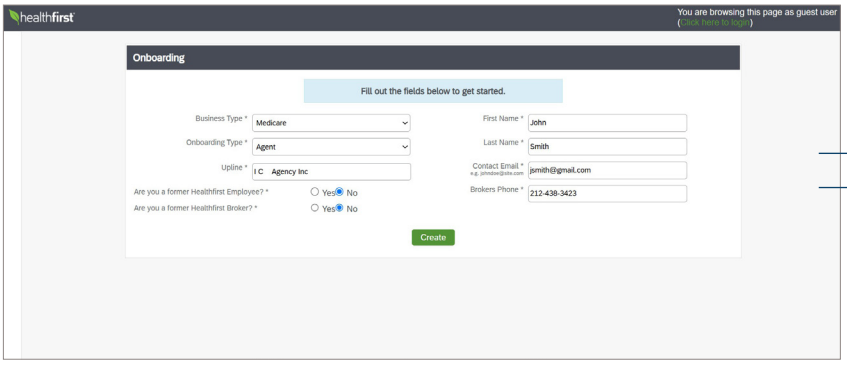
Initial Onboarding

Requirements for Onboarding Applications **must** be submitted within 90 days.

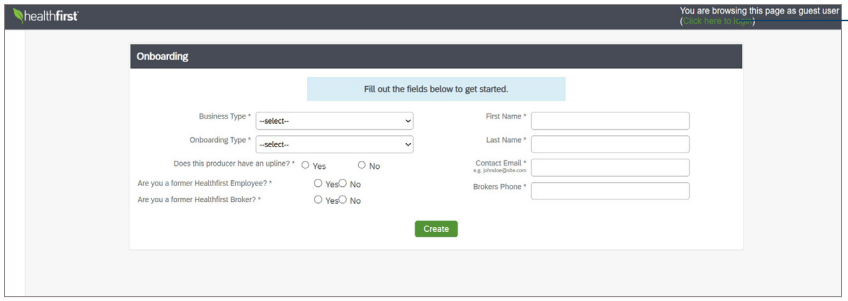


1 Visit hfbrokers.org. To begin the Broker Appointment and Onboarding process, click **Get Appointed**.

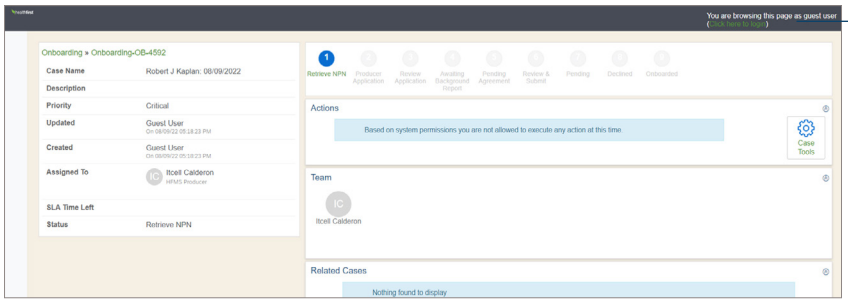


2 Enter your information in the required fields and select the associated Upline.

Note: Ensure the First and Last Name is entered as listed on your Accident & Health license.

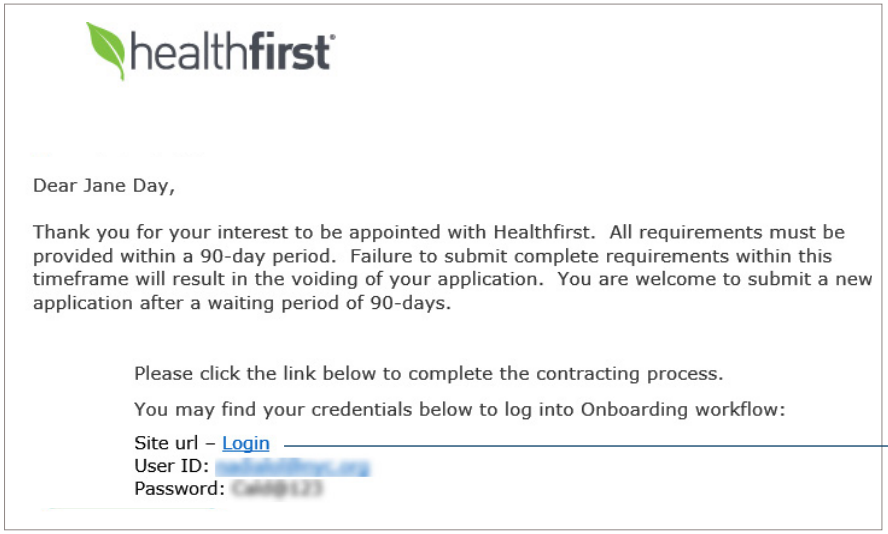


2b If an application was submitted previously, select **Click here to log in** to access your account.



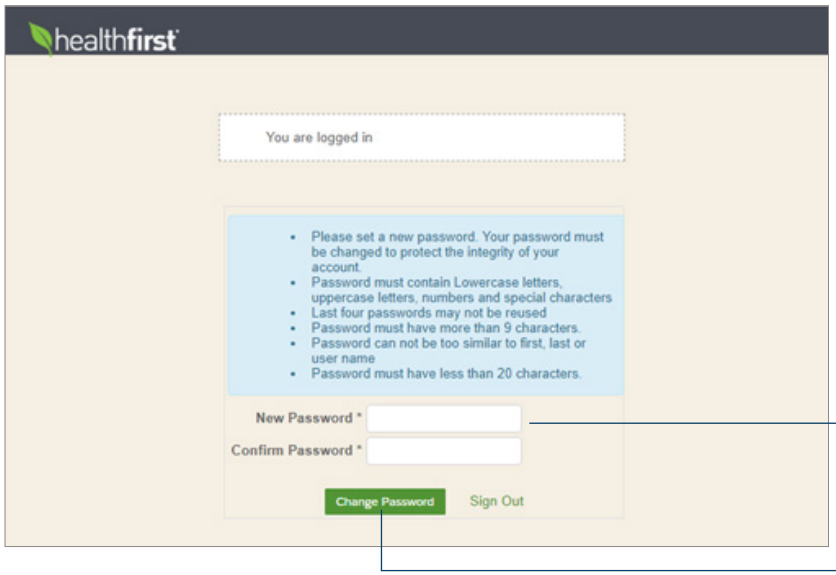
2c This screen indicates the application was created successfully.

Select **Click Here to Login** or refer to the email from **Webcominc** with link and credentials.



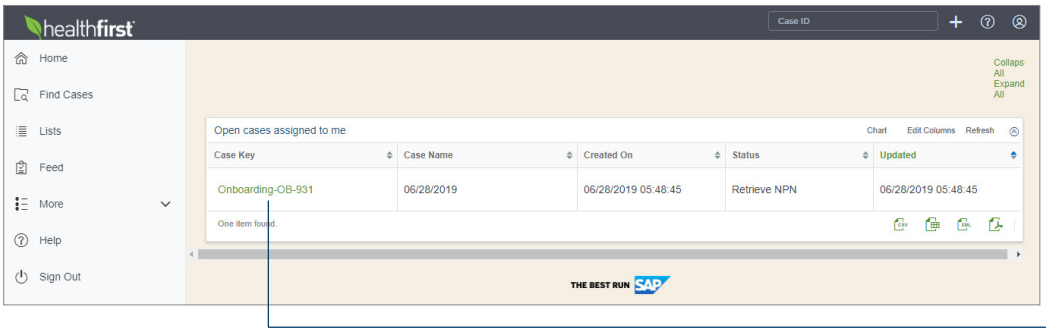
3 You will receive an email from **wpm@webcominc.com** with temporary Login Credentials.

Click **Login** to begin.

