



 **EnvisionRxPlus**
A MEDICARE APPROVED PRESCRIPTION DRUG PLAN

Broker Re-Contracting training for Callidus Cloud EnvisionRxPlus for 2019

Re-contracting for 2019 Reference Guide

GETTING STARTED:

Before you begin the recontracting process, you will need the following information to upload:

- A 2019 AHIP, FWA or other qualified certificate
- A copy of your Errors and Omissions Insurance Policy (E&O)

The Banking tab will display the current payee for your base commissions

If you need to change any bank account information, contact Envision at
EnvisionAgentSupport@Envisionrx.com

Re-contracting for 2019 Reference Guide

1 - Invitation Email

You will receive a “DO NOT REPLY” email from Callidus Cloud

From: donotreply <donotreply@calliduscloud.com>

Subject line: EnvisionRxPlus Recontracting Invitation

This will contain your link to start to recertify for the 2019 plan year.

Click the [Login](#) link when ready to begin Remember your DOMAIN will ALWAYS be ENRX

Dear John Smith,

You have been invited to recontract as an agent with Envision Insurance to sell EnvisionRxPlus PDP through Insurance Services LLC. To accept this invitation, please use the information below to complete your application online.

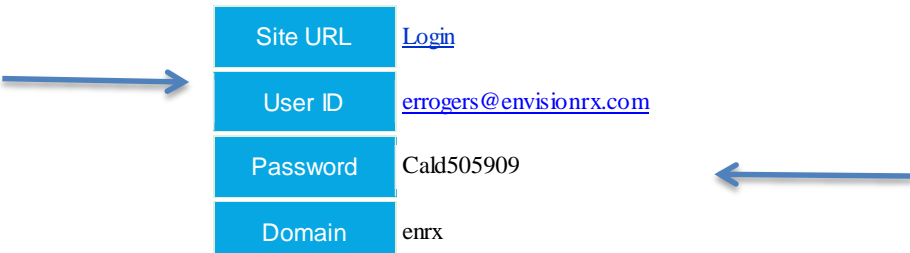
Before you begin the recontracting process, you will need the following information to upload:

A 2019 AHIP, FWA or other qualified certificate

A copy of your Errors and Omissions Insurance Policy (E&O)

Using the User ID and password provided here, click Login to get started.

Your username will remain the same, you will be prompted to change your password upon initial login, the domain will be enr.x.



