



Guide to Onboarding a New Agency



Clear Spring
Health

Important Changes

- Clear Spring has implemented a new platform to support on-boarding, certification, agent portal, web enrollment, and commission payments.
- While some agency/agent data has been pre-loaded into the new platform, we ask that you review that information carefully and notify Clear Spring of any changes.
- Information that has not been pre-loaded (e.g., banking information) will need to be entered or uploaded.
- Clear Spring Health will no longer assign Agent ID numbers to contracted agencies/agents.
- All functions will now use the National Producer Number (NPN) to identify agencies/agents.



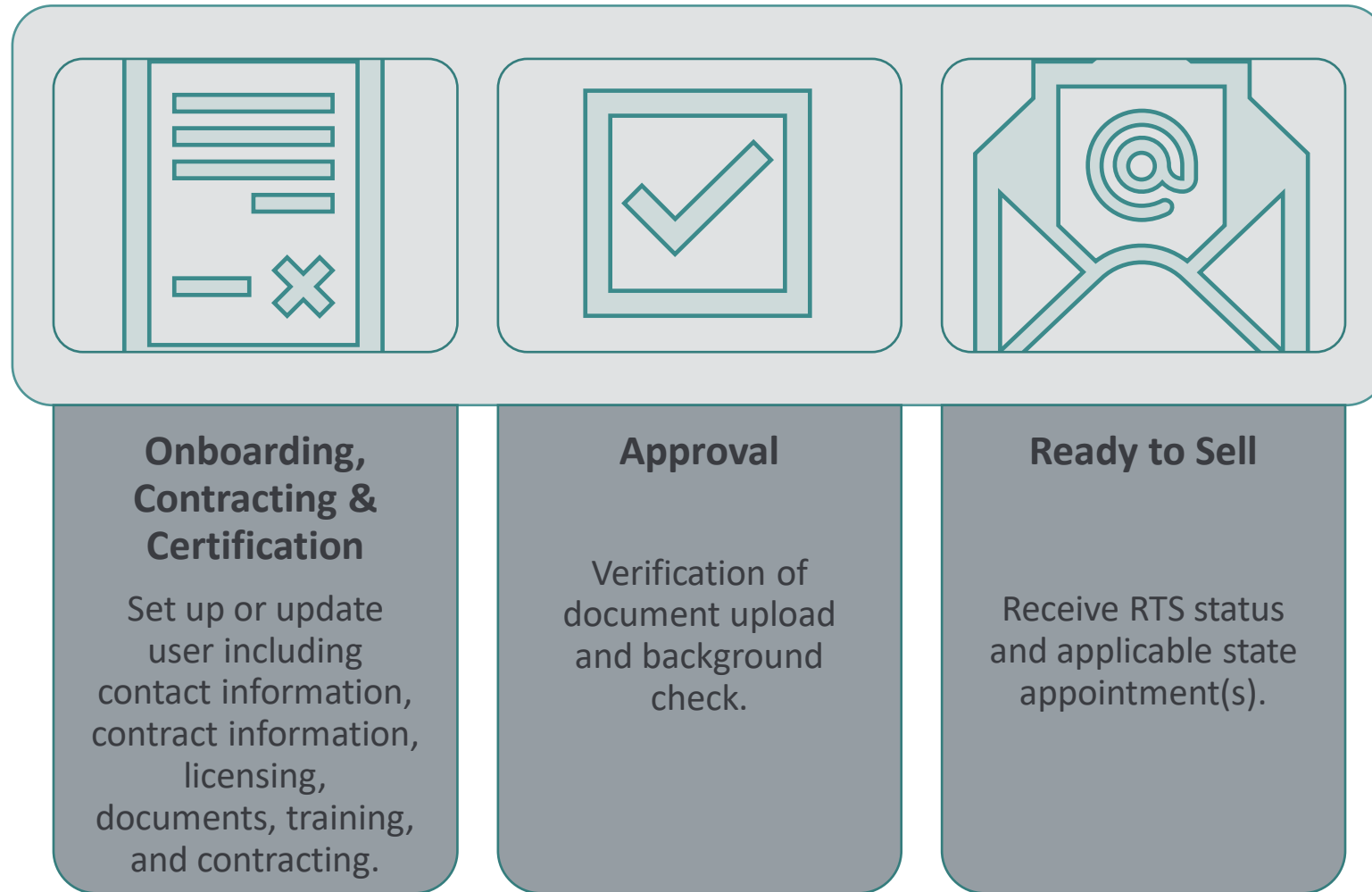
Purpose & Definitions



Purpose

- The purpose of this guide is to provide a step-by-step guide to onboarding and certification with Clear Spring Health.
- Questions and/or feedback can be provided by contacting certification@clearspringhealthcare.com or calling **1-888-296-2506**.

Definitions



Onboarding Overview

Below is a list of the documents and/or information to have available during on-boarding. Even if you are a returning agency, you'll need to verify the information is current.

All items are required, and certification cannot be completed without this information.

NOTE: Except for the AHIP training, all information needs to pertain to the AGENCY, not the agency principal.

Information	Format	Reason
Agency NPN	Fill in	Identification
Tax ID Number (TIN)	Fill in	Identification
Errors & Omissions (E&O) Coverage	PDF	Insurance
AHIP Training Completion	PDF	Training/CMS Requirements
W-9	PDF	Commission Payments
Bank Account and Routing Numbers	Fill in	Commission Payments