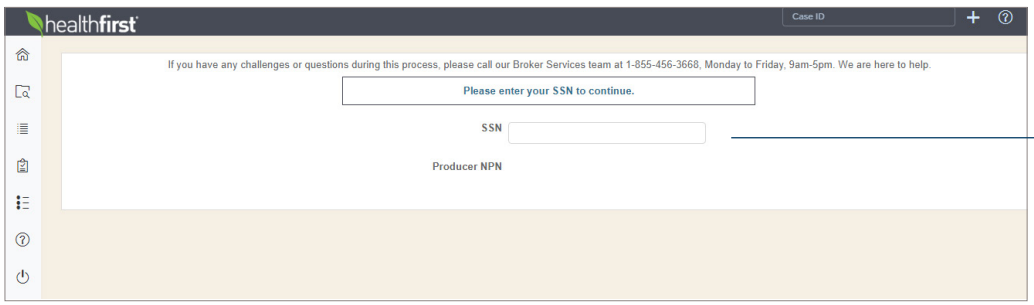


4 Follow the instructions to create a **unique password**.

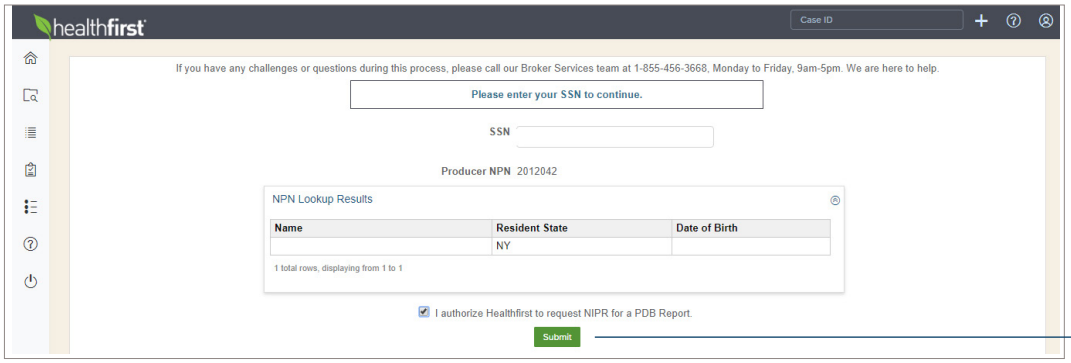
Then click **Change Password**.



5 Under **Open cases assigned to me**, click **Onboarding-OB**.

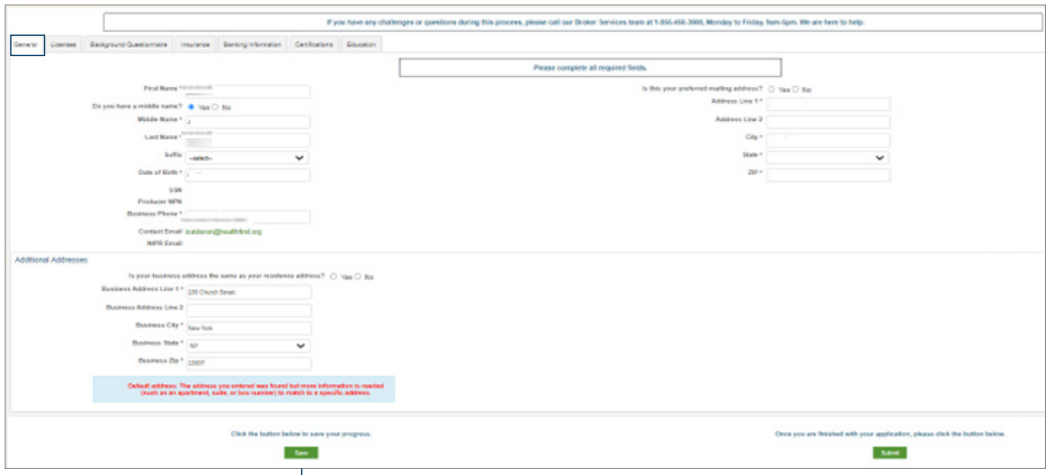


6 Enter **Social Security Number** to retrieve NPN.



7 **Ensure the NPN Lookup Results are correct.** If they are, **check the box** "I authorize Healthfirst to request NIPR for a PDB Report".

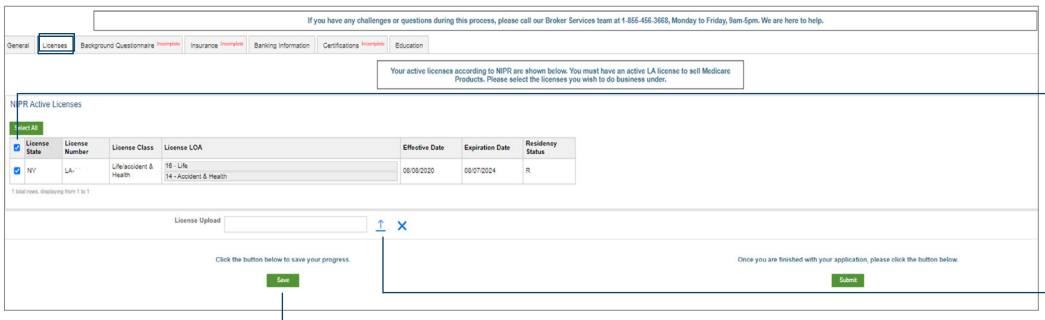
Then click **Submit**.



8 Under the **General tab,** some details will be populated. **Enter your information in the blank fields.**

Once all fields are populated, click **Save**.

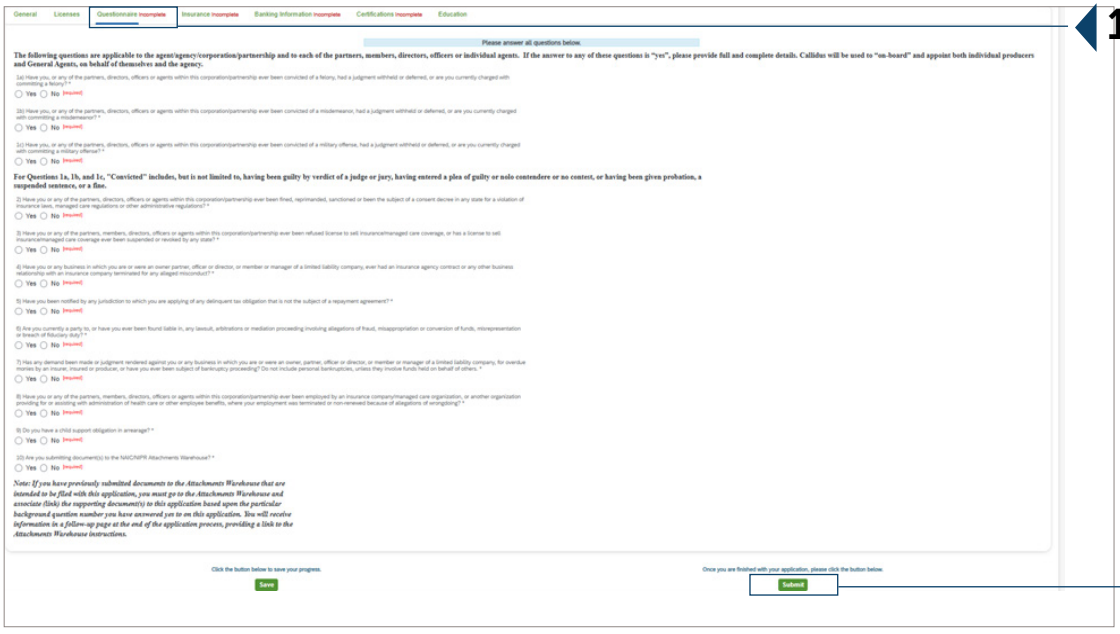
Note: Do not click Submit until all tabs are completed.



9 Under the **Licenses tab,** select the **applicable "NY" license (Life/ Accident & Health Only)**.

Then use the **upward arrow to upload a copy of the License**.

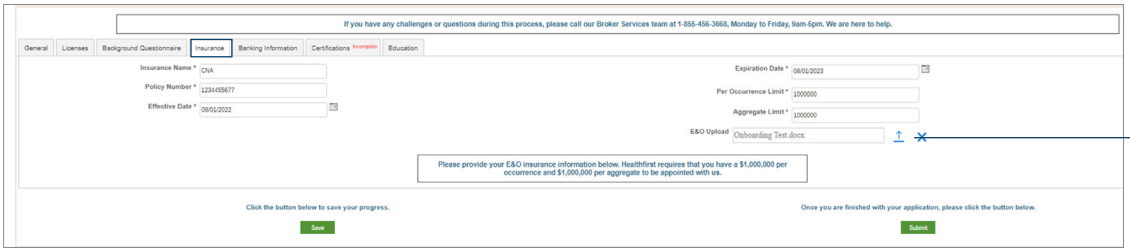
When complete, click **Save.**



10 Under the **Questionnaire tab**, answer the questions with 'yes' or 'no'.

Note: Some questions may require additional comments and documents.

