

EvolveNXT Certification Guide 2023 - 2024



evolveINXT

Incentivize, Inspire, Grow

For Agent Use Only | Confidential and Proprietary

BROKER EMAIL INVITATION: CURRENT USERS

From: donotreply@evolvenxt.com

Dear {broker name},

You are invited to recertify with ZING Health and or Lasso Healthcare to market Medicare Advantage Plans in 2024. If you have any questions, please contact Zing Broker Support or your upline agency.

To access the recertification go to: URL: https://zing.evolvenxt.com/login.htm Please use your current Evolve NXT login and password.

In addition to completing your recertification 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>

You will not become ready to sell until your Medicare Certificate displays in your Training under Credentials in Evolve NXT in addition to the appropriate line of business product training(s).

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

Thank you, Zing Health and Lasso Healthcare





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BROKER EMAIL INVITATION: NEW 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. To facilitate the contracting process, please use the URL and login below to complete the process: URL: https://zing.evolvenxt.com/login.htm Login email address: {email} 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: <u>https://drive.google.com/file/d/1fXI5fhqd6Gz32H2IPImdHmmqErO9SUQQ/view?usp=share_link</u> Link to Agency Guide: https://drive.google.com/file/d/10fu5JN2s1MBiuFXVuK-iODb51uLyQ_zm/view?usp=share_link Thank you, Zing Health and Lasso Healthcare



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LOGIN PAGE

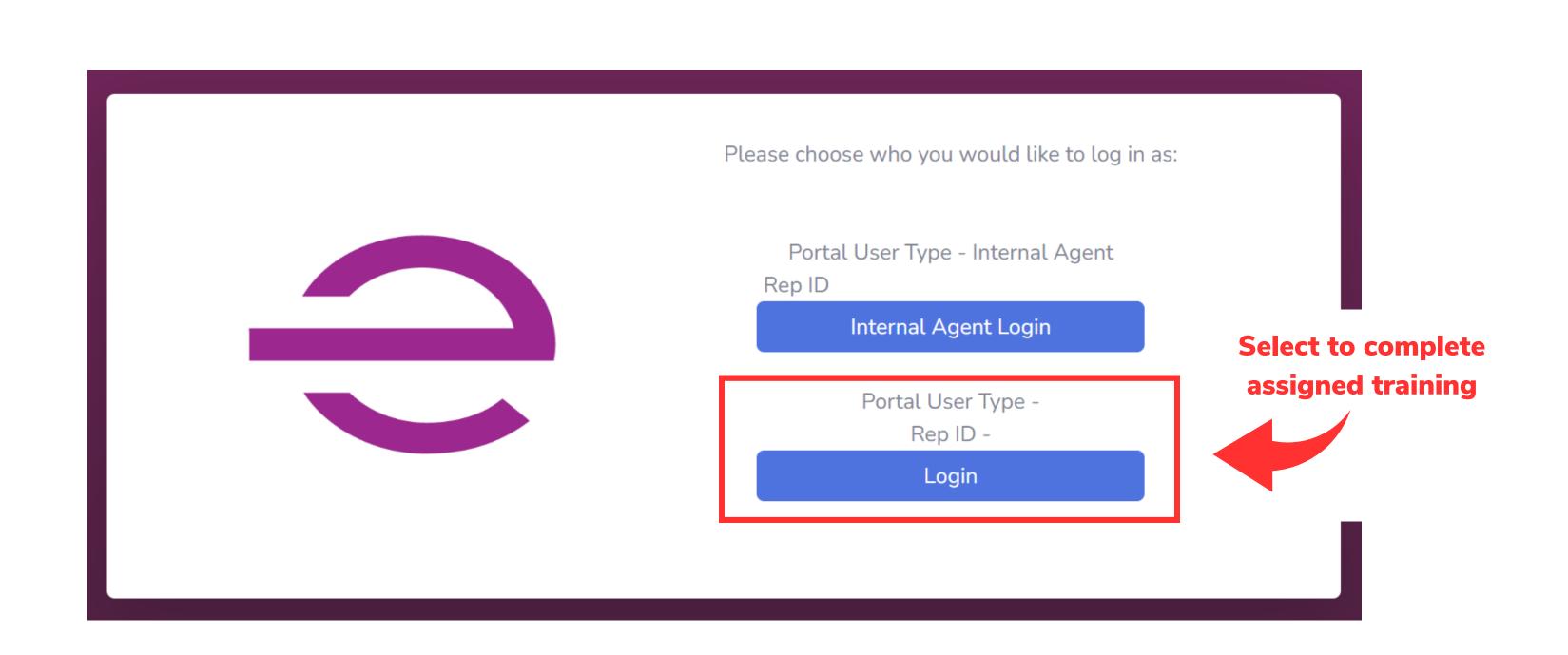




Hello, Welcome Back! dress ame or email rd vord LOGN Lot your password?



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AHIP transmittal does not prevent you from moving forward with the certification process. If you've already transmitted your results, please scroll down to the bottom of the popup window to proceed.