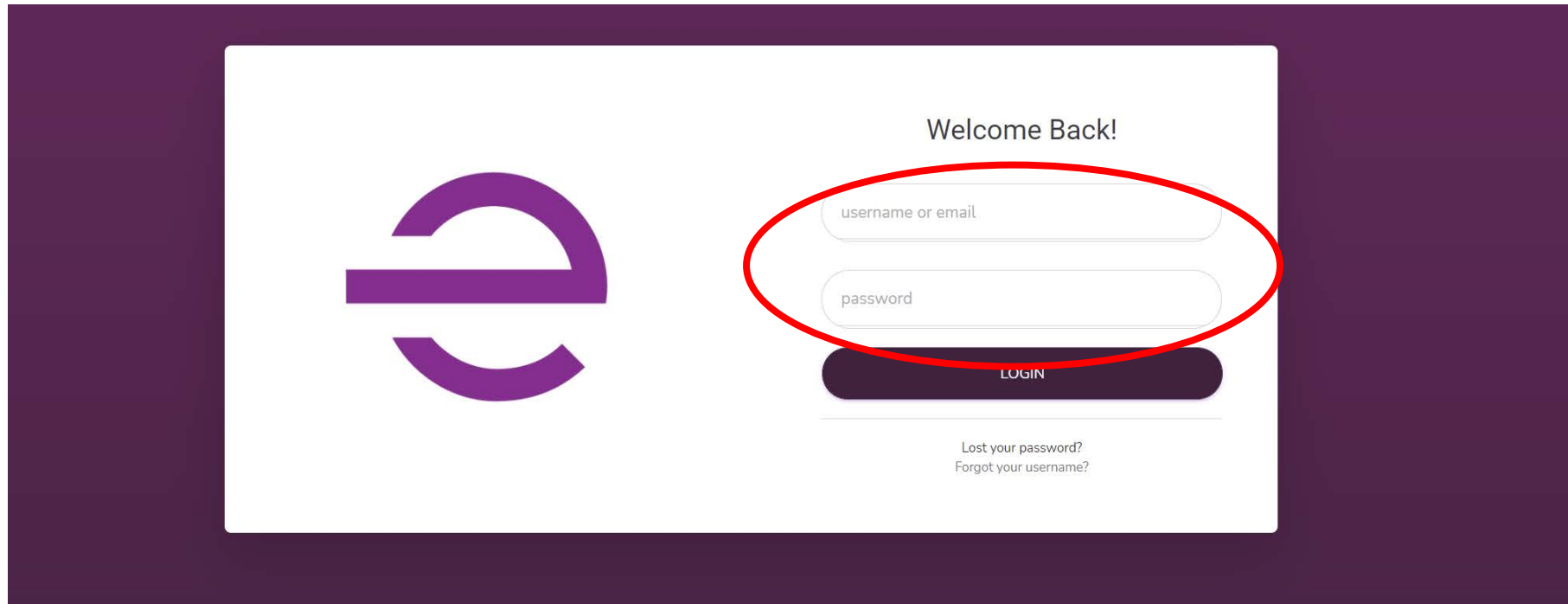


Accessing the Portal



Accessing the Portal

- First time portal users: use the link in the email from CSH Certification (certification@clearspringhealthcare.com)
- Returning portal users: go to <https://csh.evolverxt.com/>





Contracting & Certification



Contracting & Certification

- Completion of new agency set up will generate an email from certification@clearspringhealthcare.com
- Select the link in the email to proceed with the onboarding steps.



Contracting & Certification – Contact Information

CONTACT INFO

CONTRACT INFO

ADDITIONAL INFO

LICENSE INFO

DOCUMENTS

BANKING INFO

TRAINING

SUBMIT

Personal Information

Agency Name*	Greg Maddux Agency	
Authorized Signer First Name*	Greg	
Authorized Signer Last Name*	Maddux	
EIN/TIN*		
NPN*	9382048	CHECK NPN
Phone*		
Cell Phone		
Email*	susan.mollet@clearspringhealthcare.com	
Secondary Email		

- Input applicable information noting the NPN should be the **AGENCY** number, not the Agency Principal's NPN.

Contracting & Certification – Contact Information *(cont.)*

CONTACT INFO

CONTRACT INFO

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SUBMIT

Primary Address Information

- Input applicable information.
- Note: Address entered here is considered the “residential” address.

Address 1*

Address 2

City*

State*

--

Zip Code *

Agent Information

Agent Type

Agency

Contracting & Certification – Contract Information



- Input applicable information.
- Note: “Preferred Mailing” has two selections: Residential and Business.
- Selecting Residential Address will default to the primary address input in the Contact Info.
- Selecting Business Address will require entry of an address.

Fields marked with an asterisk (*) are required.

Contract Application

Gender * ☐ Male ☐ Female

Contract Type * LLC

Business Phone

Business Fax

Preferred Mailing * --

Cell Phone *

