



Beyond Healthcare. A Better You.



# WellCare Mobile Enrollment Platform for Medicare

June 2019

- Purpose & Key Features
- Section I – App Installation
- App Login & Landing Pages
- Section II – Scope of Appointment Form
- Section III – Enrollment Form
- Section IV – Offline Mode
- Section V – FAQs
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Active Certified Agents can now use the WellCare Enrollment Platform to obtain a compliant Scope of Appointment (SOA) and Enrollment from the beneficiary.

## **The SOA Form and Enrollment Form offers these features:**

- Installs on iPhone/iPad and Android devices
- Digital Capture of Agent's Electronic Signature
- Digital Capture of Beneficiary's Electronic Signature
- Online/Offline Mode – SOA/Enrollment
- CMS Approved Alternative Languages
- Complete an SOA with Appointment ID#
- Complete an Enrollment with Confirmation ID#



# Section I

## App Installation

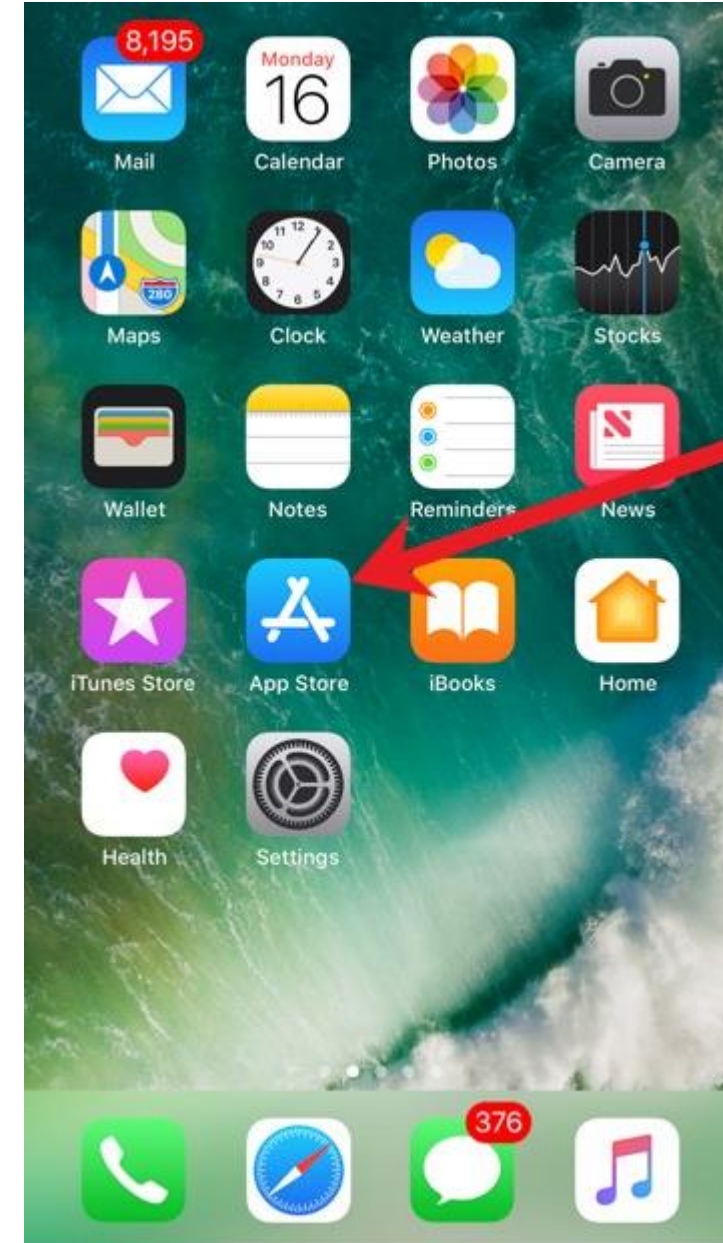




# Installation Guide for Apple Devices

# Mobile SOA Installation - Apple

To install the Mobile SOA App on Apple iOS device. Click on the App Store.