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:

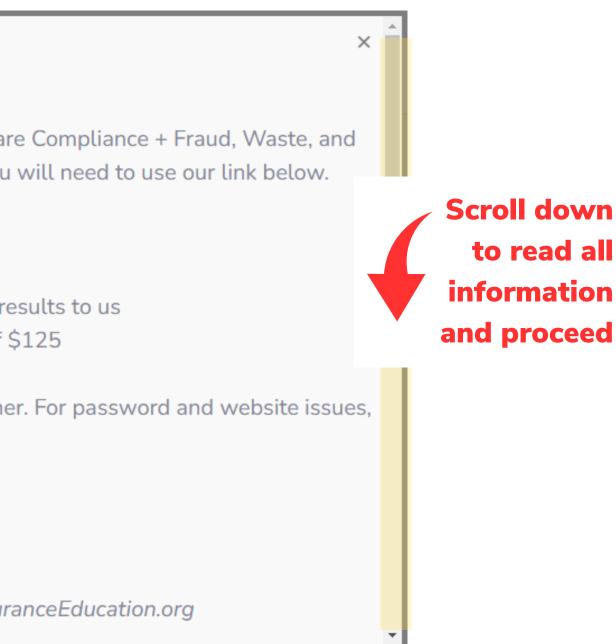
- 1. Clear your cache and cookies
- 2. Close your browser entirely
- 3. Reopen and try again

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



Link to transmit

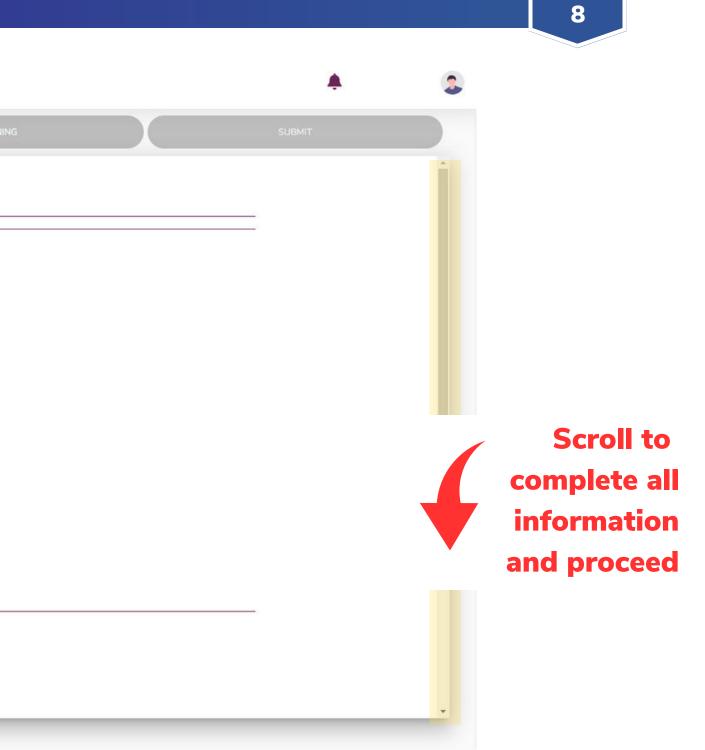
AHIP results to us





	My Certification Cases	5		
MAVIGATION MY CERTIFICATION CASES	CONTACT INF	•	LICENSE INFO	TRAIN
•		Fields marked with an asteris	k (*) are required.	
		Personal Information		
		First Name *		
		Middle Initial		
Complete	e all	Last Name *		
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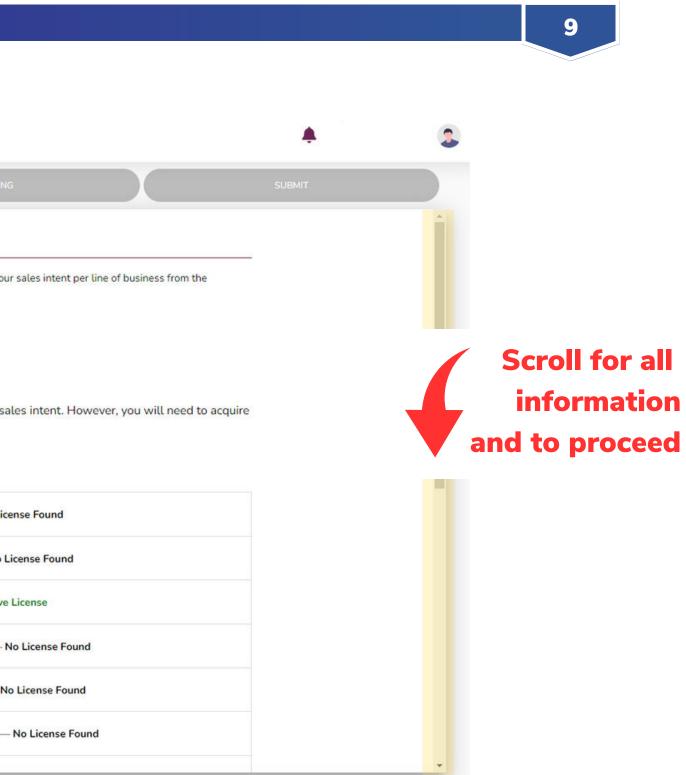