Site URL	Login
User ID	erogers@envisionrx.com
Password	Cald505909
Domain	enrx

Re-contracting for 2019 Reference Guide

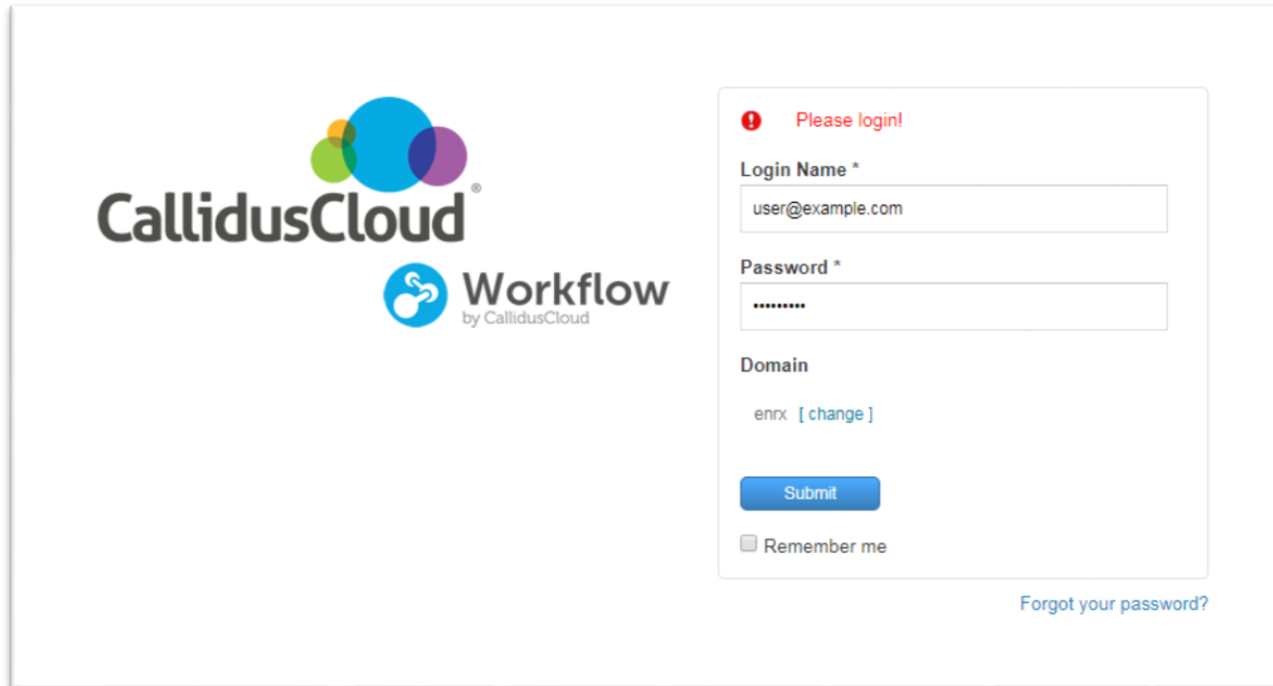
2 – Login

The User ID in your invitation email is your Login Name (your email)

You will be asked to change your password on your first login.

The value for the **Domain** is always **enrx**

Enter your credentials and press Submit.



CallidusCloud
Workflow
by CallidusCloud

Please login!

Login Name *
user@example.com

Password *
.....

Domain
enrx [change]

Submit

☐ Remember me

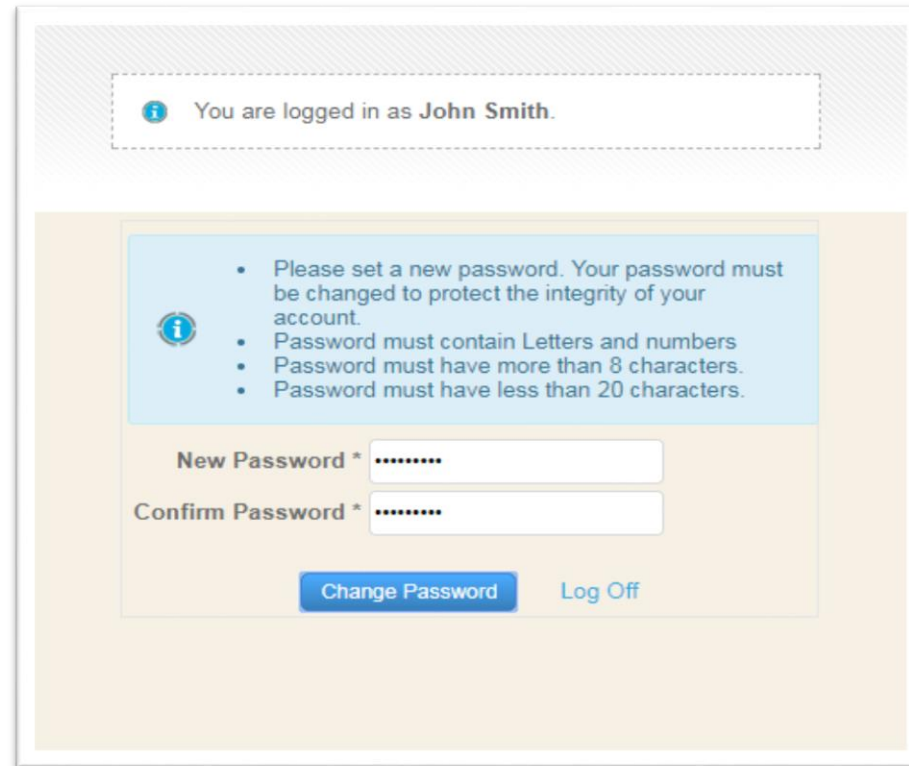
[Forgot your password?](#)

Re-contracting for 2019 Reference Guide

3 - Reset Password

Create a new password to continue.