Preferred Method of Contact * --

Contracting & Certification – Contract Information *(cont.)*

CONTACT INFO

CONTRACT INFO

ADDITIONAL INFO

LICENSE INFO

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SUBMIT

W9 Tax Information

Taxation Type * --

Business Entity Information

Business Name DBA *

State of Domicile and Entity Type * --

Enter the officers of the contract applicant.

Officers President *



I declare that I am legally authorized to execute contracts and agreements on behalf of myself or the legal entity I represent. *

- Input applicable information.
- Note: Not shown here are options to include VP, Secretary, Treasurer, and/or Director/Manager names.

Contracting & Certification – Additional Info

CONTACT INFO

CONTRACT INFO

ADDITIONAL INFO

LICENSE INFO

DOCUMENTS

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TRAINING

SUBMIT

Fields marked with an asterisk (*) are required.
If you answer "Yes" to any of these questions, please upload supporting documentation in the **Document** section of this Onboarding process.

Background Questions

• Answer questions.

1. Have you been convicted of a felony? *

☐ No ☐ Yes
2. Has any legal or regulatory body ever sanctioned, censured, penalized or otherwise disciplined you? *

☐ No ☐ Yes
3. Has any state or federal regulatory agency or self-regulatory authority ever filed a complaint against you? *

☐ No ☐ Yes
4. Has a bonding or security company denied, ever paid out or revoked a bond? *

☐ No ☐ Yes

ABORT CASE

CONTINUE

Contracting & Certification – License Info

The screenshot shows a horizontal navigation bar at the top of the page. It contains eight rounded rectangular tabs. From left to right, they are labeled: "CONTACT INFO", "CONTRACT INFO", "ADDITIONAL INFO", "LICENSE INFO", "DOCUMENTS", "BANKING INFO", "TRAINING", and "SUBMIT". The "LICENSE INFO" tab is highlighted with a red circle.