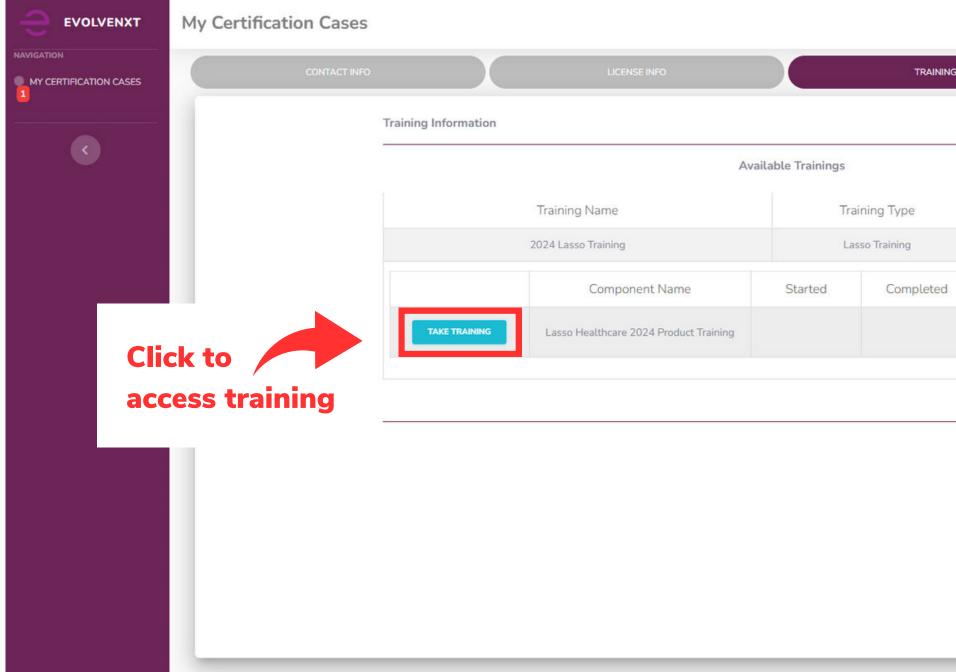
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MAVIGATION MY CERTIFICATION CASES	CONTACT INFO	LICENSE INFO	TRAININ
		License Information The table below indicates all states where ZingAEP sells products for each line of bus available state options.	iness. Please choose and declare yo
		Active : Our records show that you own a valid health license in this state. 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 2 a license from that state's department of insurance before reaching ready to Lasso Declared States	e in this state. ZingAEP, you may still declare s
Update selling stat	es as desired	UT - Utah — Active License	MO - Missouri — No Li
		AK - Alaska — No License Found AL - Alabama — No License Found	MS - Mississippi — No
		AR - Arkansas — No License Found	NC - North Carolina —
		AZ - Arizona — Active License	📃 ND - North Dakota — N
		DC - District of Columbia — No License Found	NH - New Hampshire -







