

# Cigna Healthspring Contracting Guide

## The Guide at a Glance

- 1 Request your contracts using the customized contract request link provided by your upline agency.

After you submit your contract requests, wait 24 business hours. Then:

- 2 You will receive an email with a link from Cigna Healthspring:  
[producerexpress@sircon.com](mailto:producerexpress@sircon.com)

You can complete Step #3 immediately after Step #2. This should take about an hour.

- 3 Using the link from Step #2, log in and navigate to the Get Started page. Here, you're going to fill out your information, complete a questionnaire and sign some documents.

After completing Step #3, please allow at least 5 business days for processing.

- 4 Once the contract is processed, you will receive a certification email directly from Cigna HealthSpring informing you that you are able to start certifications **after an additional 5 days**. Once you have completed all required certifications, the carrier will be notified.

Please allow up to 7 business days before Step #5 occurs.

- 5 You will receive a welcome email confirming you are ready to sell!

*Continue reading the following pages for more details on the contracting process.*

# Cigna HealthSpring Contracting Guide

The email address that the Cigna HealthSpring contracting link will be coming from is:

[producerexpress@sircon.com](mailto:producerexpress@sircon.com)

Dear <Agent Name>,

Welcome to Cigna-HealthSpring Producer Onboarding. Our Producer Express application will guide you through your credentialing process for Cigna-HealthSpring.

Click on the link below to begin the credentialing process. This link will take you to Producer Express. You will then click the "Get My Password" button to obtain authorization for entry to your secure appointment package. The password will be e-mailed to you separately.

<https://px.sircon.com/getPassword.do?id=35755932&subscriberId=11788&userId=2641347>

If you have any questions, please contact HealthSpring Agent Assistance Line (HAAL) at 1-866-442-7516 or email [contracting.mailbox@healthspring.com](mailto:contracting.mailbox@healthspring.com).

Sincerely,

Cigna-HealthSpring Contracting Unit

Click on the Contracting Link and choose "Get My Password".

### Welcome to Producer Express

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#### Need a password?

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Welcome to Producer Express, the fastest way to get contracted with Cigna-HealthSpring. Producer Express guides you every step of the way as it fills out the contracting forms for you.

To begin, you will need a temporary password to gain secure access to your contracting packet.

[Get My Password](#)

#### Already have a password?

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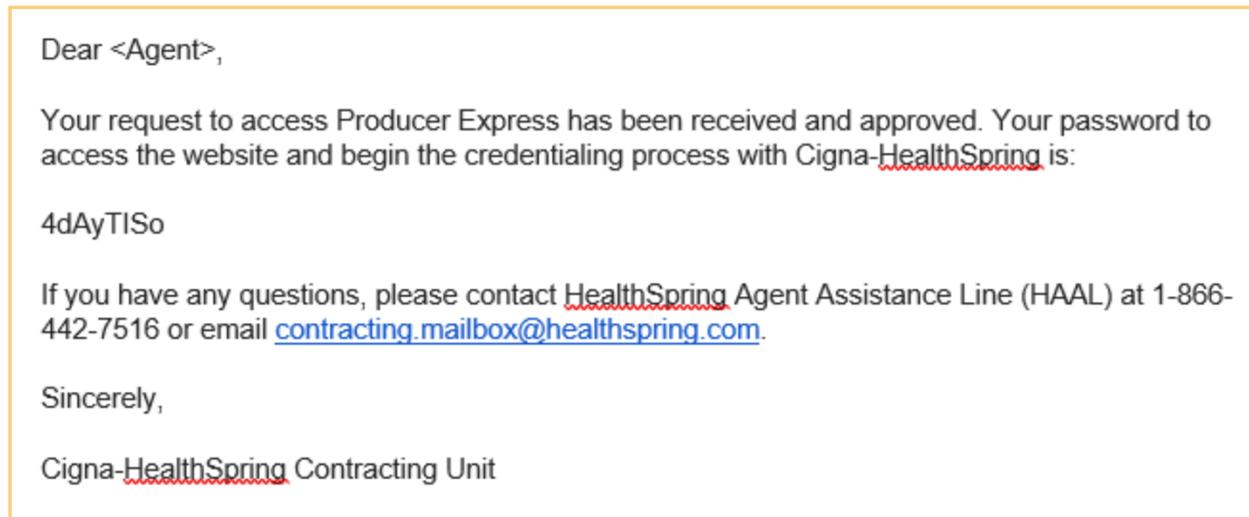
If you already have a password, enter it into the box below and click on "Continue."