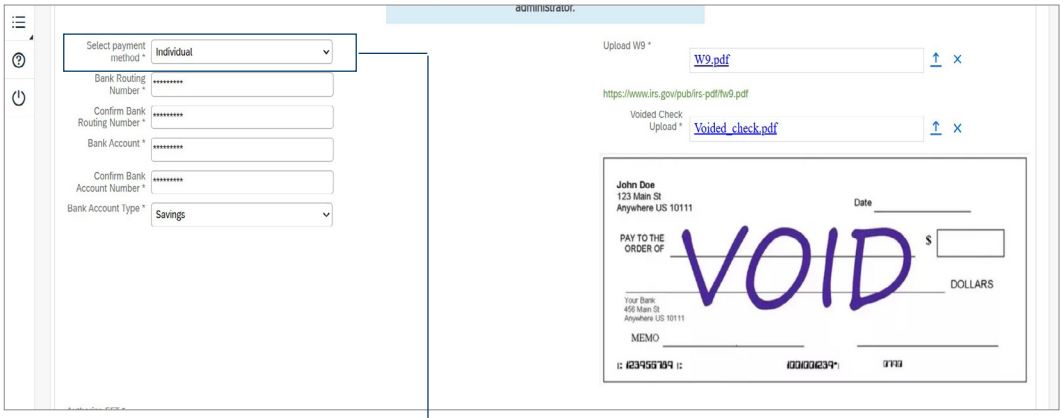
When all questions are complete, click **Submit**.



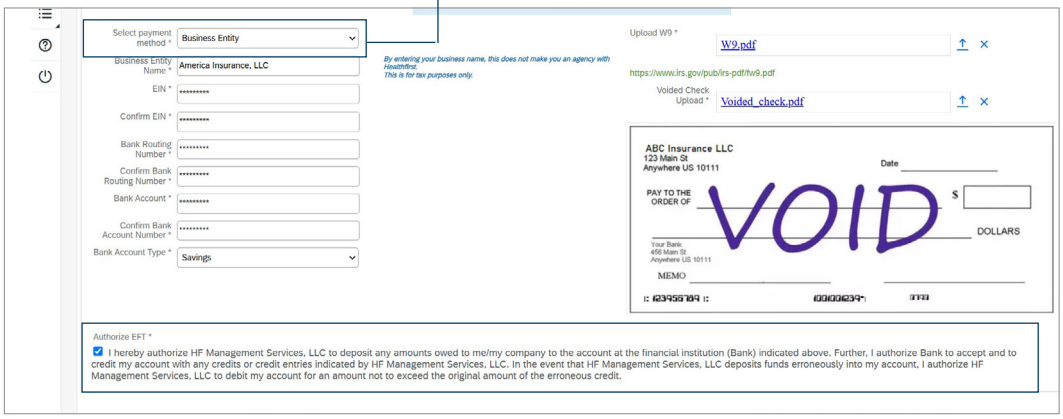
11 Under the **Insurance tab**, complete all required fields and use the **upward arrow to upload a copy of your E&O Insurance**.

Note: An error will pop up if the given value is less than $1,000,000.

When finished, click **Save**.



12 Under the **Banking Information tab,** choose one payment method **(Personal or Business Entity)** by clicking on the **Select Payment Method** drop-down.



Based on your selection, **fill in the required fields.**

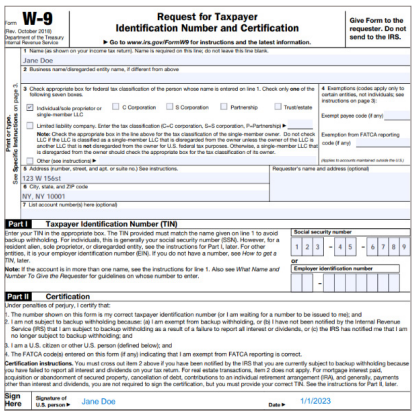
At the bottom of the screen, please **read the fine text and provide your authorization** of payments being transferred into this acccount.

Note: Banking info must match the W-9 for **both** Individual and LLC

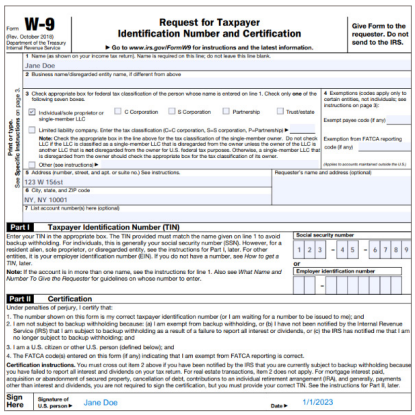
Then upload the following:

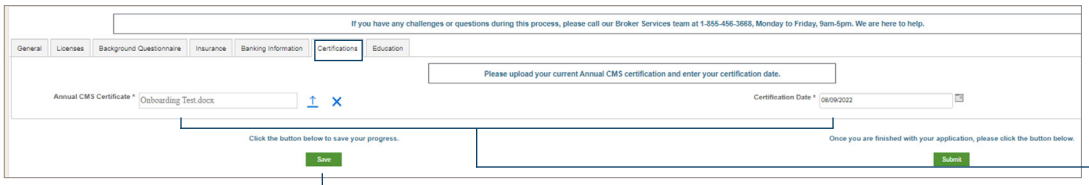
- Completed W-9 document
- Copy of a voided check
- When finished, click **Save**.

Individual W-9



LLC W-9

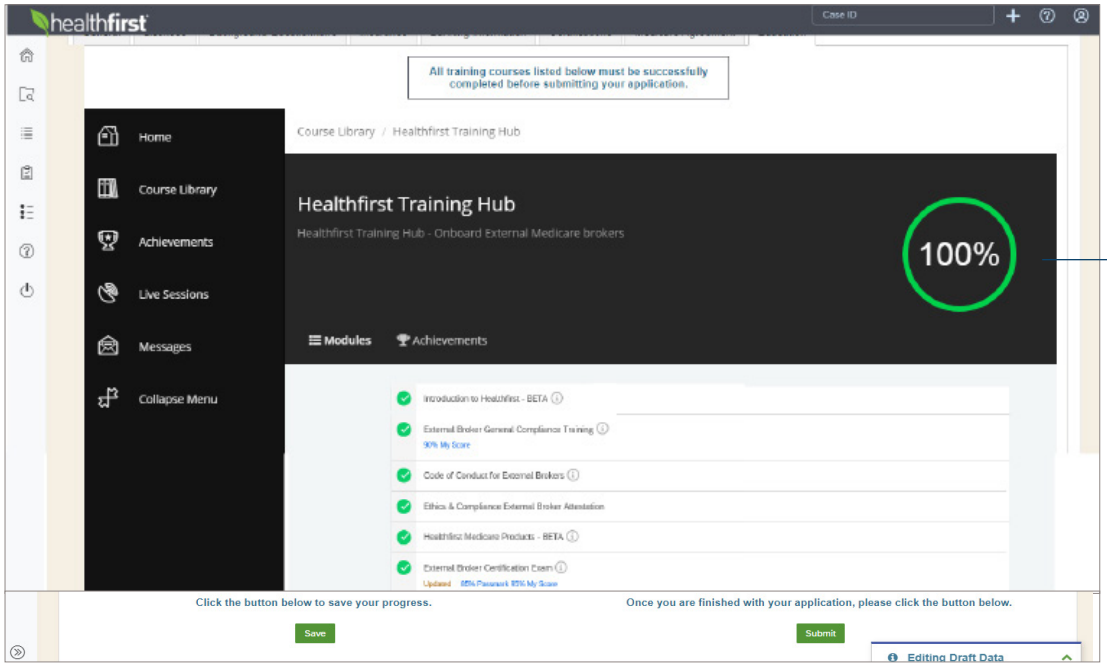




13 Under the **Certifications tab,** upload a copy of your **AHIP Certification** and enter the **Certification Date**.

Note: You **cannot** proceed with the onboarding process without uploading a copy of your CMS Certificate.

When upload is complete, click **Save**.