BEGIN TRAINING SCREEN



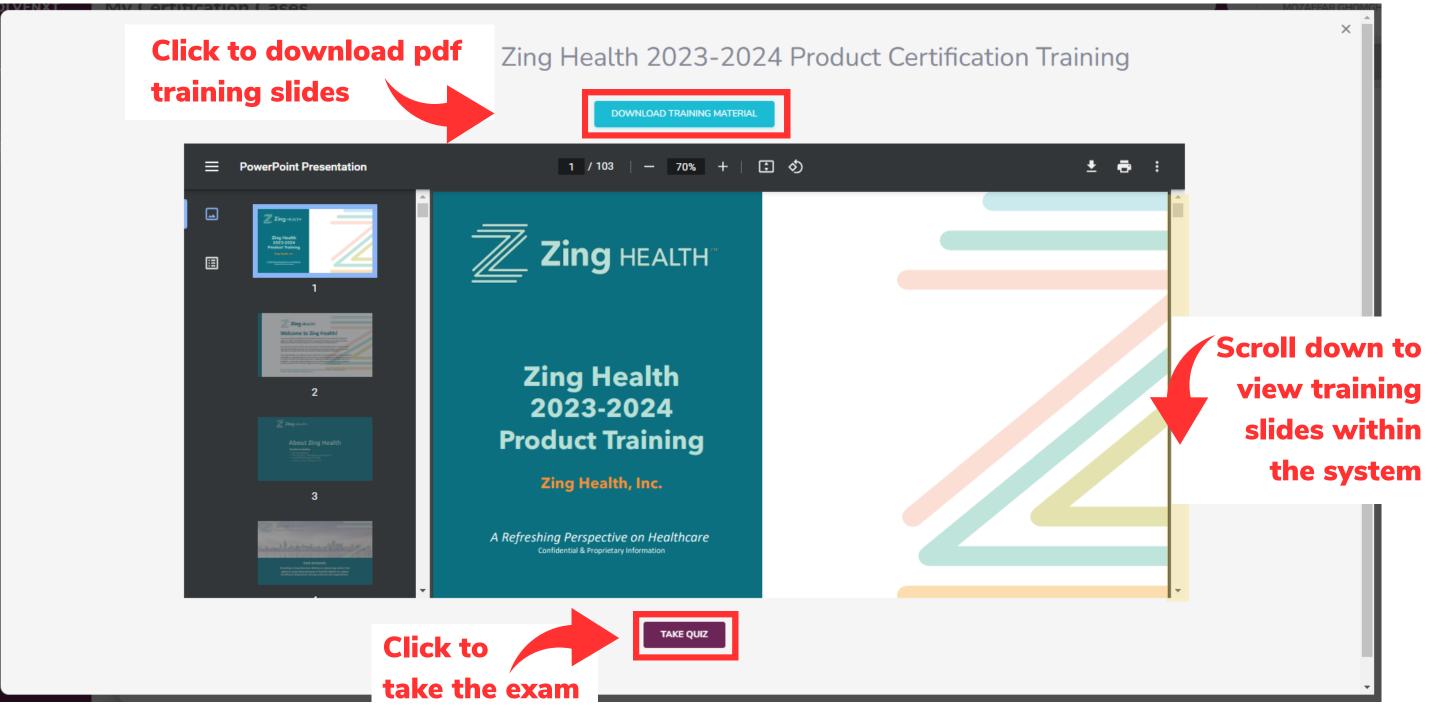


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ZING HEALTH TRAINING SCREEN

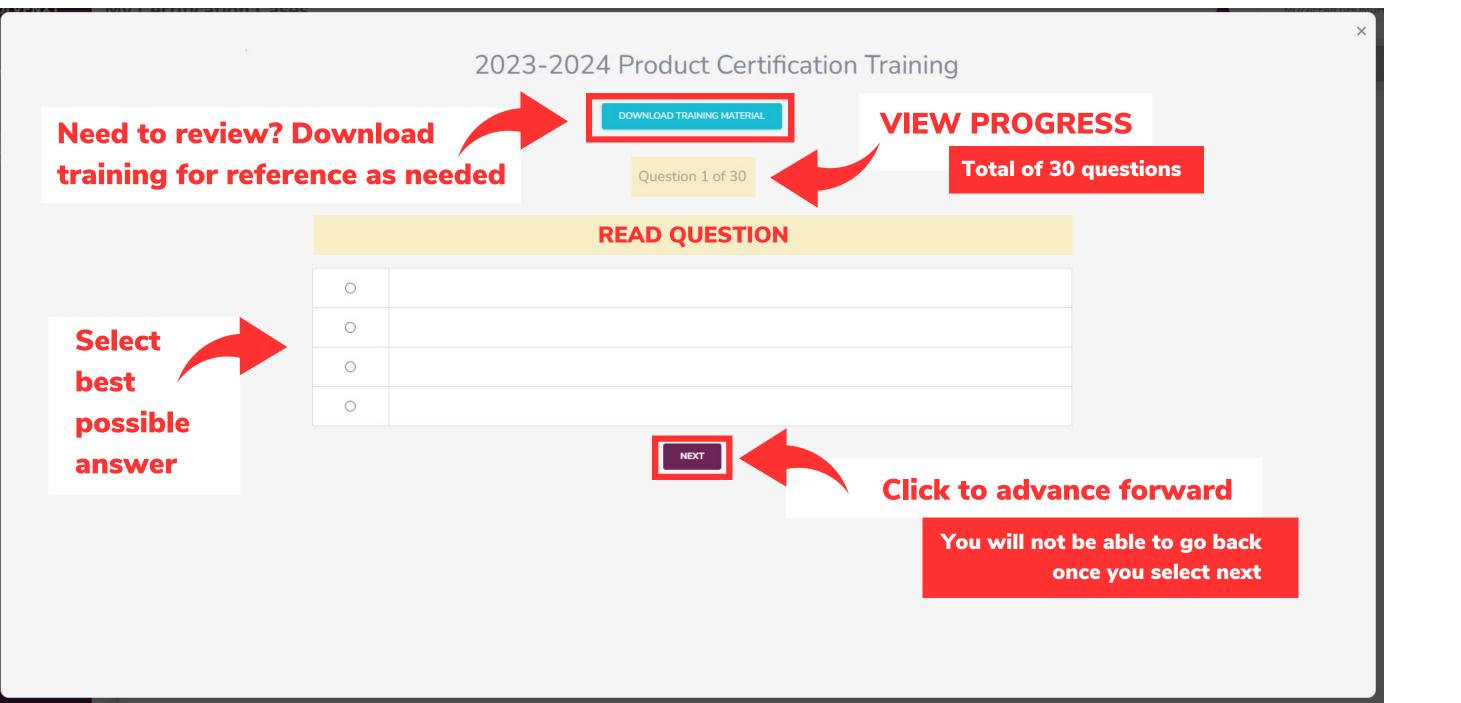




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PRODUCT TRAINING EXAM SCREEN

