

Icario Agent Portal

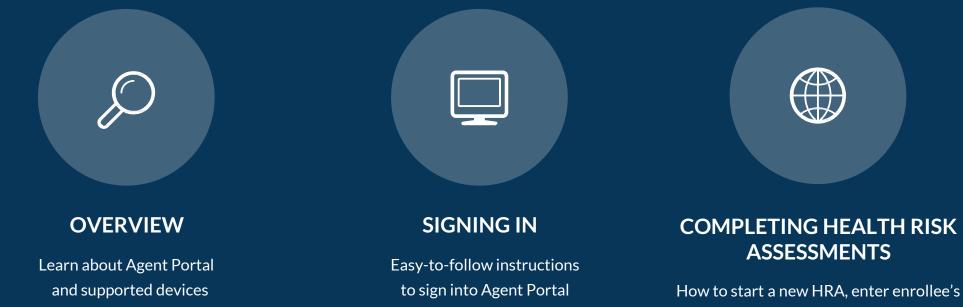
Agent Training



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TRAINING TOPICS

Step-by-Step Instructions For Agents and Brokers



information, and complete an HRA



Icario Agent Portal

OVERVIEW: Agent Portal

Agent Portal is a user-friendly tool within the Icario platform designed for efficiency. Now Agents and Brokers can quickly capture assessments as part of a seamless sign-up process for *new* plan enrollees.

OVERVIEW: TECHNICAL REQUIREMENTS

Supported Browsers

Preferred Browsers for Best Performance:

 \checkmark Google Chrome

 \checkmark Firefox

 \checkmark Edge

Other Browsers (these will work but we recommend the above):

√ Safari





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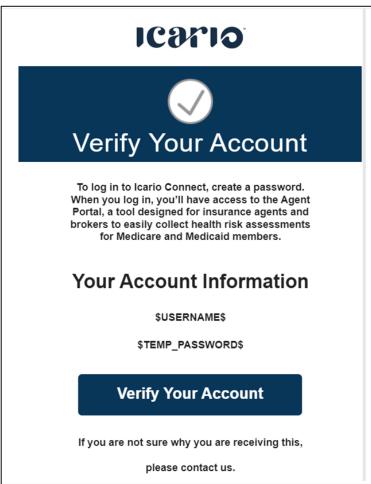


Creating an Account

CREATING AN ACCOUNT: EMAIL INVITATION

Email Invitation:

- You must verify your Agent Portal account
 - Details on how to do this are sent via a Welcome Email
 - You will receive a temporary password and be prompted to create a new password upon login



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CREATING AN ACCOUNT: SETTING A PASSWORD

Creating a Password:

- Your password must:
 - \circ Be at least 8 characters in length
 - Contain at least 3 of the following types of characters:
 - Lower case letters (a-z)
 - Upper case letters (A-Z)
 - Numbers (i.e. 0-9)

••••••	
	e at least 8 characters long and letter, a lowercase letter and a number
Confirm new	password
	Submit
	Login

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Agent Portal Demo



Signing into Agent Portal

SIGNING IN: ICARIO CONNECT

Login Page:

• <u>https://admin.icario.health/login</u>

Username:

• Enter your email address.

Welcome to Icario Connect
Username
Password
Login
Forgot password?

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SIGNING IN: ICARIO CONNECT

Password:

- Enter the new password you just created
- Click the 'Login' button
- If you need to reset your password, click on "Forgot Password?" and you'll be emailed instructions on how to reset it

agent2@icariohealth.com
Login
Forgot password?

SIGNING IN: ICARIO CONNECT

Success! You've signed in.