License Information

We pulled a report of your license information with NIPR. Based on the states in which CSH is active, we have found these active state licenses:

NC - North Carolina - #: 9382048 - Exp:
01/01/1900

VA - Virginia - #: 668870 - Exp: 01/01/1900

Automatic Certification State(s)

Of the below states that do not require appointment(s), please select the states you will be selling CSH products in:

☐ NC - North Carolina

☐ VA - Virginia

ABORT CASE

CONTINUE

- Select applicable information.

Contracting & Certification - Documents



- Upload requested documents.
- Refer to next slide for what, if any, additional information is needed for each document.
- Change to green indicates successful upload.

Add Document(s)

Three blue rectangular boxes for document uploads. Each box has 'UPLOAD' at the top and a document icon at the bottom right. The boxes are labeled: 'Current E&O Certificate', 'W-9', and 'AHIP Training Certificate'.

Pre-Upload

Add Document(s)

Three green rectangular boxes for document uploads, indicating successful upload. Each box has 'UPLOAD' at the top, a checkmark, and a document icon at the bottom right. The boxes are labeled: 'Current E&O Certificate', 'W-9', and 'AHIP Training Certificate'.

Post Upload

ABORT CASE

CONTINUE

Contracting & Certification – Documents *(cont.)*

CONTACT INFO

CONTRACT INFO

ADDITIONAL INFO

LICENSE INFO

DOCUMENTS

BANKING INFO

TRAINING

SUBMIT

Type

Current E&O Certificate

Carrier Name*

Start Date*

End Date*

Coverage Amount

Description

File*

BROWSE

Type

W-9

Description

File*

BROWSE

UPLOAD

Type

AHIP Training Certificate

Description

File*

BROWSE

UPLOAD

Contracting & Certification – Banking Info

CONTACT INFO

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SUBMIT

Fields marked with an asterisk (*) are required.

Banking Information

Payment Method	ACH (Direct Deposit)
Account Type	--
[?] Account Number: *	
Verify Account Number *	
[?] Routing Number: *	
Financial Institution *	

ABORT CASE

CONTINUE

- Input applicable banking information.

Contracting & Certification - Training

CONTACT INFO

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ADDITIONAL INFO

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DOCUMENTS

BANKING INFO

TRAINING

SUBMIT

Training Information

Available Trainings

Training Name		Training Type		Status	
Certification Training		CSH Certification Training		Incomplete	
	Component Name	Started	Completed	Score	Pass / Fail
TAKE TRAINING	Certification Training				

ABORT CASE

- Complete CSH Certification Training and take exam. (User must pass at 85% within 3 attempts.)

Contracting & Certification – Training *(cont.)*

CONTACT INFO

CONTRACT INFO

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DOCUMENTS

BANKING INFO

TRAINING

SUBMIT

Training Information

Available Trainings

Training Name		Training Type		Status	
Certification Training		CSH Certification Training		Passed	
RESULTS	Component Name	Started	Completed	Score	Pass / Fail
	Certification Training	07/21/2021 02:33 PM	07/21/2021 02:36 PM	100.00	Passed

- Confirm completion, score and pass/fail have been recorded prior to continuing to the next step.

ABORT CASE

CONTINUE

Contracting & Certification – Submit

CONTACT INFO

CONTRACT INFO

ADDITIONAL INFO

LICENSE INFO

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BANKING INFO

TRAINING

SUBMIT

- Input applicable information and sign.

CSH_MGA_Agreement_20...