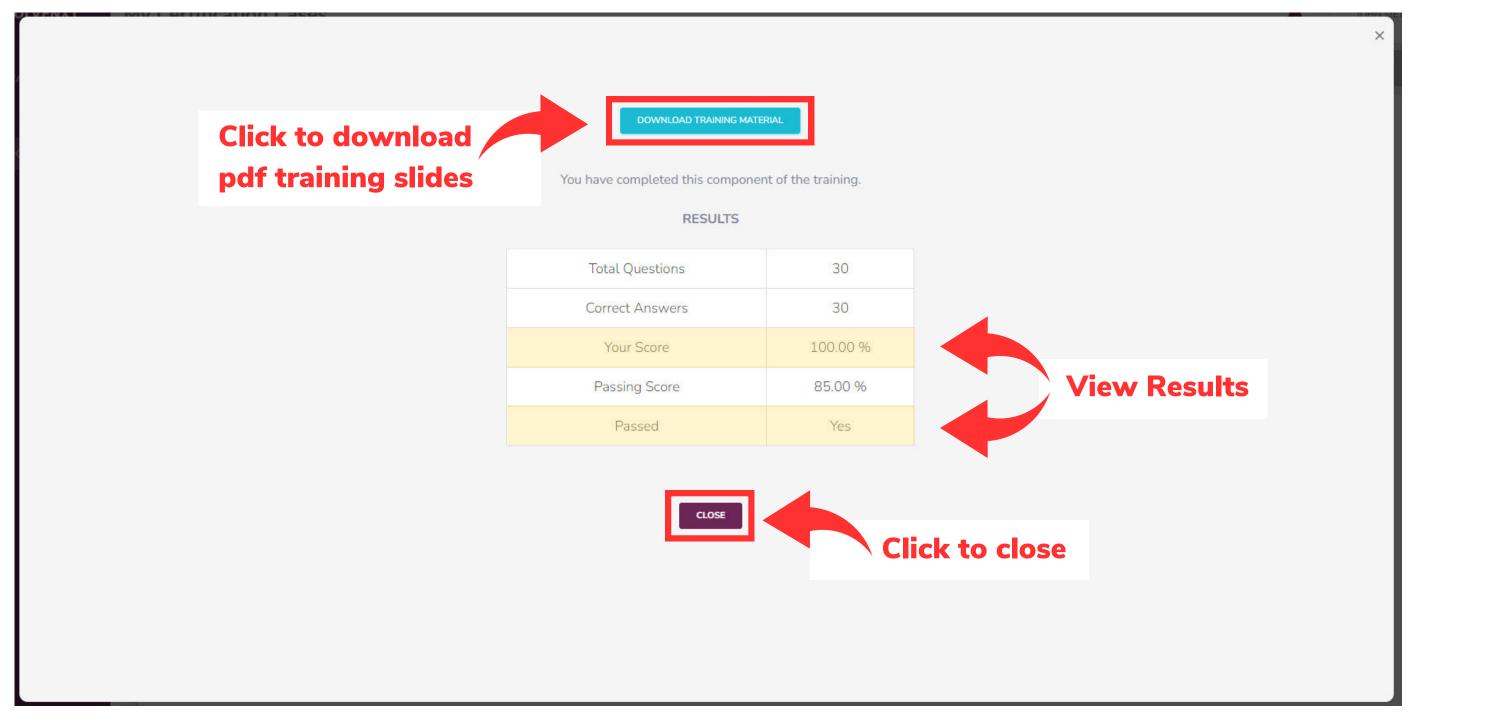




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PRODUCT TRAINING RESULTS SCREEN: PASSED

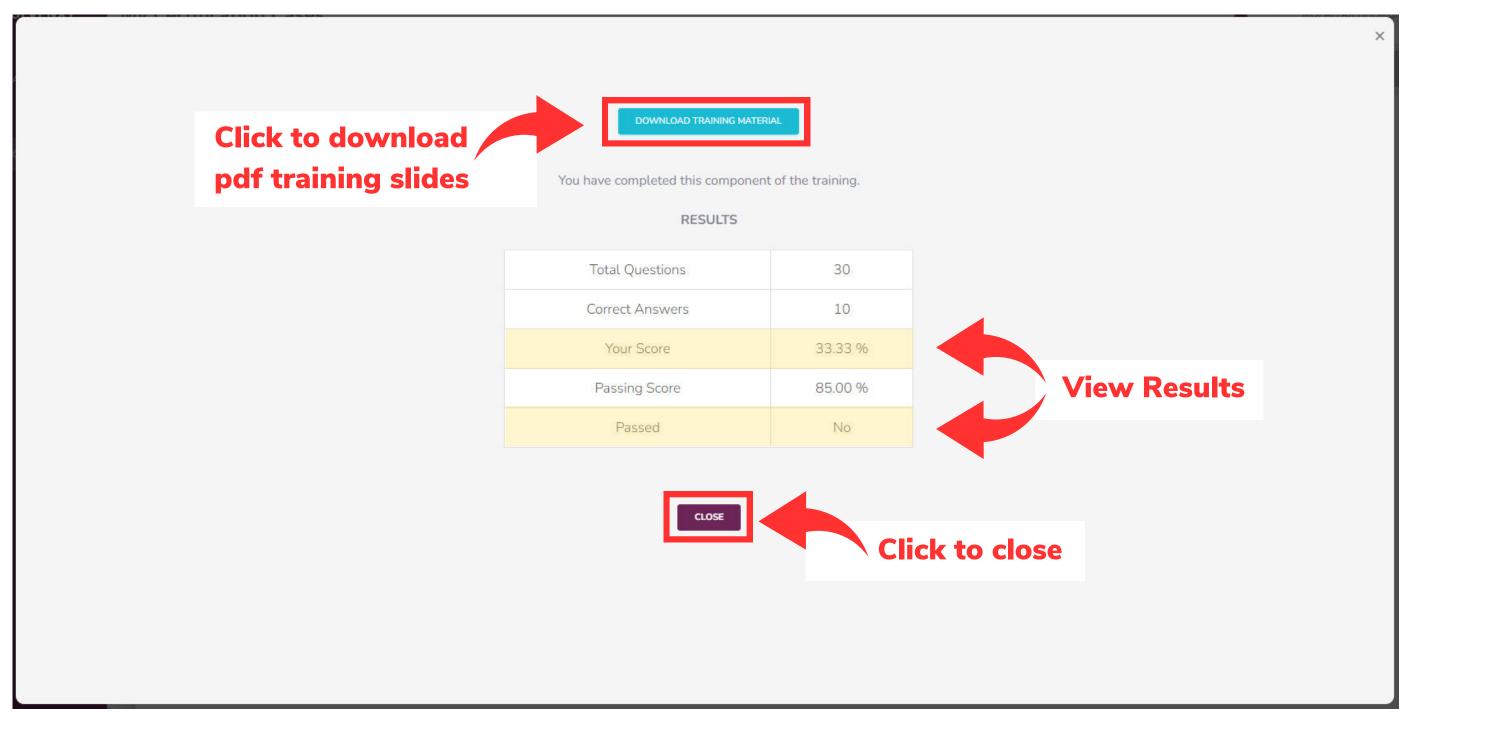






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PRODUCT TRAINING RESULTS SCREEN: FAILED