Between 8-20 characters must contain both letters and numbers



The screenshot displays a web interface for password management. At the top, a grey box contains a blue information icon and the text "You are logged in as John Smith." Below this, a light blue box with a blue information icon lists the password requirements: "Please set a new password. Your password must be changed to protect the integrity of your account.", "Password must contain Letters and numbers", "Password must have more than 8 characters.", and "Password must have less than 20 characters." Underneath the requirements are two input fields: "New Password *" and "Confirm Password *", both containing masked characters (dots). At the bottom, there is a blue button labeled "Change Password" and a blue link labeled "Log Off".

Re-contracting for 2019 Reference Guide

4 – Open the Application

Once you log on, you will see the application link
Click the [blue](#) link under the “Application” column to open your recontracting application.

HOME

Case

Click a blue link in the Application column to open the application

ChartEdit Column

Application	Applicant	Created On	Status	Updated
Recontracting-OB-71	Smith08/02/2018	08/02/2018 08:18:27	Retrieve NPN	08/02/2018 08:18:29

Re-contracting for 2019 Reference Guide

5 – Complete PDB Report Request Form

Confirm your NPN number and hit the SUBMIT button

Initiate Application (Agent)

Confirm your NPN and hit submit to retrieve your information from ICM (Incentive Compensation Management)

NPN * x

Submit

Re-contracting for 2019 Reference Guide

6 - General Tab

You'll now be taken to the main body of your re-contracting application.

The fields on your application will already be completed with the information returned from Callidus Cloud ICM (Incentive Compensation Management) .

PLEASE VERIFY this information is still correct. You can change any of it ***only on this page.***

If you see an asterisk * by any fields, that means that information is required

Please hit "SAVE" on the bottom of every page before moving to the next TAB.

If you omitted any required information on any of the tabs, you will see the word "incomplete" in **RED** on that tab. Please go back and complete. You will be unable to submit at the end if there are any "incomplete" on any tabs

Re-contracting for 2019 Reference Guide

6 - General Tab continued

You will begin on the General tab. Update and add information as needed, hit “SAVE” on the bottom of the page before moving to the next TAB.

There are multiple fields on this page, most of them must be completed, reviewed and confirmed.

Please click on the next tab to continue with your on-boarding process.

General **Incomplete** Insurance **Incomplete** Banking Information Certifications **Incomplete** Education Submit

The information below was pulled from ICM (INCENTIVE COMPENSATION MANAGEMENT). If any of this information has changed, please update it now. Items with an * must be completed if not already filled in.

Producer Type agent

First Name *

Middle Name

Initial

Last Name *

Associate Suffix

Date of Birth *

Gender ☐ Female ☐ Male ☐ Other

NPN 12345678

Contact Email *

NIPR Email

FFM ID

Residential Address Line 1 *

Residential Address Line 2

City *

State *

ZIP *

Business Phone *

Primary Phone Number *

Primary Phone Number Type

Additional Phone Number 1

Phone Number Type

Additional Phone Number 2

Phone Number Type

Additional Addresses

Is your business address the same as your residential address? ☐ Yes ☒ No

Business Address Line 1

Is your mailing address the same as your residential address? ☒ Yes ☐ No

Mailing Address Line 1

Re-contracting for 2019 Reference Guide

7 – Insurance Tab

Provide all required E&O insurance information and upload a copy of your most recent policy certificate.

Please fill out the application below. If you wish to save your progress and complete the application later, click Save and log back in at any time. If you have completed the application, please navigate to the Submit tab and press the blue Submit button. You will be contacted shortly.