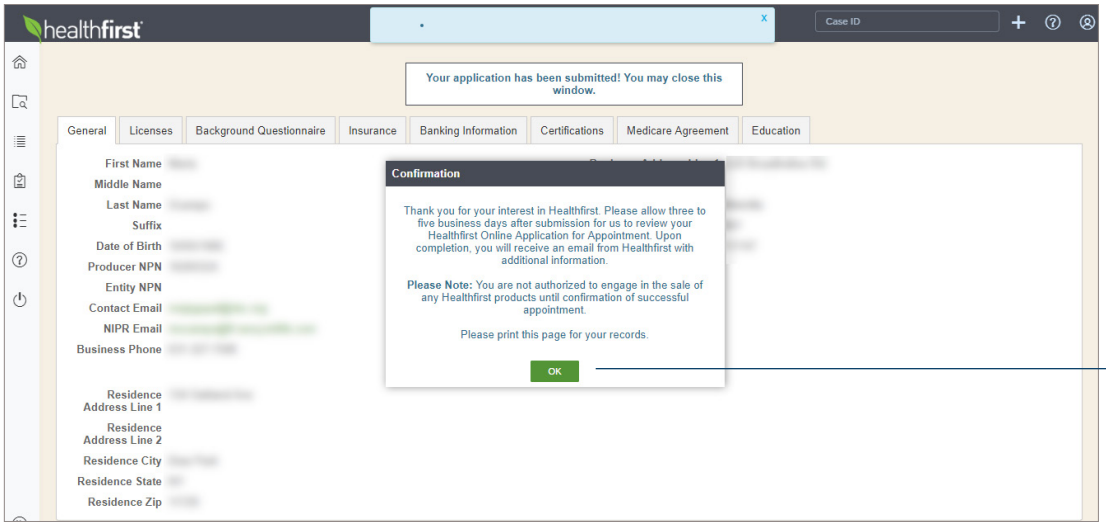


14 Under the **Education tab, complete six modules in LITMOS** with a passing grade of 85% or higher.

After **two** failed attempts, remediation is required.

Note: When all modules are complete, your progress bar will be at 100%.

When finished, click **Save** and **Submit**.

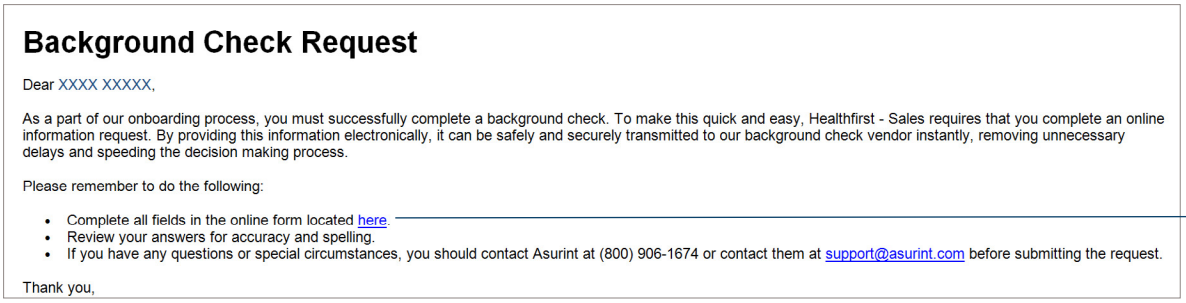


15 **Our vendor, Asurint, will begin the background check once initiated.** Please allow **three to five business days** for the email to appear.

Click **OK** to close the message.

If you have any additional questions regarding your onboarding application with Healthfirst, contact Broker Services, Monday to Friday, 9am - 5pm, at 1-855-456-3668.

Background Check



Background Check Request

Dear XXXX XXXXX,

As a part of our onboarding process, you must successfully complete a background check. To make this quick and easy, Healthfirst - Sales requires that you complete an online information request. By providing this information electronically, it can be safely and securely transmitted to our background check vendor instantly, removing unnecessary delays and speeding the decision making process.

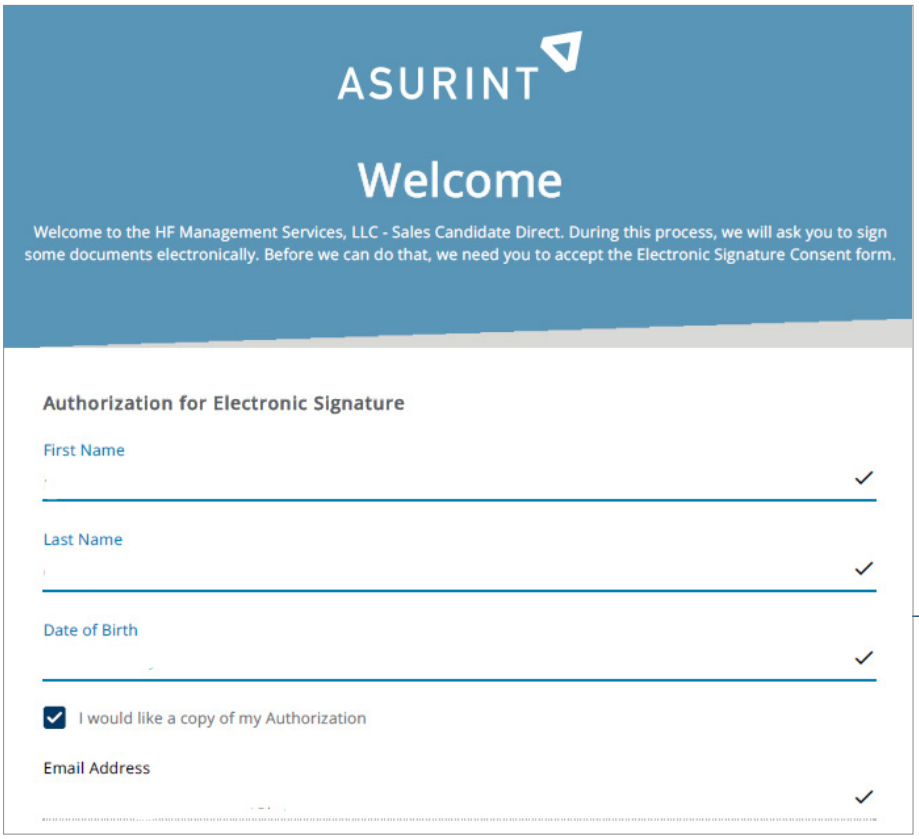
Please remember to do the following:

- Complete all fields in the online form located here.
- Review your answers for accuracy and spelling.
- If you have any questions or special circumstances, you should contact Asurint at (800) 906-1674 or contact them at support@asurint.com before submitting the request.

Thank you,

1 You will receive an email from Asurint requesting a background check.

Click the link in the email, **here**, to initiate background check.



2 This is the Asurint landing page. Enter your **First Name, Last Name, Date of Birth, and Email Address**.

rom: wpm@webcominc.com <wpm@webcominc.com>
ent: Wednesday, August 3, 2022 6:49 PM
o:
ubject: Onboarding Agreement Signature Needed

CAUTION:This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.
his Message originated outside your organization.

healthfirst

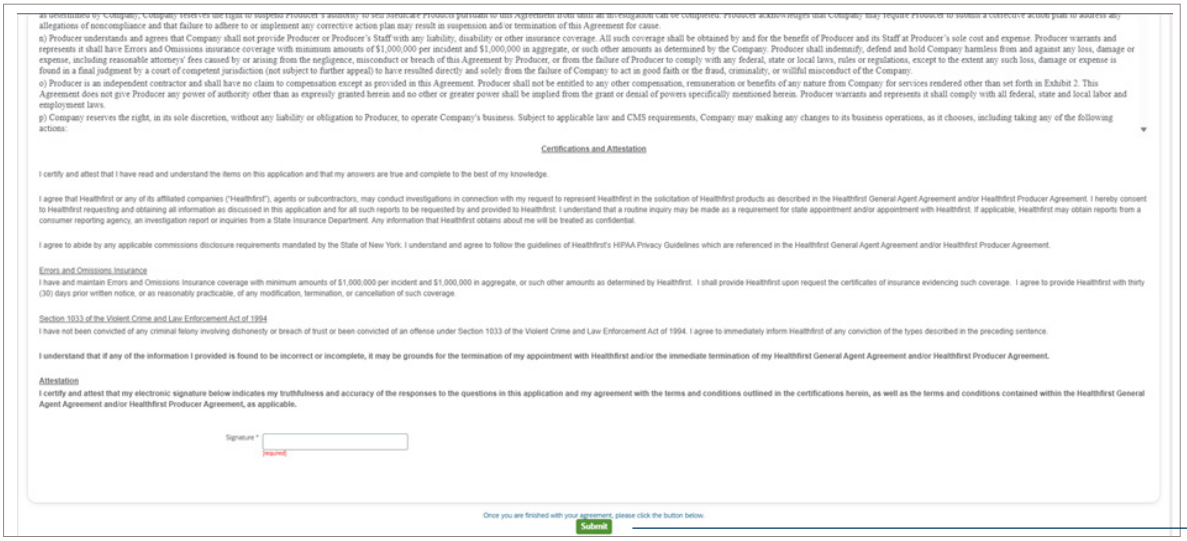
Dear John Doe,

Your signature on the Producer Agreement is required for your appointed with Healthfirst.
Please log in using the credentials below to sign the Producer Agreement.