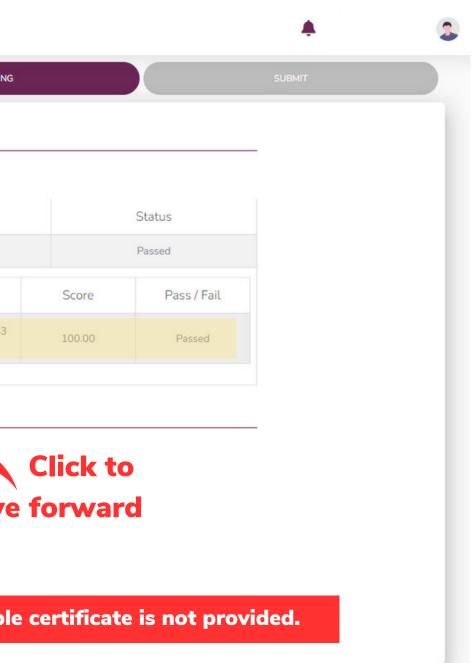
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COMPLETION SCREEN

	My Certification Cases				
MAVIGATION	CONTACT INFO		LICENSE INFO		TRAINING
		Training Information			
•				Available Trainir	igs
			Training Name		Training Type
			2024 Lasso Training		Lasso Training
			Component Name	Started	Completed
		RESULTS	Lasso Healthcare 2024 Product Training	06/23/2023 08:3 AM PDT	1 06/23/2023 08:43 AM PDT
View	Results Again				
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				CONTINUE	
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Helpful Tip	: If a certificate of co	ompletion is	needed, please print s	creen. A d	lownloadabl



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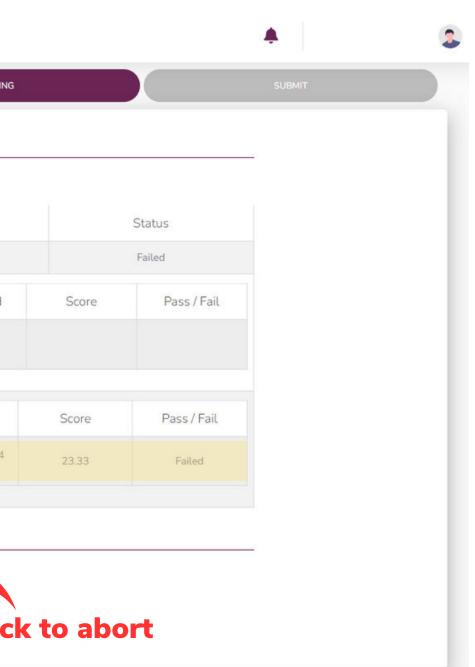


SCREEN WHEN THERE IS A FAILED EXAM ATTEMPT

My Certification Case	es			
CONTACT INFO		LICENSE INFO		TRAININ
	Training Information			
			Available Trainings	
		Training Name		Training Type
		2024 Zing Training		Zing Training
		Component Name	Started	Completed
	TAKE TRAINING	Zing Health 2023-2024 Product Certification Training	n	
		Component Name	Started	Completed
/iew	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
	ick to take aining ain	ick to take ain ain View	CONTACT INFO Training Information Training Name 2024 Zing Training 2024 Zing Training Component Name Image: Component Name	CONTACT INFO LICENSE INFO Training Information Available Trainings Component Name Started Component Name Started

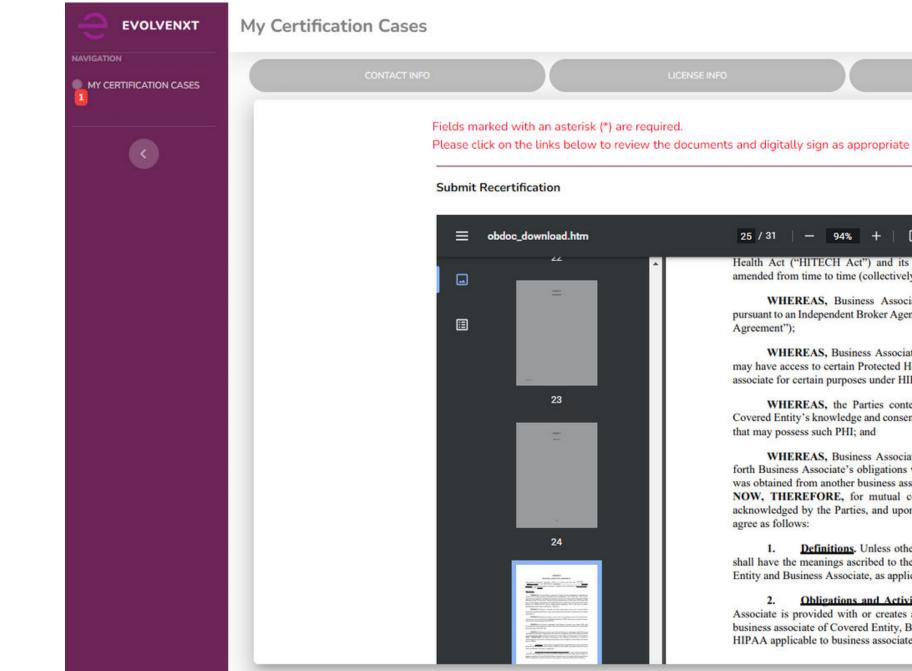


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2024 AGREEMENT



25 / 31 | - 94% + 🕄 🕥 Health Act ("HITECH Act") and its implementing regulations, and as they may be further amended from time to time (collectively, "HIPAA");