• You are immediately brought to the homepage





Starting & Completing an Assessment

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Menu

- Navigate to the menu on the left-hand side
- You can expand the menu by clicking on the arrow

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1) Select Members in the Navigation Bar

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Survey status	lite de	Member search	า					Clear all filters
A Members	~						Create prospective n	nember Apply
< Close menu		Select segment (0)•	Status (0) 🔹	Profile ID		Instrument	Userna	me
		First name	Last name					
		Advanced search						
	∢ ⊧	Current filters: none						
	<)	ID Status Firs	st name Last	name	DOB	Identifier number	Inst. type	Email
0					1005-			

2) Click on Create prospective member in the Navigation Bar

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Survey status	Member search
은 Members 🗸 🗸	Create prospective member Apply
< Close menu	Select segment (0)• Status (0) • Profile ID Instrument Username
ар ар ар ар ар ар	First name Last name
() () () () () () () () () ()	∧ Advanced search
- 4 6 - 4 6 6 - 4 6 - 4 6	Current filters: none
	ID Status First name Last name DOB Identifier number Inst. type Email

3) Fill in the member information The following fields are required

- First name
- Last name
- Gender
- DOB
- Segment
- State
- Identifier type
- Identifier number

	nember		
First name *	(Required)	Last name *	(Required)
Middle initial		Gender *	(Required)
DOB *	(Required)	Select segments *	(Required)
State *	(Required)		
Identifier type *	Ident	ifier number *	+
	•		
		Pleas	e enter all required field:
CANCEL	SAVE	ADD ANOTHER G	O TO MEMBER

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Segment field is a drop down list.

Select "MULTISTATE" under Capital Blue Cross market in screen

Pro	Prospective	member	Type minimum 3 cha CLEAR ALL ICARIOTENANT CAPITAL BLUE CROSS CAPITAL BLUE CROSS	Clear all filters
	First name *	(Required)		quired)
	Middle initial			quired)
Las	DOB *	(Required)		quired)
Bra	yyyy-mm-dd	=	Select segment	<u>^</u>
Tig	State *	(Required)		
Pro	Identifier type *	Identif	ier number *	+
Co		•		
Bra			Diasce enter	all required fields.
Bic	CANCEL	SAVE	· · · · ·	MEMBER

Identifier type is a drop-down field.

MBI should always be selected as the identifier

•	member		
First name *	(Required)	Last name *	(Required)
Middle initial		Gender *	(Required)
DOB *	(Required)	Segments	
yyyy-mm-dd		Select segment	•
Identifier type *	Ident	ifier number *	+

Identifier number will restrict the MBI format per CMS.

Note: Letters will need to be uppercase.

First name *	(Required)	Last name *	(Required)
Middle initial		Gender *	(Required)
			•
DOB *	(Required)	Segments	
yyyy-mm-dd	=	Select segment	-
Identifier type *	Ident	ifier number *	•
МВІ			
CANCEL	SAVE	ADD ANOTHER	GO TO MEMBEF

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Identifier number will restrict the MBI format per CMS.

Note: Letters will need to be uppercase.

First name *	(Required)	Last name *	(Required)
Middle initial		Gender *	(Required)
			•
DOB *	(Required)	Segments	
yyyy-mm-dd	=	Select segment	•
Identifier type *	Ident	ifier number *	
МВІ		 dentifier	
CANCEL	SAVE	ADD ANOTHER GO	D TO MEMBER

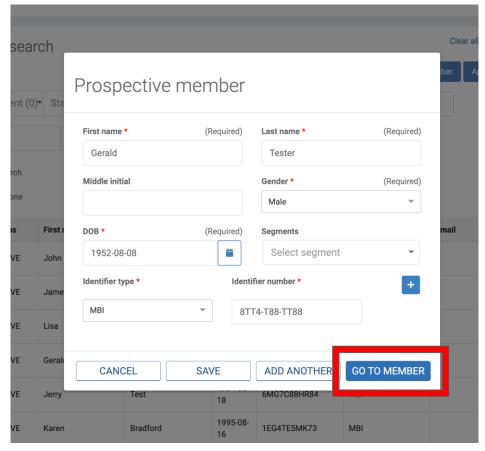
Identifier number will restrict the MBI format per CMS.

Note: Letters will need to be uppercase.