Site URL	Login
User ID	Johndoe@healthfirst.org
Password	Please use your previous password to login

3 After background check results are cleared, you will receive a notice to sign the agreement for appointment.

Log in to the account using the **Login Link and Credentials**.



allegations of noncompliance and that failure to adhere to or implement any corrective action plan may result in suspension and/or termination of this Agreement for cause.
n) Producer understands and agrees that Company shall not provide Producer or Producer's Staff with any liability, disability or other insurance coverage. All such coverage shall be obtained by and for the benefit of Producer and its Staff at Producer's sole cost and expense. Producer warrants and represents it shall have Errors and Omissions insurance coverage with minimum amounts of $1,000,000 per incident and $1,000,000 in aggregate, or such other amounts as determined by the Company. Producer shall indemnify, defend and hold Company harmless from and against any loss, damage or expense, including reasonable attorneys' fees caused by or arising from the negligence, misconduct or breach of this Agreement by Producer, or from the failure of Producer to comply with any federal, state or local laws, rules or regulations, except to the extent any such loss, damage or expense is found in a final judgment by a court of competent jurisdiction (not subject to further appeal) to have resulted directly and solely from the failure of Company to act in good faith or the fraud, criminality, or willful misconduct of the Company.
o) Producer is an independent contractor and shall have no claim to compensation except as provided in this Agreement. Producer shall not be entitled to any other compensation, remuneration or benefits of any nature from Company for services rendered other than set forth in Exhibit 2. This Agreement does not give Producer any power of authority other than as expressly granted herein and no other or greater power shall be implied from the grant or denial of powers specifically mentioned herein. Producer warrants and represents it shall comply with all federal, state and local labor and employment laws.
p) Company reserves the right, in its sole discretion, without any liability or obligation to Producer, to operate Company's business. Subject to applicable law and CMS requirements, Company may making any changes to its business operations, as it chooses, including taking any of the following actions:

Certifications and Attestation

I certify and attest that I have read and understand the items on this application and that my answers are true and complete to the best of my knowledge.

I agree that Healthfirst or any of its affiliated companies ("Healthfirst"), agents or subcontractors, may conduct investigations in connection with my request to represent Healthfirst in the solicitation of Healthfirst products as described in the Healthfirst General Agent Agreement and/or Healthfirst Producer Agreement. I hereby consent to Healthfirst requesting and obtaining all information as discussed in this application and for all such reports to be requested by and provided to Healthfirst. I understand that a routine inquiry may be made as a requirement for state appointment and/or appointment with Healthfirst. If applicable, Healthfirst may obtain reports from a consumer reporting agency, an investigation report or inquiries from a State Insurance Department. Any information that Healthfirst obtains about me will be treated as confidential.

I agree to abide by any applicable commissions disclosure requirements mandated by the State of New York. I understand and agree to follow the guidelines of Healthfirst's HIPAA Privacy Guidelines which are referenced in the Healthfirst General Agent Agreement and/or Healthfirst Producer Agreement.

Errors and Omissions Insurance
I have and maintain Errors and Omissions insurance coverage with minimum amounts of $1,000,000 per incident and $1,000,000 in aggregate, or such other amounts as determined by Healthfirst. I shall provide Healthfirst upon request the certificates of insurance evidencing such coverage. I agree to provide Healthfirst with thirty (30) days prior written notice, or as reasonably practicable, of any modification, termination, or cancellation of such coverage.

Section 1033 of the Violent Crime and Law Enforcement Act of 1994
I have not been convicted of any criminal felony involving dishonesty or breach of trust or been convicted of an offense under Section 1033 of the Violent Crime and Law Enforcement Act of 1994. I agree to immediately inform Healthfirst of any conviction of the types described in the preceding sentence.

I understand that if any of the information I provided is found to be incorrect or incomplete, it may be grounds for the termination of my appointment with Healthfirst and/or the immediate termination of my Healthfirst General Agent Agreement and/or Healthfirst Producer Agreement.

Attestation
I certify and attest that my electronic signature below indicates my truthfulness and accuracy of the responses to the questions in this application and my agreement with the terms and conditions outlined in the certifications herein, as well as the terms and conditions contained within the Healthfirst General Agent Agreement and/or Healthfirst Producer Agreement, as applicable.

Signature *
[required]

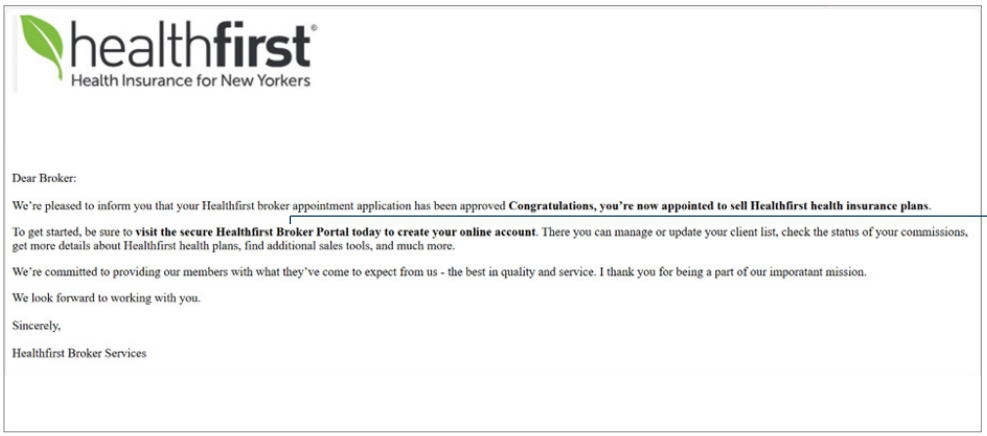
Once you are finished with your agreement, please click the button below.
Submit

4 **Sign the Agreement** at the bottom of the screen.

When finished, click **Submit**.

Case Key	Case Name	Status	Business Type
Onboarding-OB-4592	John Doe	Onboarded	Medicare

5 Once your appointment is processed, your application status will indicate **Onboarded** and will be closed.



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Dear Broker:

We're pleased to inform you that your Healthfirst broker appointment application has been approved **Congratulations, you're now appointed to sell Healthfirst health insurance plans**.

To get started, be sure to **visit the secure Healthfirst Broker Portal today to create your online account**. There you can manage or update your client list, check the status of your commissions, get more details about Healthfirst health plans, find additional sales tools, and much more.

We're committed to providing our members with what they've come to expect from us - the best in quality and service. I thank you for being a part of our imporatant mission.

We look forward to working with you.

Sincerely,

Healthfirst Broker Services

6 You will **receive an email from Healthfirst** with additional information.

To register for the portal, **click on the link in the email**.

Annual Recertification (AHIP & Product Training)

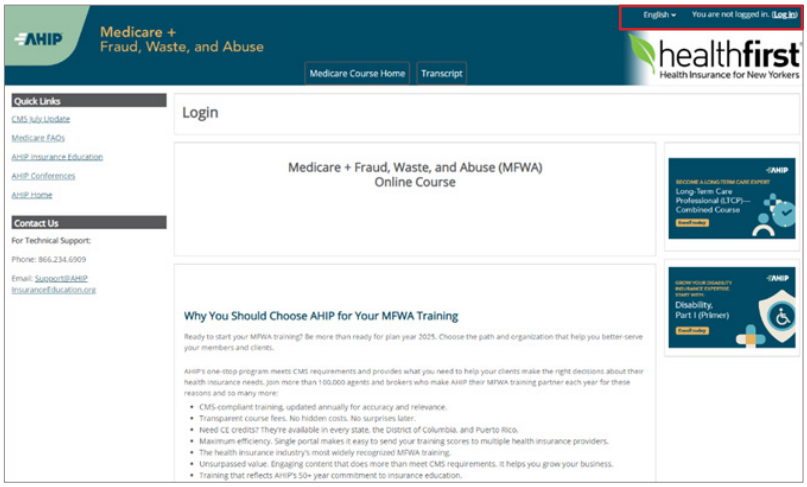
Thank you for working with Healthfirst. We require annual recertification of your **AHIP** and **Product Knowledge Training** to maintain your appointment.

