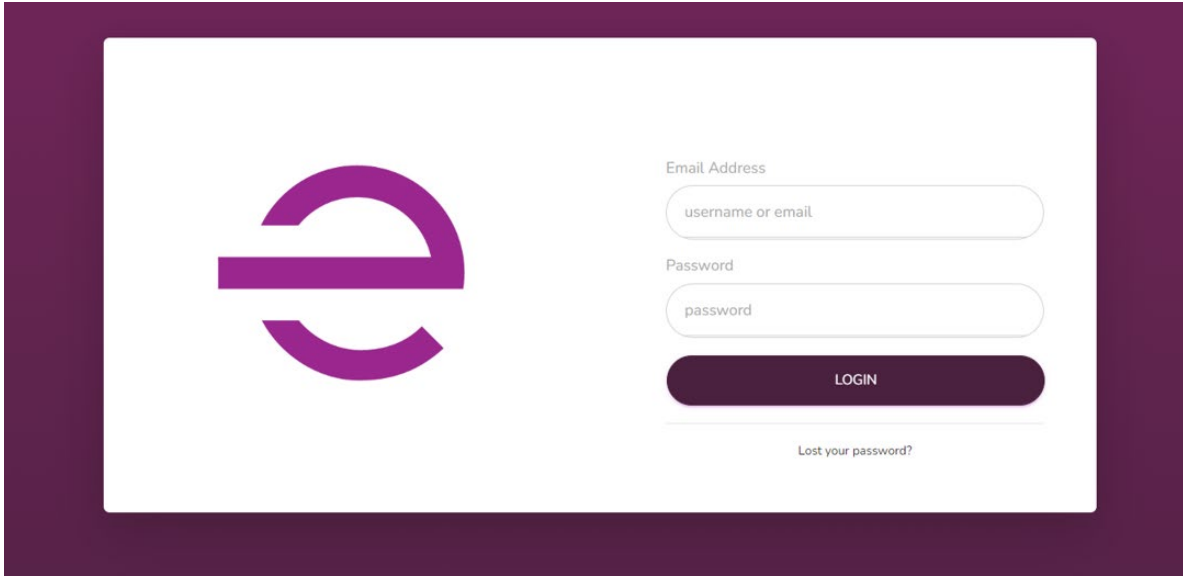




To begin the onboarding process email brokeronboarding@hometownhealth.com: send the agent/agency NPN, Email, and Product considering to sell (MA, Commercial or both).



EVOLVE PORTAL GUIDE

EVOLVE PORTAL

URL: <https://hth.evolverxt.com/login.htm>

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AGENT/AGENCY DASHBOARD

Quick Links

Helpful URL links to access quickly

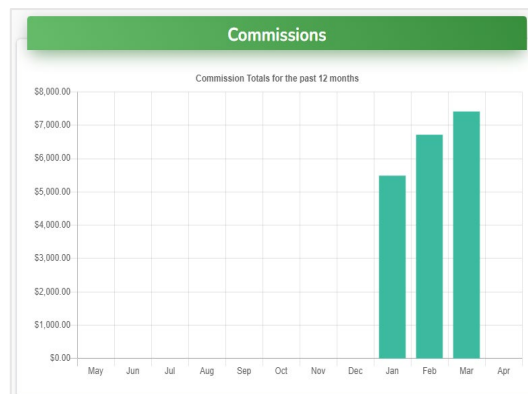
Quick Links

More Links

Link	Description
Salesforce	Quoting System for commercial sales and renewals.
IFP-Rate-Grid	IFP-Rate-Grid
Benefits at a Glance	Benefits at a Glance

Commissions

Graphical View of commissions earned



Notifications

Click View Details to see messages

🔔 Notifications

View Details

My Downline's Credentials (Agency Only)

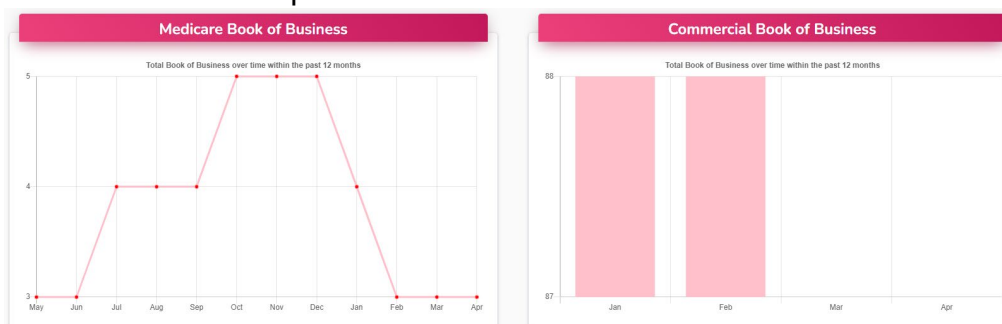
Graphical View of commission

My Downline's Credentials

Downline Status	0 Active/Certified 0 Suspended
Downline Licenses	116 Active 7 Inactive
View Details	

Book of Business

Graphical View of MA and Commercial



Ready to Sell (Agency Only)

Displays what License, Training and DOI are valid or need attention

- Select Download Details > Excel report will generate > select the tabs to view

Ready To Sell

Credentials	Number of Expired	Status
License	5	Attention
Training	18	Attention
DOI	0	All Valid
View Details Download Details		

ONBOARDING

AGENCY CREATING NEW ONBOARDING CASE

- Select MY CREDENTIALS tab > My Certification Cases > CREATE CASE

- Complete fields accordingly (if LOB is Medicare select Medicare & Commercial)
- Sales Level: Agent 01, General Agency 10 or Master Agency 20
- Select LOA-commissions paid to Agent or Direct-commissions paid to agent

AN EMAIL NOTIFICATION IS SENT OUT TO THE AGENT/AGENCY WHEN A CASE IS CREATED.