First some t	(De suised)	1	(Deguined)
First name *	(Required)	Last name *	(Required)
Middle initial		Gender *	(Required)
		Male	Ψ
DOB *	(Required)	Segments	
1952-08-08	=	Multi-State	•
Identifier type *	Ident	ifier number *	
MBI	- 8T	T4-T88-TT88	

When all required fields are completed, click on GO TO MEMBER on right.

This will save the prospective member record.



After Clicking Go To Member, you will be brought to the member profile.

Click on the down arrow to the right of CBX MEMBER HRA.

Click on Take Survey.

Ways to Earn	v Hidden Promotions		Apply Clear all	filters	Status Profile ID Segment Gender	PROSPECTIVE 699 IcarioTenant:Capital Cross:Capital Blue Cross:Medicare:Mul Male	
Current filters: none	Display All Programs				DOB Created On Last Login	2022-08-29 2022-09-20	
ID	Program 10742-1532451-CBC-Medicare-AgentPortal-2022	Max Reward	Program Status ACTIVE	0	Identifier Type MBI 🚖	ID 1EG4FE5KK78	8
CBC AGENT PORTAL					Contact	n/a	
Св	C Member HRA 📵			^	8	n/a	
			Take Survey				

HEALTH ASSESSMENT: NAVIGATING THE ASSESSMENT

Capturing Responses to the Assessment:

- A new window will open displaying the survey
- A singular question will appear on each screen
- After answering a question, click next to be brought to the next question
- You may go back and change an answer at any time before completing the assessment.

In general, how do you rate your overall health?

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0	Excellent
0	Very good
0	Good
0	Fair
0	Poor

Back

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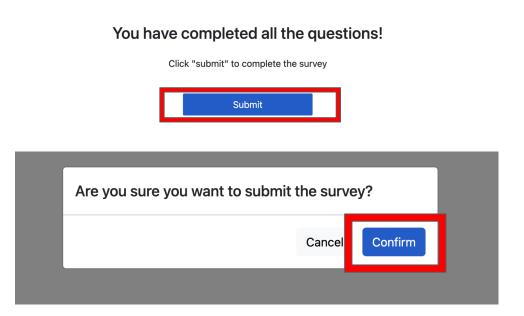
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HEALTH ASSESSMENT: NAVIGATING THE ASSESSMENT

When you've completed all questions, you will be prompted to submit the survey.

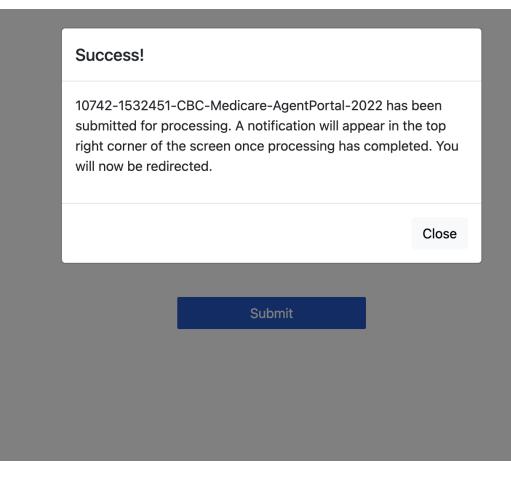
Click on Submit button and you will be prompted to Confirm the submission.

!!NOTE: You must fully submit the survey for it to be counted as complete.



HEALTH ASSESSMENT: NAVIGATING THE ASSESSMENT

After submitting the survey, you will receive a confirmation message that the survey has been submitted.



AGENT DASHBOARD

You can view your completed surveys by navigating to the Survey Status icon in the navigation menu.

Q	Survey status					
گ				EXPORT	SELECT SEGMENT (0) FILTERS =	
>						
ہ ج ہ	First name	Last name	Assessment date	Instrument	Survey results	
	CBC	Prospective	2022-09-29	1EG4FE5KK78	COMPLETED	



Thank You



Appendix