Notes:

- Due to compatibility issues, You cannot use any Apple devices (iPhones, iPads, MacBook Prods, etc). You need to use a Windows based laptop/computer and Chrome browser.
- The screenshots shown below may differ depending on the broker. If you use the direct link, it will automatically populate only the required screens for you.

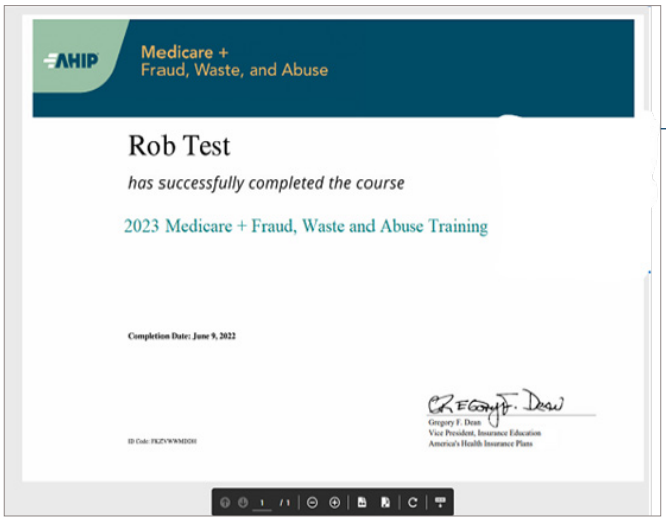
AHIP

Healthfirst custom AHIP URL: https://www.ahipmedicaretraining.com/clients/healthfirstny

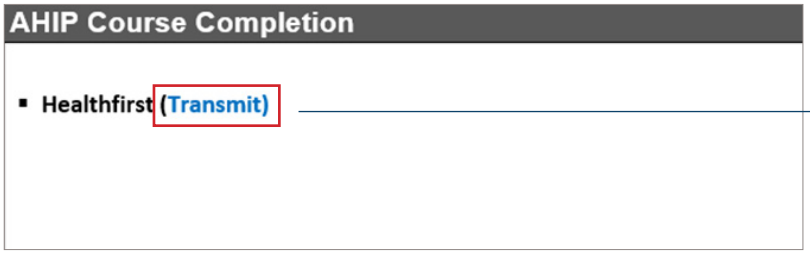


1 You need to log in to the AHIP website to complete the AHIP training certification. Please use the following custom AHIP URL to submit your test results to Healthfirst.

2 Click on "**Continue to Certificate**" to access your certificate of completion for AHIP's Medicare Training.



3 Choose to save or print your certificate for your own records. Healthfirst does not require a copy of your certificate if you complete step 4 of this QRG.



4 Click "**Transmit**" to the right of Healthfirst to transmit your test results.

Healthfirst will receive your certification information the next business day.

AHIP Technical Support Contact Information:
Phone: 866.234.6909

Email: Support@AHIPInsuranceEducatoin.org

Product Training

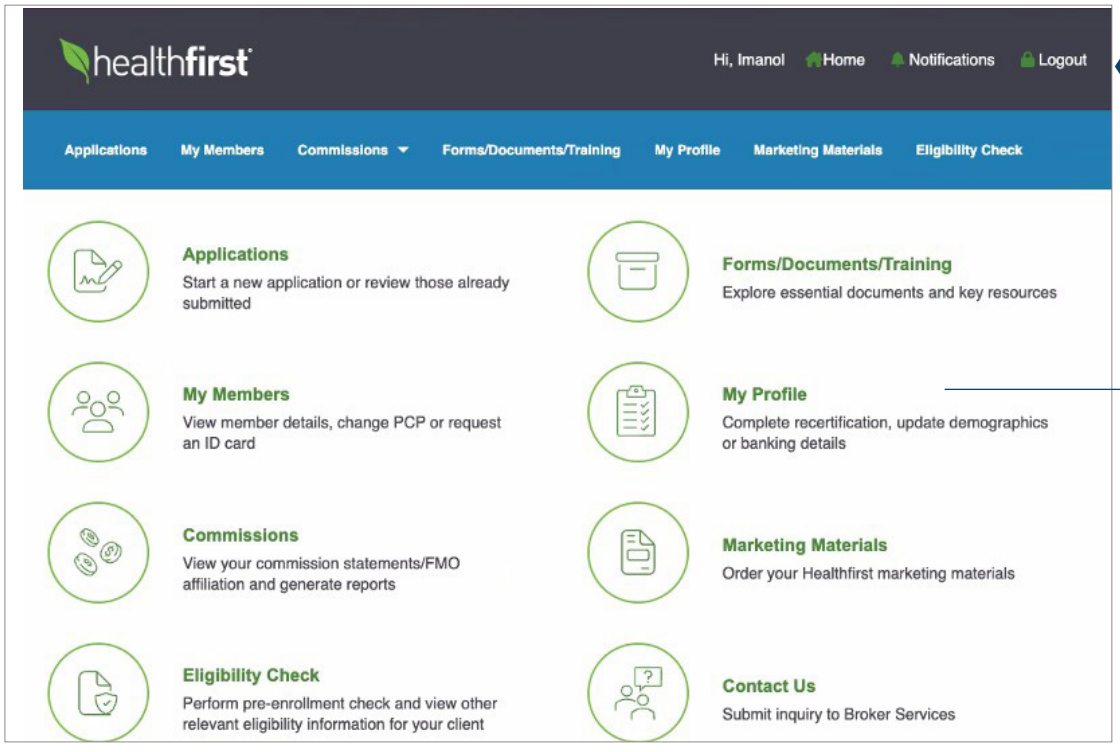
It's time to begin your annual certification and your compliance and product training. Consistent with the terms of your agreement with Healthfirst, you must complete America's Health Insurance Plans (AHIP) certification and Healthfirst compliance and product training every year.

You must meet the following requirements to continue working with Healthfirst for the 2027 Annual Enrollment Period:

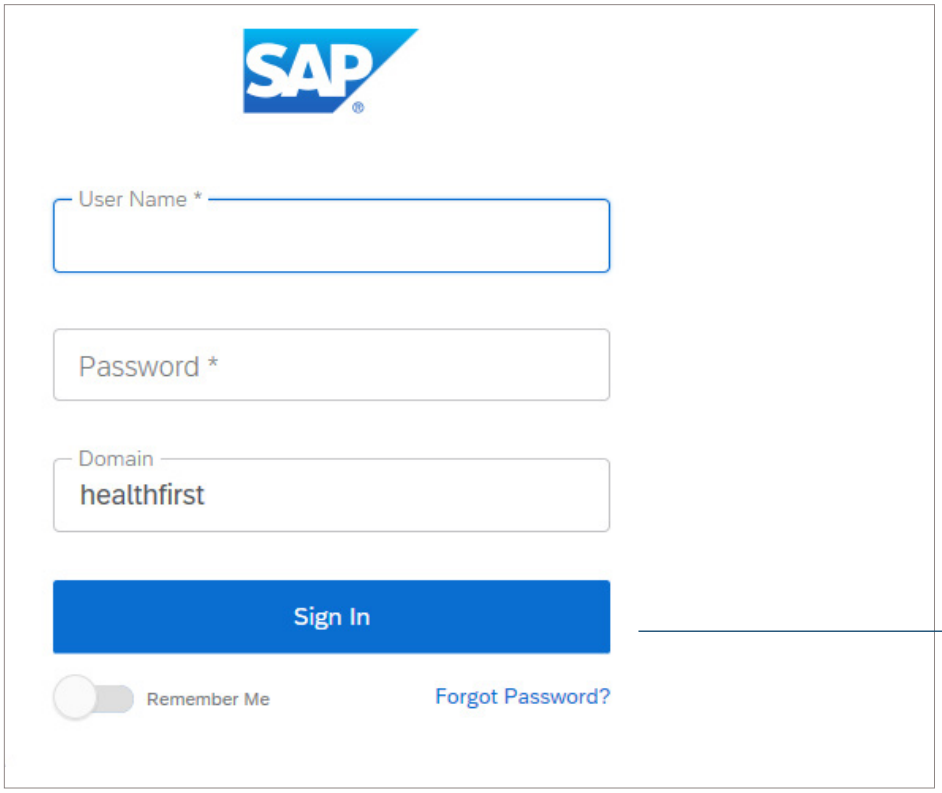
- **Complete your annual AHIP certification** on the **AHIP website** (available now) and receive your certificate.
- By Sept. 30, **complete your Healthfirst compliance and product training** so you can sell for AEP 2027 on the **Healthfirst Broker Portal**, located in the **"My Profile"** section of the portal. The training has the following courses:
  - Introduction to Healthfirst
  - External Broker General Compliance Training
  - Code of Conduct
  - Healthfirst 2027 Medicare Product Training
- As part of the certification process, you will be asked whether you would like to receive your 1099 Form. You may choose to receive it electronically or receive a paper copy only. We will collect and document your consent regarding your preferred delivery method.
  - **Provide your preferred delivery method by December 1st, 2026. If you do not provide a preference, you will automatically receive the form by mail.**