Please click on the next tab to continue with your on-boarding process.

General

Insurance

Banking Information

Certifications

Education

Submit

Please provide your E&O insurance information below and upload your E&O certificate. Items with an * must be completed if not already filled in.

Insurance Name *

Acme ins

Expiration Date *

12/01/2018

Policy Number *

9875612

Per Occurrence Limit *

500000

Effective Date *

01/01/2018

Aggregate Limit *

500000

E&O Upload *

CHEAT SHEET for Broker support.docx

Save

Re-contracting for 2019 Reference Guide

8. Banking Information

This will display the current payee for your base commissions

If you believe changes are necessary, contact Envision at EnvisionAgentSupport@Envisionrx.com

Please fill out the application below. If you wish to save your progress and complete the application later, click **Save** and log back in at any time. If you have completed the application, please navigate to the **Submit** tab and press the blue **Submit** button. You will be contacted shortly.

Please click on the next tab to continue with your on-boarding process.

General Insurance **Incomplete** Banking Information Certifications **Incomplete** Education Submit

The information shown below represents the current payee for your commissions. If changes are needed for 2019 commissions, please contact the plan.

Pay Entity Name	Best Insurance Co.
SSN/TIN	123456789
Bank Account Number	987654321
Bank Routing Number	123456789

Save

Re-contracting for 2019 Reference Guide

9 – Certifications Tab

Select the radio button corresponding to the certifications you have; this will cause the relevant fields to display.

Upload your certificates, including a completion date for each one.

Please fill out the application below. If you wish to save your progress and complete the application later, click **Save** and log back in at any time. If you have completed the application, please navigate to the **Submit** tab and press the blue **Submit** button. You will be contacted shortly.

Please click on the next tab to continue with your on-boarding process.

General

Insurance

Banking Information

Certifications

Education

Submit

Upload all relevant certifications. Items with an * must be completed if not already filled in.

Select the
certifications you
have *

☒ AHIP, FWA, Compliance Certification
☐ OTHER

AHIP, FWA,
Compliance
Certification *

AHIP, FWA, Compliance Certification



Completion
Date *



Add the date you completed the FWA

Save

Re-contracting for 2019 Reference Guide

9 – Certifications Tab continued

If you have your compliance certificates outside of AHIP, from another qualified Vendor, the separate FWA and training certificates need to be uploaded.

Include the completion date.

Please fill out the application below. If you wish to save your progress and complete the application later, click Save and log back in at any time. If you have completed the application, please navigate to the Submit tab and press the blue Submit button. You will be contacted shortly.

Please click on the next tab to continue with your on-boarding process.


General Insurance Banking Information Certifications Education Submit


Upload all relevant certifications. Items with an * must be completed if not already filled in.

Select the certifications you have *


☐ AHIP, FWA, Compliance Certification

☒ OTHER


OTHER * AHIP doc.  

Completion Date * 06/18/2018 

FWA * FWA doc.  

Completion Date * 06/18/2018 

Compliance Certificate * Compliance Certificate doc.  

Completion Date * 06/18/2018 

Re-contracting for 2019 Reference Guide

10 - Education Tab

Complete the Litmos training module(s) provided and take a short test.
Click the Continue to my dashboard green box to get started

- Must pass the test within 3 attempts with a 85% score
- If not able to pass in 3 attempts, must wait 6 months to try again.
- **When completed, must go back to the Callidus Cloud Work Flow Tabs to the SUBMIT tab and press the blue SUBMIT button**