If you've lost your password, [click here](#) to have a temporary one sent to you.

Password

# Cigna Healthspring Contracting Guide

You will receive a message saying a password has been sent to your email. See below example.



Enter your password on the contracting page:

**Enter Password**

Thank you. A password has been sent to your email address. You should receive it in a few minutes. Once you have your password, enter it into the box below and click on "Continue."  
If you've lost your password, [click here](#) to have a temporary one sent to you.

**Password**

You are then prompted to change your password. Then click "**Continue**".

You will be taken to the "**Getting Started**" page. Read the information and press: "**Start**".

Read the User Agreement. Be sure to click the "**I Agree**" box at the bottom of the page. Then choose "**Continue**".

Read the Hierarchy Information and confirm it is all correct.

# Cigna Healthspring Contracting Guide

Make sure that under FMO name it says "MHB INS SERVIES LLC". If everything is correct, click "Continue".

### Hierarchy Information

If the following is not reflective of your hierarchy structure, stop and call your Qualified Recruiter at (520) 760-6223 or email [Contracting@medicarehealthbenefits.com](mailto:Contracting@medicarehealthbenefits.com). By clicking Continue, you agree that this hierarchy information is correct and will be asked to eSign the Hierarchy Form at the end of this process.

**Agent Name:**  
GA Name: NA  
MGA Name: NA  
SGA Name: NA  
FMO Name: MHB INS SERVICES LLC

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Fill out the entire "Agent Information" page and then press "Continue."

### Agent Information

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**First Name**  **Middle Name**  **Last Name**  **SSN**

**Birth Date (MM-DD-YYYY)**  **Mobile Phone**  **Business Phone**

**E-mail**

**National Producer #**

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#### Residential Address

**Line One**  **Line Two**

**City**  **State**  **Postal Code**  **County**

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#### Business Address

# Cigna Healthspring Contracting Guide

Read the Requested Appointment States and then click “Continue.”

### Requested Appointment States

Cigna-HealthSpring does not operate in all 50 states. Your Qualified Recruiter requested appointment(s) in the following state(s). If you are not licensed in the state(s) listed below, an appointment will not be processed. Please contact your Qualified Recruiter at (520) 760-6223 or email [Contracting@medicarehealthbenefits.com](mailto:Contracting@medicarehealthbenefits.com) if the information below is incorrect, or if you would like to request additional appointment(s). Inaccurate information reported here does not require a hard-stop, please proceed in completing your onboarding invitation.

TN - Tennessee

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BackContinue

Complete the Questionnaire and click “Continue.”

### Questionnaire

Please answer the following questions. If you answer "Yes", please provide an explanation in the area below or attach a separate sheet with details.

**FAILURE TO HONESTLY AND COMPLETELY ANSWER ANY OF THE QUESTIONS BELOW MAY RESULT IN A DENIAL OF YOUR APPLICATION FOR APPOINTMENT.**

1. Have you EVER been convicted of, had a judgment withheld or deferred, or are you currently charged with committing any felony or misdemeanor (other than a minor traffic violation - i.e. driving without a license, reckless driving, etc.)? You should include convictions for driving under the influence (DUI) or driving while intoxicated (DWI).  No  Yes

2. If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? If yes, please attach copy of 1033 consent approved by your home state.  No  Yes

3. Are you currently a party to or have you ever been found liable in any lawsuit, claim, investigation or proceeding alleging breach of trust or fiduciary duty, forgery, fraud, or any other act of dishonesty?  No  Yes

4. Has any federal or state regulatory agency ever found you to have been involved in a violation of federal or state regulations or laws?  No  Yes

5. Has any federal or state regulatory agency ever refused, denied, suspended or revoked your registration or license or disciplined you by restricting your activities?  No  Yes

# Cigna Healthspring Contracting Guide

Complete the Direct Deposit of Commission section, choosing yes or no, then click “Continue.”