1 You will receive an **Email Notification** once the Annual courses are available online.

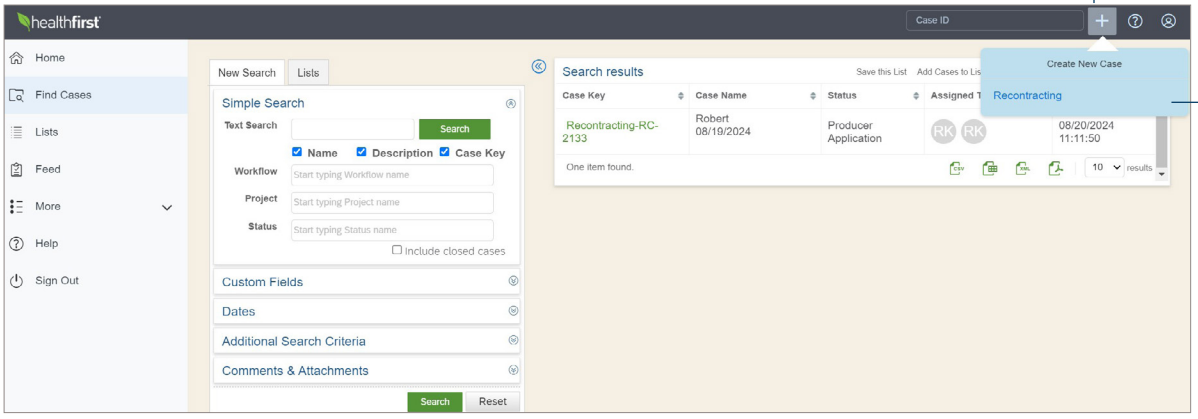
Log in to your SAP account by selecting **Your Secure Broker Portal Account**.



1b From your broker portal, select **My Profile**.

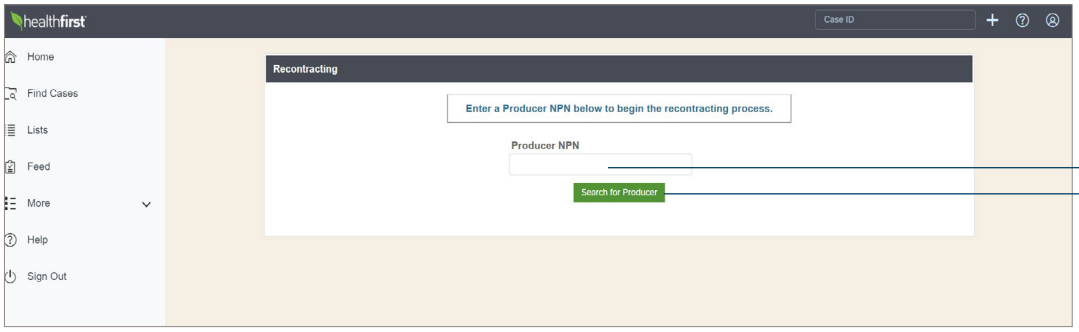


2 **Log in** to your account.



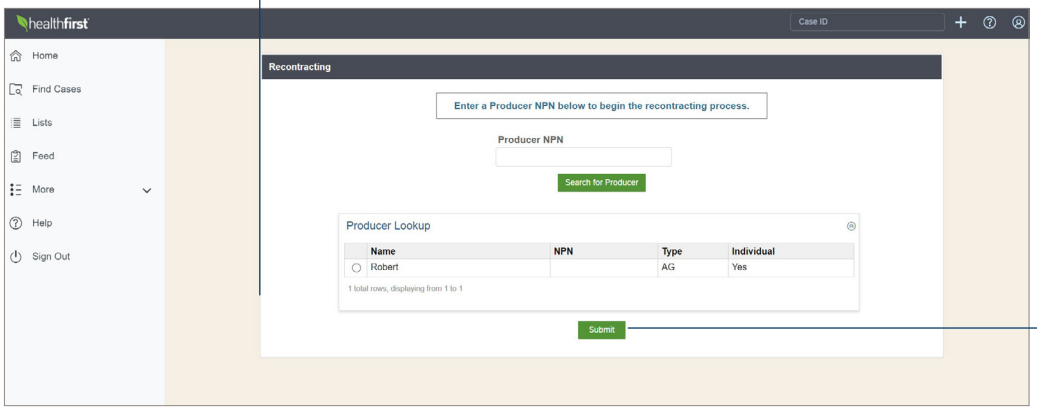
3 Click on the **plus sign symbol** on the upper right corner of the screen.

Then select **Recontracting**.



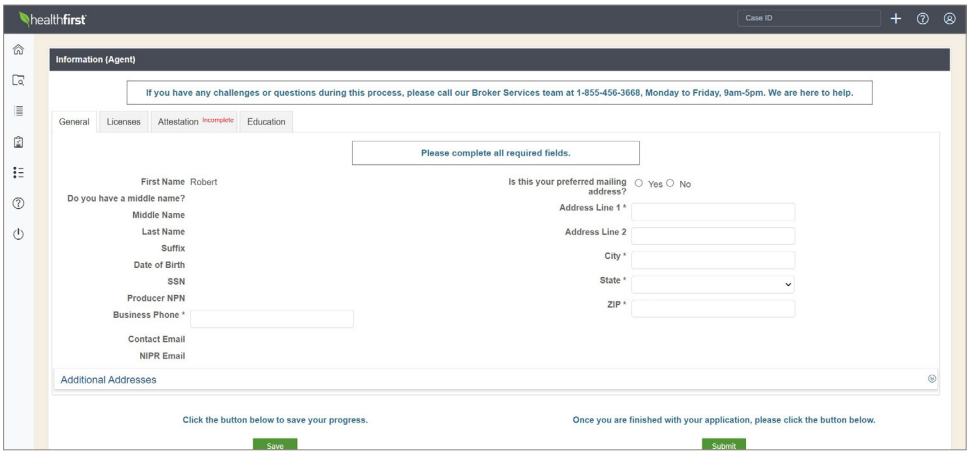
4 Enter **Agent or Agency NPN**.

Then click **Search for Producer** to retrieve the NPN details.



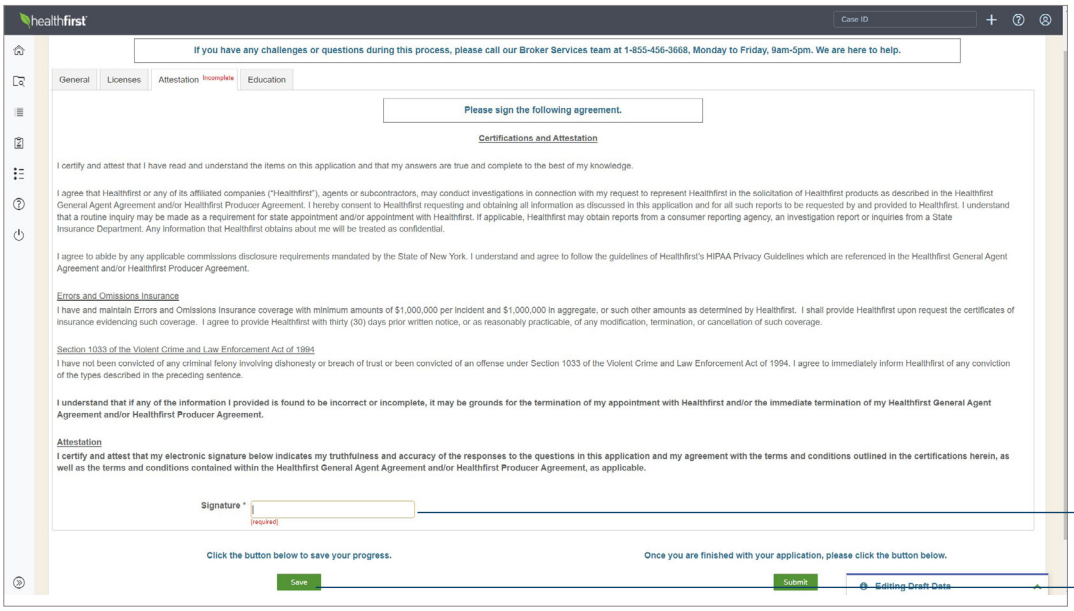
5 **Under Producer Lookup Information**, select the name.