# Mobile SOA Installation - Apple

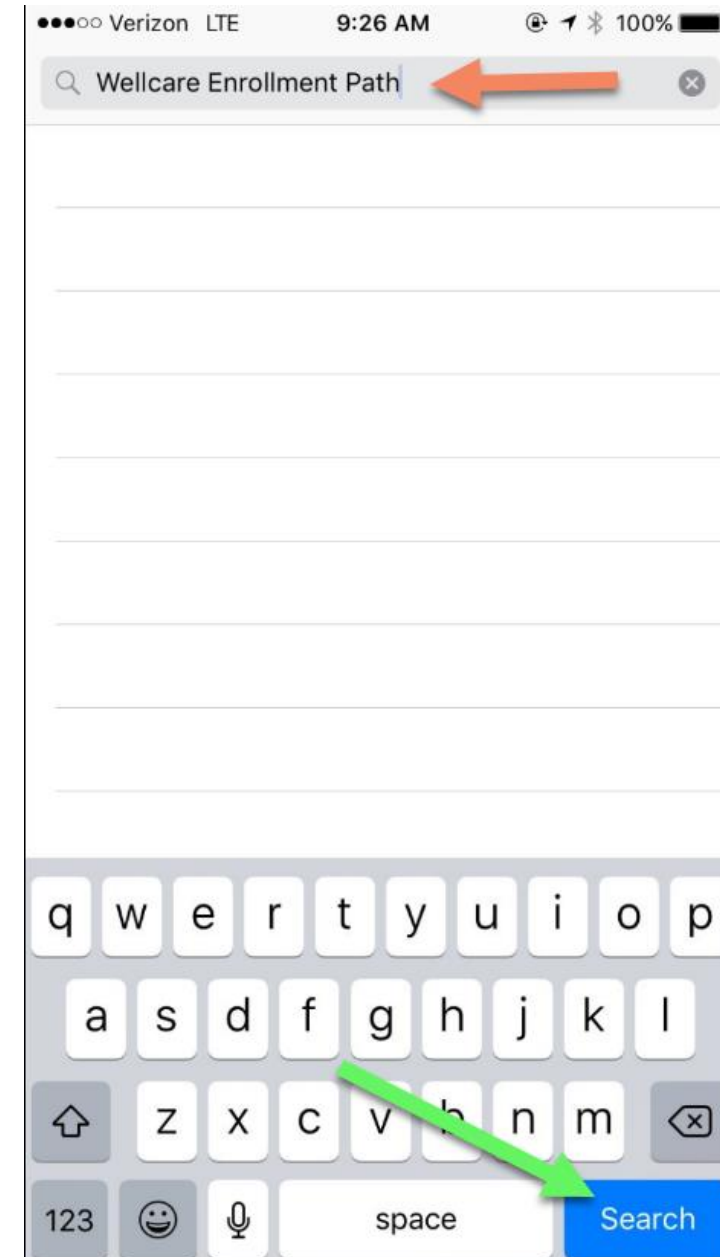
Click Search





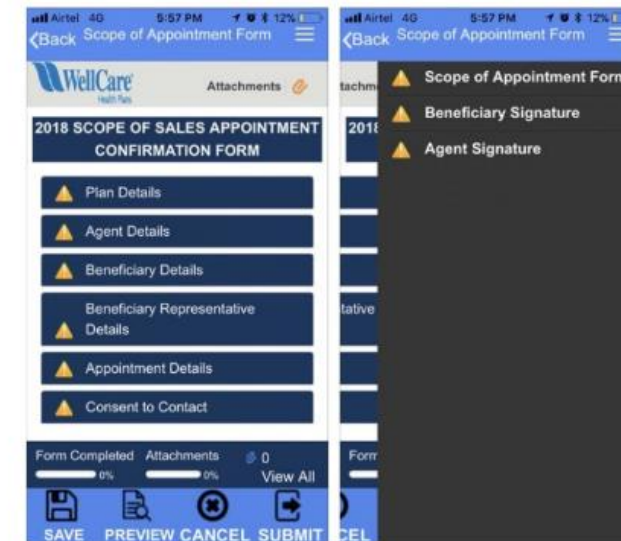
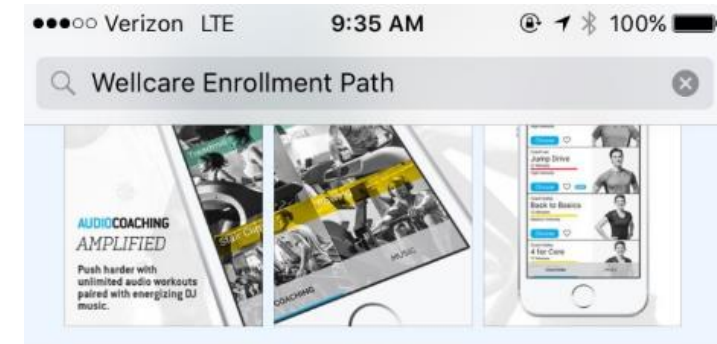
# Mobile SOA Installation - Apple

In the **Search** field type  
**‘WellCare Enrollment Path’**  
and click **Search**