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;

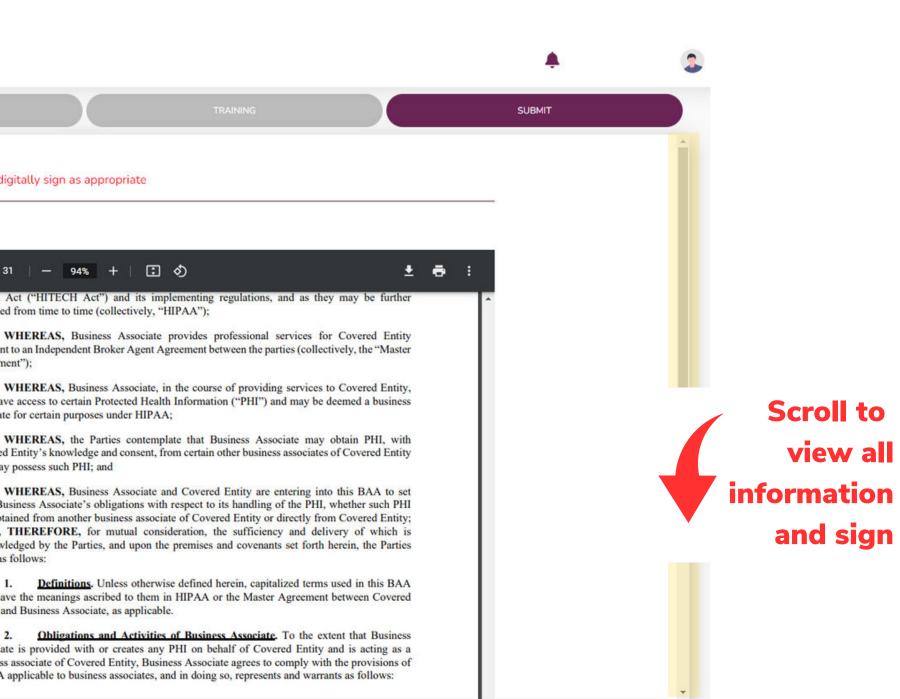
WHEREAS, the Parties contemplate that Business Associate may obtain PHI, with Covered Entity's knowledge and consent, from certain other business associates of Covered Entity that may possess such PHI; and

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:

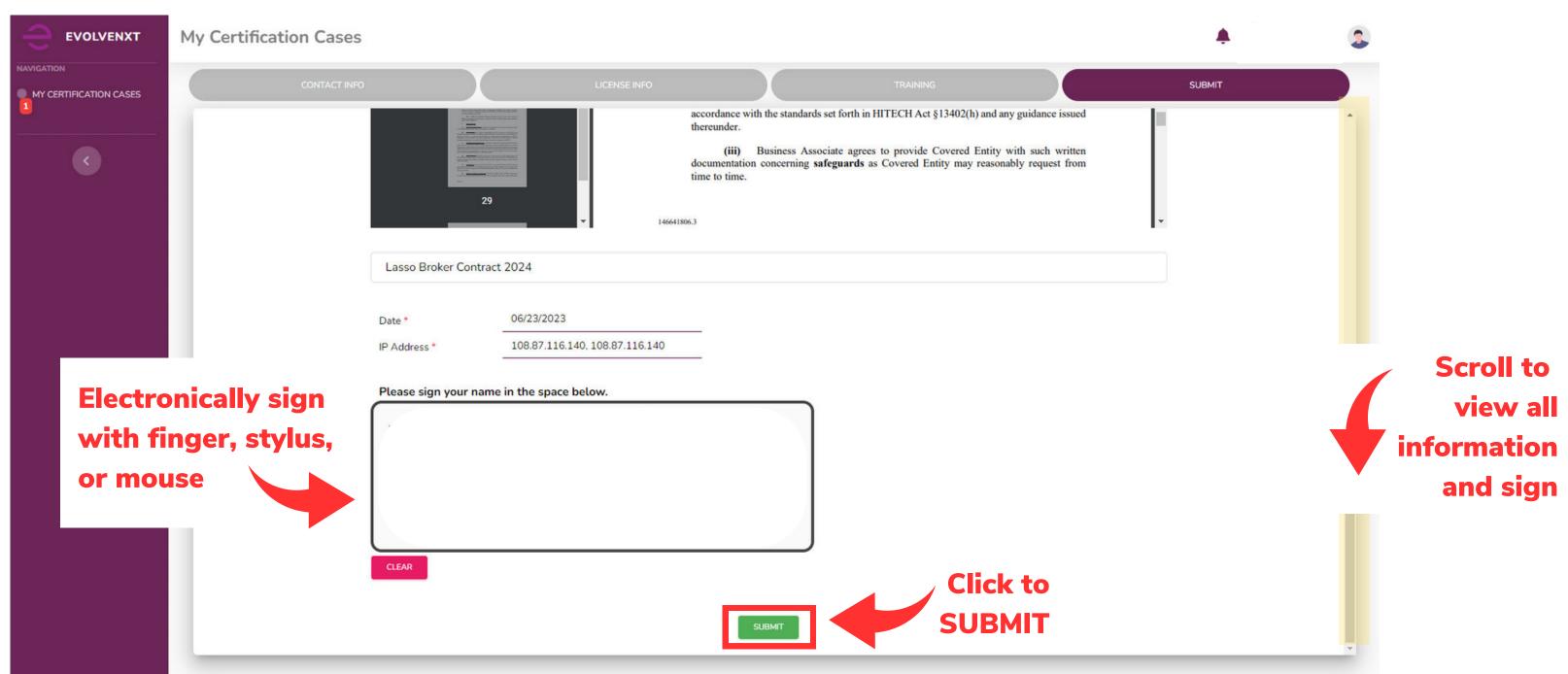






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2024 AGREEMENT: SIGNATURE BOX