Then click **Submit**.



6 Under the **General tab**, enter the **required fields**.

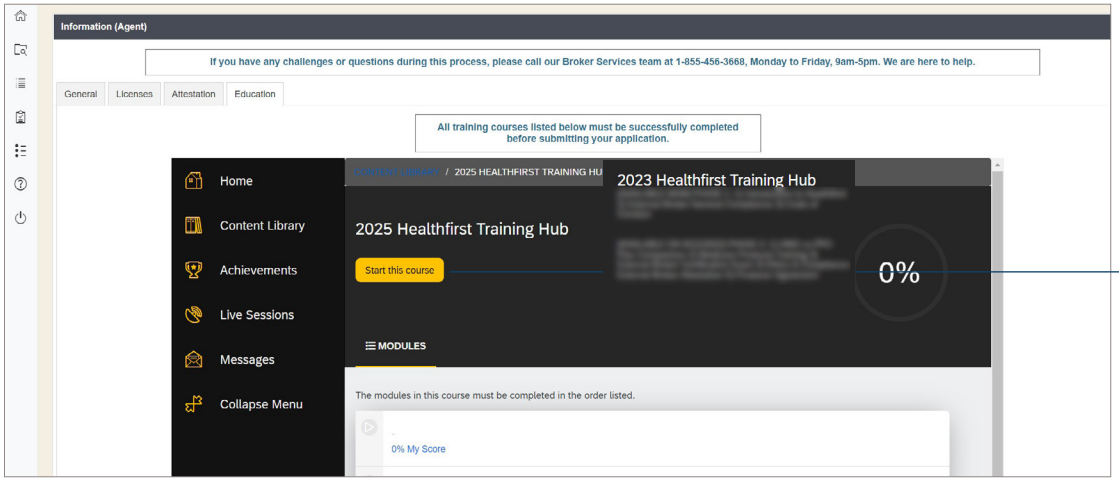
When finished, click **Save**.



7 Under the **Attestation tab, type your signature**.

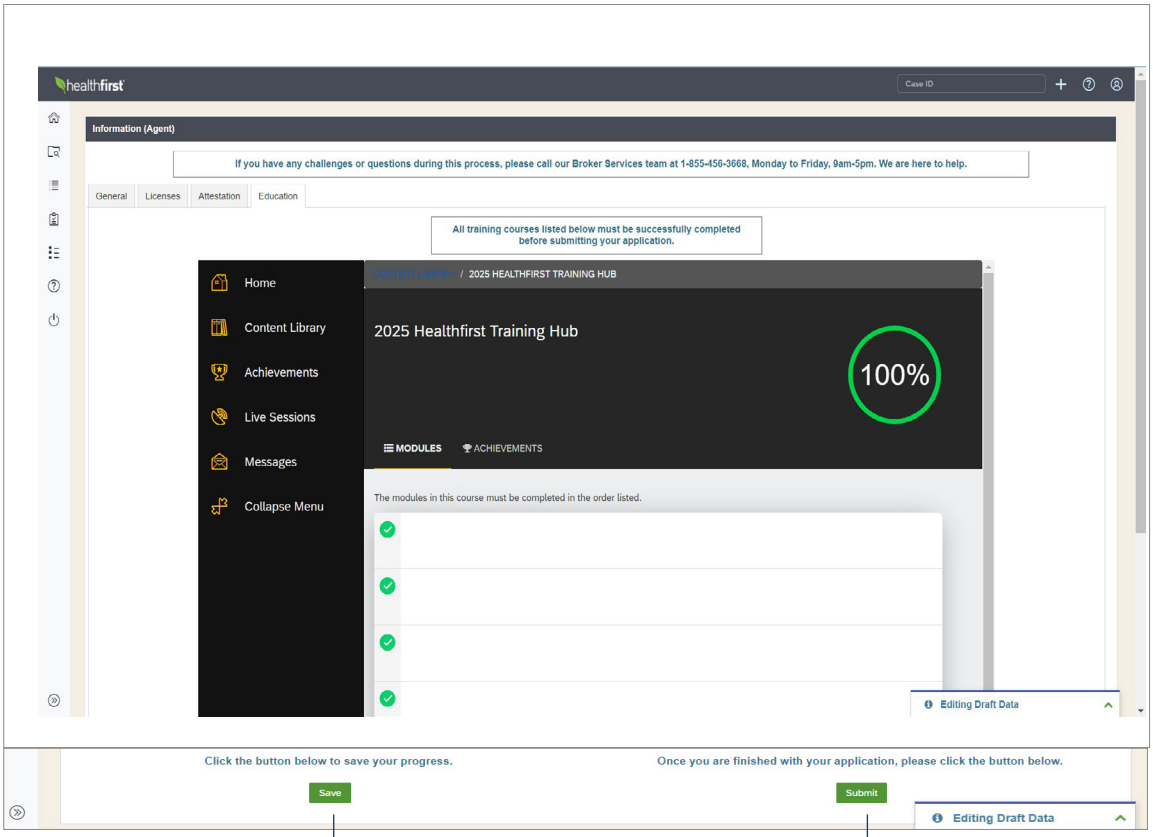
Note: Signature must be identical to the signature used in the General tab (case sensitive).

When finished, click **Save**.



8 **Click on** the **Education tab**.

Click **Start This Course** to begin.

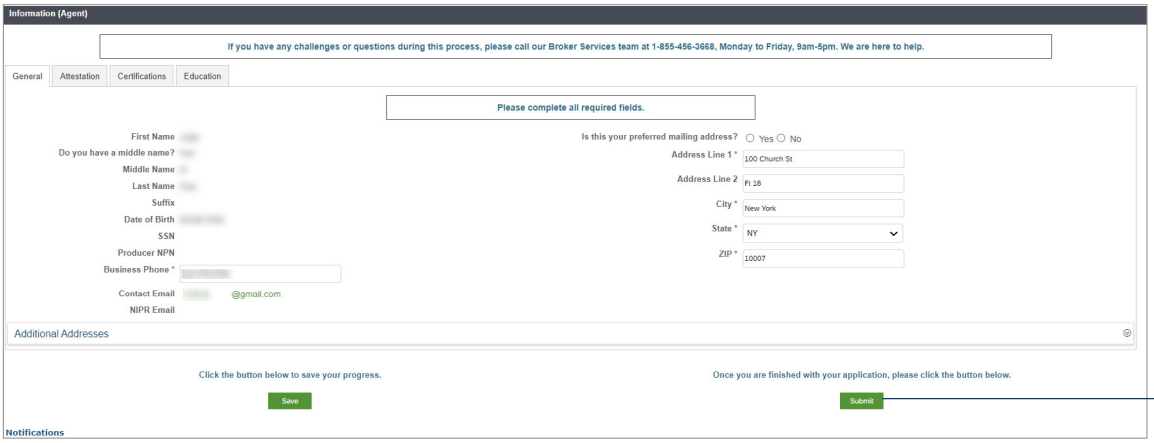


9 **Complete all six modules with a passing grade of 85% or higher.**

After **two** failed attempts, remediation is required.

Note: When all modules are complete, your progress bar will be at 100%.

When finished, click **Save** and **Submit**.



10 Your Recertification application will be reviewed for approval.

Note: Ensure that you click **Submit**. If you do not click submit, your application will not be completed.

7/24/2025

Dear Broker:

Thank you for completing all recertification requirements for **2025**.

Your account was updated, and you are Ready to Sell for **2025**.

If you have any questions or concerns, please reach out to your dedicated Healthfirst Broker Manager, or call Broker Services at **1-855-456-3668**.

You can also email us at brokerservice@healthfirst.org

Thank you,

Healthfirst

11 Once all requirements are fulfilled and the application is processed, an automatic email will notify you of Ready to Sell status with Healthfirst.

Notes:

This communication is for broker/agent reference only and not intended for distribution to Medicare beneficiaries.

This document is a representation of the Medicare broker onboarding and recontracting process and is subject to change. Healthfirst is the brand name used for products and services provided by one or more of the Healthfirst group of affiliated companies.

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File has been saved in our folder - Material ID is not needed.