- If you have an existing Evolve profile login with other carriers use current credentials

From: donotreply@evolvenxt.com <donotreply@evolvenxt.com>
Sent: Wednesday, April 6, 2022 12:21 PM
To: Test Testing <TestTesting@hometownhealth.com>
Subject: Evolve Agent Contracting Registration

Dear Test Testing,

Please use the link below in order to complete your contract and 2022 certification for Hometown Medicare Advantage and Commercial Group Plans.

URL: <https://hth.evolvenxt.com/login.htm>
 Login email address: Test.Testing@hometownhealth.com
 Password: C7A3897AD273

If you are unable to access the link above or have any questions regarding the process, please contact your upline agency, or Broker Onboarding at brokeronboarding@hometownhealth.com or call Hometown Health Broker Services at 775-982-3100.

Thank you!

ONBOARDING CASE STATUS

- Under My Credentials view Status
- If Approved a welcome RTS email notification will be sent

- If Denied or Incomplete an email notification will be sent to the agent

Email Example:

From: donotreply@evolgenxt.com <donotreply@evolgenxt.com>
Sent: Wednesday, April 27, 2022 3:40 PM
To: Test Testing <TestTesting@hometownhealth.com>
Subject: Hometown Health 2022 Contract and Certification Incomplete - Action Required

Dear Test Testing,

We are unable to complete your contract and 2022 certification at this time. Please see comment below in order to correct the information.

If you would like commissions to be paid directly to you, please enter banking information.

Otherwise, please disregard and resubmit. Thank you!

You will need to login to the portal in order to correct the information above.

URL: <https://hth.evolgenxt.com/login.htm>

If you are unable to access the link above or have any questions regarding the process, please contact your upline agency, or Broker Onboarding at brokeronboarding@hometownhealth.com or call Hometown Health Plan Broker Services at 775-982-3100.

Thank you!

STATEMENTS

- Select STATEMENTS in the navigation menu > SEARCH
- The arrows ↑↓ on each tab let you ascend/descend
- Statement can be uploaded as PDF or Excel-(this format will have more details)

	Statement Number	Statement Date	Payee	Transactions	Credits	Debits	Balance	Amount
★ PDF Excel	3139	03/01/2022	Test Testing	6	\$620.48	\$-24.77	\$0.00	\$595.71
PDF Excel	2885	02/01/2022	Test Testing	6	\$744.33	\$0.00	\$0.00	\$744.33
PDF Excel	2119	01/01/2022	Test Testing	6	\$744.33	\$0.00	\$0.00	\$744.33

Showing 1 to 3 of 3 entries

BOOK OF BUSINESS

MEDICARE BOOK OF BUSINESS

- Select Book of Business for Medicare Only > SEARCH
- Filter by any field, and/or active/inactive members
- The arrows ↑↓ on each tab lets you ascend/descend
- Select DOWNLOAD to see report in an Excel format

EVOLVENXT Search Members

NAVIGATION

- DASHBOARD
- STATEMENTS
- BOOK OF BUSINESS**
 - Book of Business**
 - Search Groups
 - Search IFP Policies
 - Search GRP Policies

First Name Last Name Member ID

Effective From Effective To Rep NPN

Active Member Inactive Member

SEARCH DOWNLOAD

Member ID ↑↓ First Name ↑↓ Last Name ↑↓ MBI Number ↑↓ Start Date ↑↓

COMMERCIAL BOOK OF BUSINESS

- Select “Group or IFP” > SEARCH
- Filter by any field, and/or active/inactive members
- The arrows ↑↓ on each tab lets you ascend/descend
- Select DOWNLOAD to see report in an Excel format

EVOLVENXT Search Policies

NAVIGATION

- DASHBOARD
- STATEMENTS
- BOOK OF BUSINESS**
 - Book of Business**
 - Search Groups
 - Search IFP Policies
 - Search GRP Policies

First Name Last Name Policy ID

Effective From Effective To

Show 10 entries

SEARCH DOWNLOAD

Policy ID ↑↓ First Name ↑↓ Last Name ↑↓ Product ↑↓ Start Date ↑↓

MY ACCOUNT

ACCOUNT INFO

- Select View/Edit to change/update your Personal & Business demographics > SAVE

EVOLVENXT

NAVIGATION

- DASHBOARD
- STATEMENTS
- BOOK OF BUSINESS >
- MY CREDENTIALS >
- MY ACCOUNT >
 - Account Info**
 - Payee Info

Account Info

EDIT ACCOUNT INFO

Personal Information

First Name Last Name

Business Phone Mobile Phone Marketing Phone

Email

Address Information

BUSINESS

Address

City State Zip

PAYEE INFO

- Select View/Edit to update/change Payee or Banking information
- Click to Show/Hide information
- Select ACH and Upload Voided Check
- Click CANCEL EDIT or SEND CHANGE REQUEST

EVOLVENXT

NAVIGATION

- DASHBOARD
- STATEMENTS
- BOOK OF BUSINESS >
- MY CREDENTIALS >
- MY ACCOUNT >
 - Account Info
 - Payee Info**

Payee Info

EDIT PAYEE INFO

Name Dayna Clark Address

City State Zip SSN / TIN

Show / Hide Information

CANCEL EDIT **SEND CHANGE REQUEST**

Banking Method

ACH

Account Number 99999999 Verify Account Number 99999999 Routing Number 99999999

Financial Institution Account Type CHECKING

Voided Check Upload * **BROWSE**

Show / Hide Information