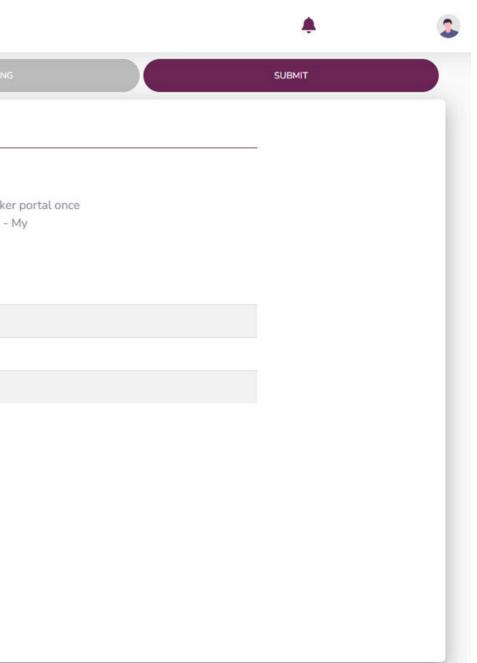
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SUBMISSION SUCCESSFUL

	My Certification Cases			
MAVIGATION MY CERTIFICATION CASES	CONTACT INFO		LICENSE INFO	TRAINING
		Submission Successful!		
			as well as any other submitted docu	uments will be available in your broke avigate to Documents & Resources -
		Broker Name		
		Email		
		NPN		

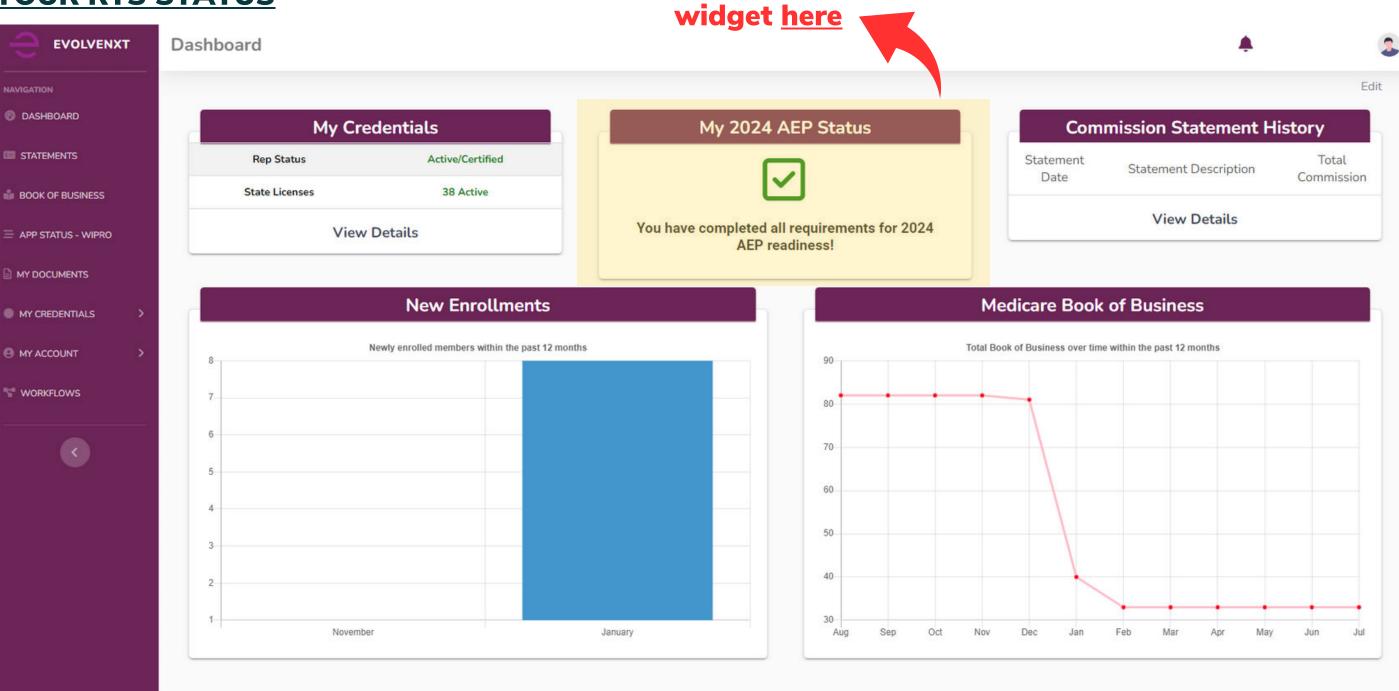


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CONFIRM YOUR RTS STATUS



More on the RTS





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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