1 / 23

75%

CLEAR SPRING HEALTH
GENERAL AGENT (GA) AGREEMENT

This GENERAL AGENT AGREEMENT (this "Agreement") is made and entered into as of the date set forth on the signature page (the "Effective Date") by and between Clear Spring Health of Illinois, Inc. and its applicable affiliates' (collectively referred to herein as the "Company") and General Agent (the "GA").

WITNESSETH

WHEREAS, the Company offers stand-alone Medi

WHEREAS, GA desires to provide such services liaison between the Company and Producers, as defined belc in the MA-PD.

NOW, THEREFORE, in consideration of the mu valuable consideration, the receipt and sufficiency of which i

**A
D**

As used herein, capitalized terms shall have the m

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

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

Date *

07/21/2021

IP Address *

207.181.245.24

Please sign your name in the space below.

CLEAR

Contracting & Certification – Submit *(cont.)*

Submission Successful

Thank you for submitting your application.

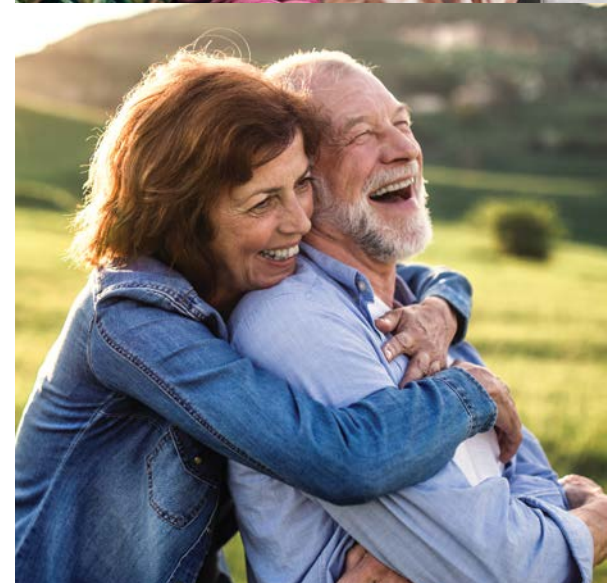
Your application has been sent to CSH for approval. You will be notified via email once action is taken regarding your application. If approved, you will receive an email regarding your login details and portal access.

Application Name	Mollet
Email	susan.mollet@clearspringhealthcare.com
NPN	9382048

Insert next steps with background info.



Approval Process

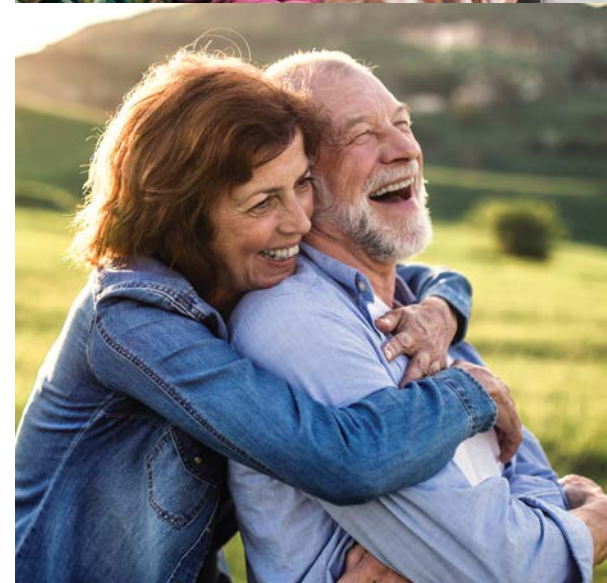


Contracting & Certification – Approval Process

- Clear Spring Health will:
 - Review responses to the background questions
 - Confirm uploaded documents match requested information
 - Verify exam score
- Cases will be designated as one of the following and an email will be sent to the email address on file for that case.
 - Approved
 - Incomplete
 - Denied



Questions/Assistance



Contact Information



certification@clearspringhealthcare.com



1-888-296-2506