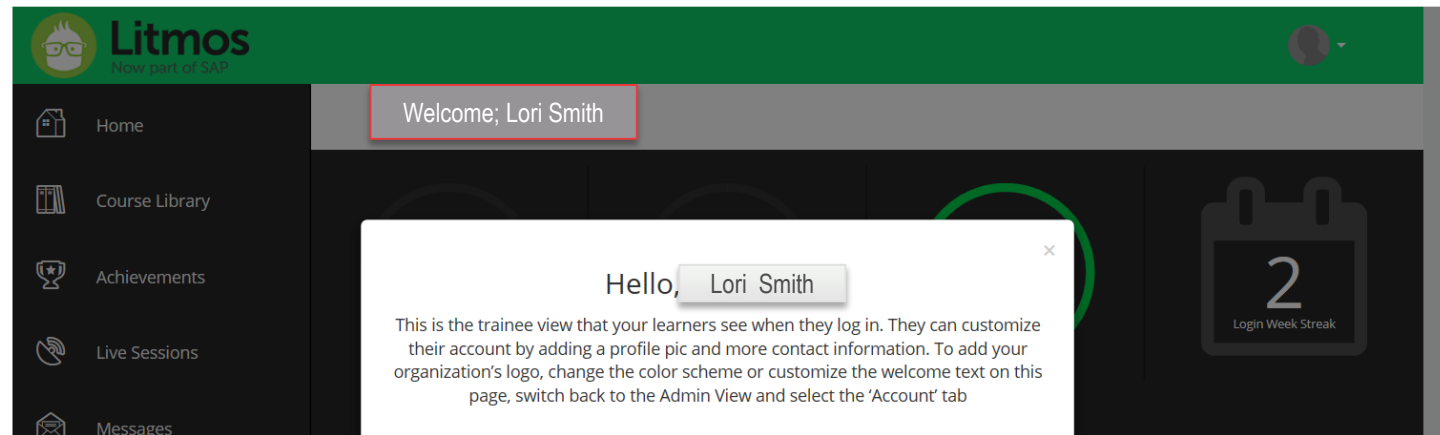
Please fill out the application below. If you wish to save your progress and complete the application later, click Save and log back in at any time. If you have completed the application, please navigate to the Submit tab and press the blue Submit button. You will be contacted shortly.

Please click on the next tab to continue with your on-boarding process.

General Insurance Banking Information Certifications Education Submit

Please complete all training courses below.

Lori Smith



Re-contracting for 2019 Reference Guide

11 – Submit Tab

Once all required Re-Contracting information is entered, click the Submit Tab, then the submit button inside the tab

If you see any **RED** incomplete notes on any of the tabs, you must go back and complete before you would be able to hit submit

Please fill out the application below. If you wish to save your progress and complete the application later, click Save and log back in at any time. If you have completed the application, please navigate to the Submit tab and press the blue Submit button. You will be contacted shortly.

Please click on the next tab to continue with your on-boarding process.

General Insurance Banking Information Certifications Education Submit

Submit

Save

Re-contracting for 2019 Reference Guide

12 – Success Page

You will be able to review the information you have submitted.

No information can be changed at this stage. Once Agent is completed and recontracted, they will be able to edit their personal information

Your application has been submitted! You may close this window.

General	Licenses & Appointments	Insurance	Certifications	Agreement
---------	-------------------------	-----------	----------------	-----------

First Name	Lori	Address Line 1	123 Home St
Middle Name		Address Line 2	
Last Name	Smith	City	Mayberry
Associate Suffix		State	OH
Date of Birth	03/28/1994	ZIP	44087
Gender		Primary Phone Number	212-234-3727
NPN	12345678	Primary Phone Number Type	Cell
FFM ID		Additional Phone Number 1	
Contact Email	lduraj@envisionrx.com	Additional Phone Number 2	
NIPR Email		Phone Number Type	
Business Phone	212-234-3727		

Addresses

Business Address Line 1		Mailing Address Line 1	123 Home St
Business Address Line 2		Mailing Address Line 2	
Business City		Mailing City	Mayberry
Business State		Mailing State	OH
Business Zip		Mailing Zip	44087

Re-contracting for 2019 Reference Guide

13 - Email Notifications

You will receive emails notifying you if your application is approved, rejected, or requires more Information.

.

Once approved, the Agent receives a Welcome email notification that they are ready to sell for 2019.

Your Writing number and the log in to ICM will remain the same