# Mobile SOA Installation - Apple

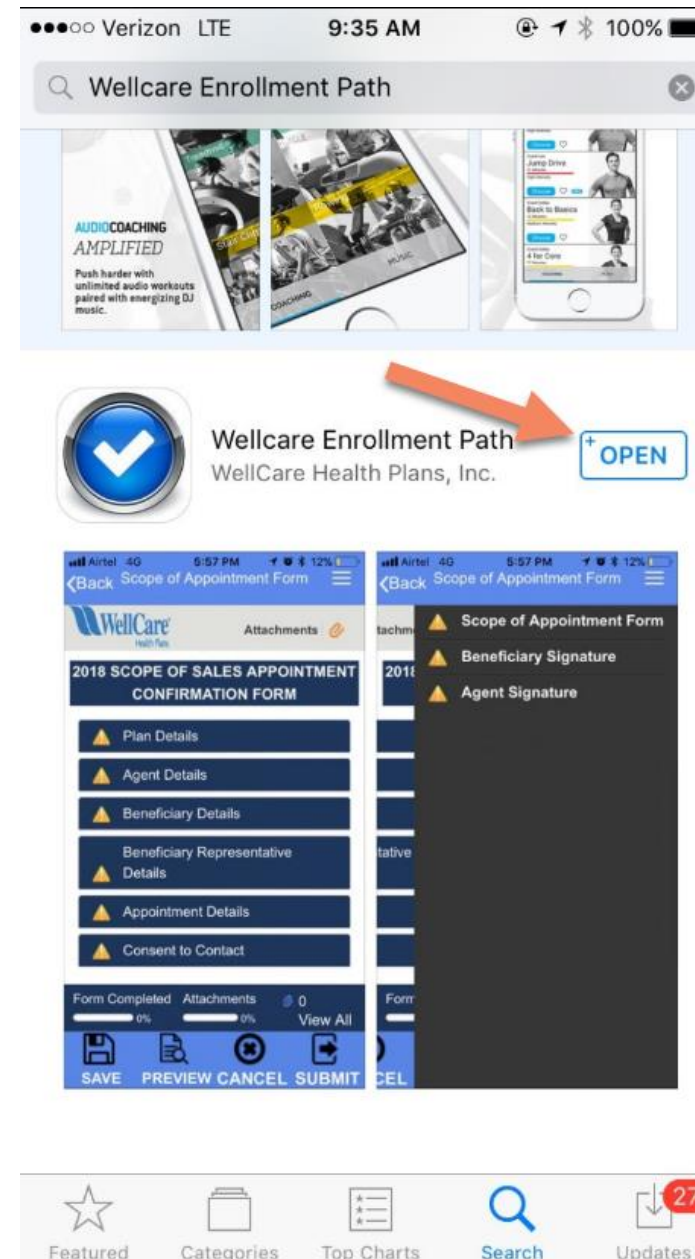
Click **Get** then click **Install**.  
The app will begin to install.





# Mobile SOA Installation - Apple

Once installed click **Open**  
or  
On the home screen, tap on the **WellCare Enrollment Path** icon to launch the app and login.



# Mobile SOA Installation - Apple



6:23 PM Wed 6 Mar

30%

MOBILE ENROLLMENT APPLICATION


National Producer Number

WellCare Producer Identification Number

LOGIN


[Click here to look up your NPN](#)

For assistance with your WellCare Producer Identification Number,  
please contact Producer Services at 866-822-1339