### Direct Deposit of Commission

Do you want to use Electronic Fund Transfer (Direct Deposit)?

**Yes**  **No**

**An option to prevent delays in receiving your compensation is to sign up for Direct Deposit.**

**If you select 'Yes' a copy of the Direct Deposit form, including instructions for submitting the form, will be available for you to print at the end of the onboarding process.**

**If you select 'No' a paper check will be mailed to you.**

**Please note, some Cigna Companies do not offer Direct Deposit. When you enroll we will process your request against all lines of business that offer Direct Deposit. For those companies that do not participate you will receive commissions via paper checks.**

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Review the summary and confirm all the information entered is correct. Then click “Continue.”

Read and Sign Documents. Be sure to Click “I agree to use electronic records and signatures” in order to proceed.

### Please Review & Act on These Documents

 **Vertafore 11788**  
Vertafore 11788 PROD



 Please read the **Electronic Records and Signature Disclosure**.

I agree to use electronic records and signatures.  **OTHER ACTIONS** ▾

DocuSign Envelope ID: 3B35BB25-D3EF-4C30-93C4-5F2EC575B712



 Change Language - English (US) ▾ | Copyright © 2019 DocuSign Inc. | v2R

Click "Start" and read all the documents. Sign EACH one and when complete, click “Finish.”

# Cigna Healthspring Contracting Guide

Once you sign all the documents and select finish, you will receive Confirmation that your contract is completed. You will be able to print your contract and Cigna will begin processing.

Once the contract is processed, you will receive a certification email directly from Cigna Healthspring informing you that you are able to start certifications.

Dear Recruiter for Sybil Mercier,

This letter is to cor .HealthSpring has processed and submitted appointments to the state Departments of Insurance (DOI) as requested by MHB INS SERVICES LLC, the topline agency in your nieraarcy. The states for which those appointments were submitted are listed below. Unless we notify you otherwise, you may assume that these appointments have been accepted and finalized by the DOIs involved.

AL - Alabama  
TN - Tennessee

**NOTE: ALL required courses/training, including the National Medicare Training, MUST be successfully completed prior to conducting any business on behalf of Cigna-HealthSpring. ANY business written on behalf of Cigna-HealthSpring, without the successful completion of all contracting and certification requirements as indicated in your signed Cigna-HealthSpring contract, will not be eligible for any compensation and could result in termination. The steps necessary to access and complete your Cigna-HealthSpring certification are listed below:**

What's next?

In 5 days from the date of this letter, Sybil Mercier will be able to begin certification by following the instructions outlined below:

1. Access the certification website at: <https://www.cignahealthspringproducers.com/>
2. Enter your National Producer Number (NPN) as: 8439383 and click "Continue"
3. Complete all of the required fields.
4. Select your National CMS Medicare Training Provider. If you have already completed your National CMS Medicare Training via AHIP please select AHIP as your provider and you will have an opportunity later to transfer your score and receive credit.
5. Once you have successfully completed registration, your certification account will be created and your username will be displayed. You will now use this username and password, to log-in to the certification system. **This username and password will also be used for any subsequent visits that you make to this site so please make a note of it!**
6. Once you are logged in, please select the "TRAINING" link and a list of required and recommended courses will be displayed on this page for your completion.

After you have waited the full 5 days, you are able to login and begin the certification process. Please click on the link within the certification email. **(See Certification Guide for full process.)**

[www.cignahealthspringproducers.com](http://www.cignahealthspringproducers.com)

Once you have completed all required certifications, the carrier will be notified.

Within the next **5-7 business days**, you will receive a Welcome Email directly from the carrier with your writing number.

**Until you receive the Welcome Email, you are NOT RTS.**

**Note: If you have any issues with contracting or certifications, please email [contracting@medicarehealthbenefits.com](mailto:contracting@medicarehealthbenefits.com) for guidance.**