WellCare<sup>®</sup>  
Health Plans

App Version : 2.0.8

Powered by

NEWGEN

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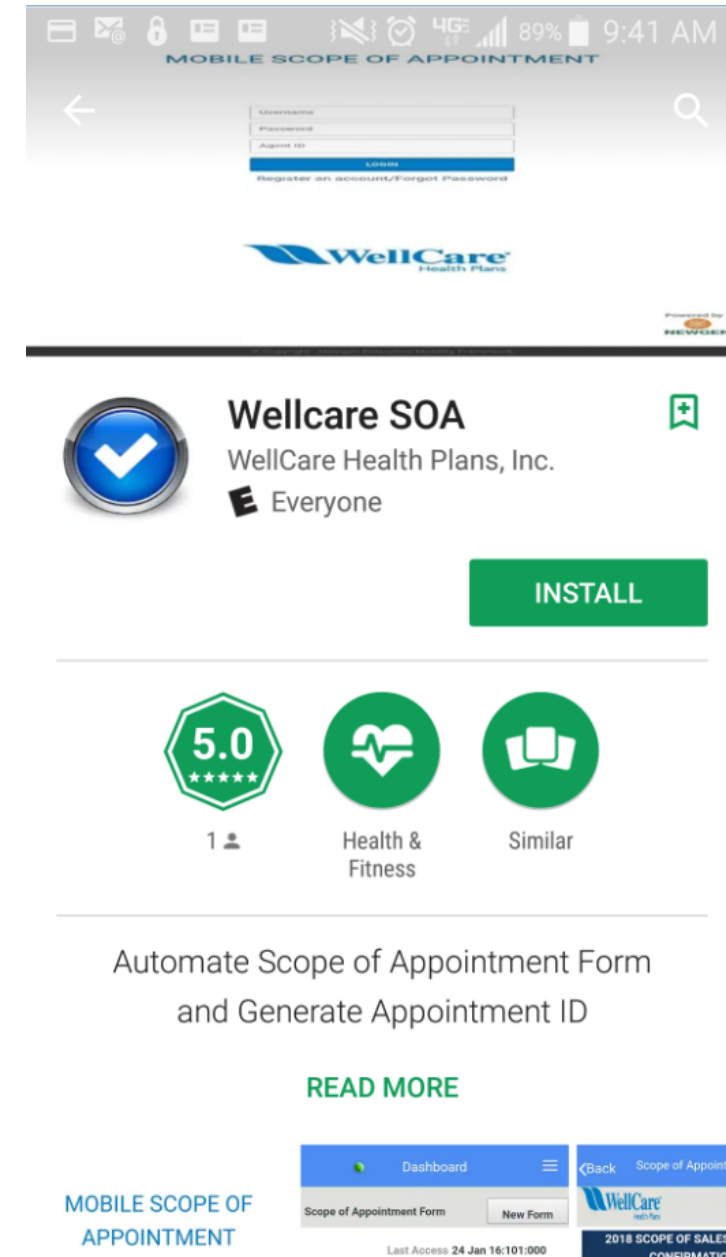




# Installation Guide for Android Devices

# Mobile SOA Installation - Android

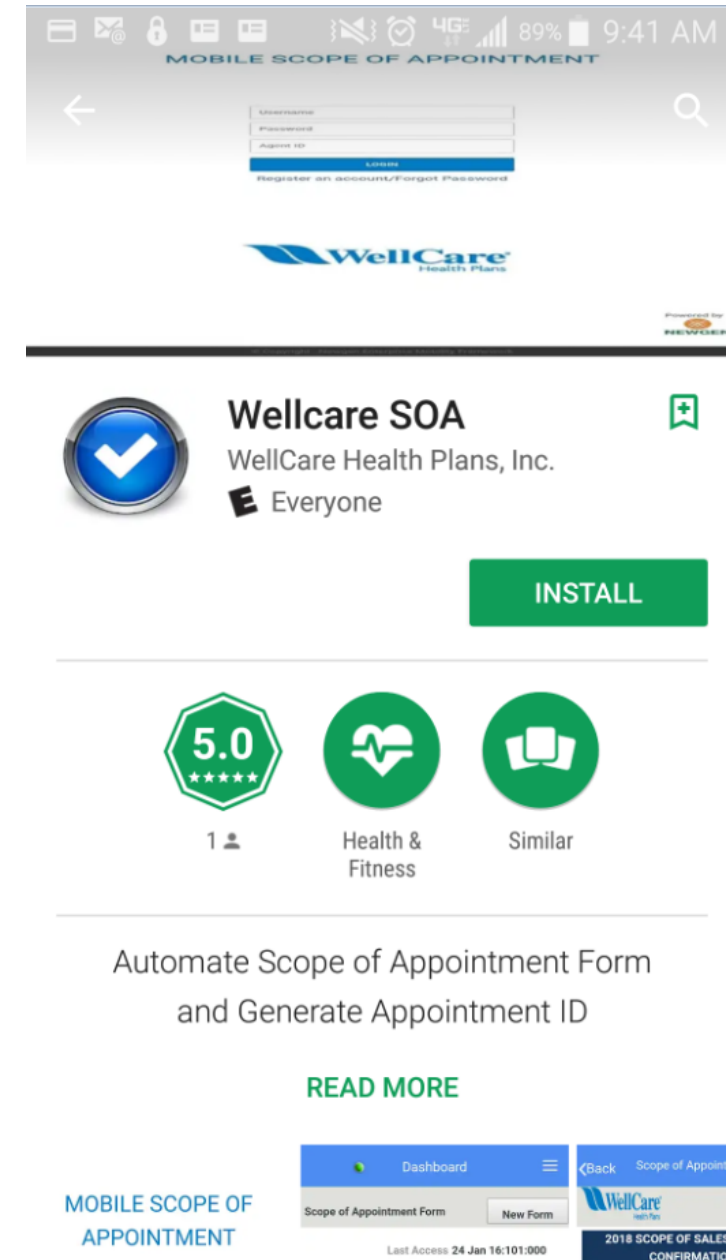
If you have an Android device you can install the Mobile SOA app from Google Play Store. Search “**WellCare Enrollment SOA**” in the Google Play Store.





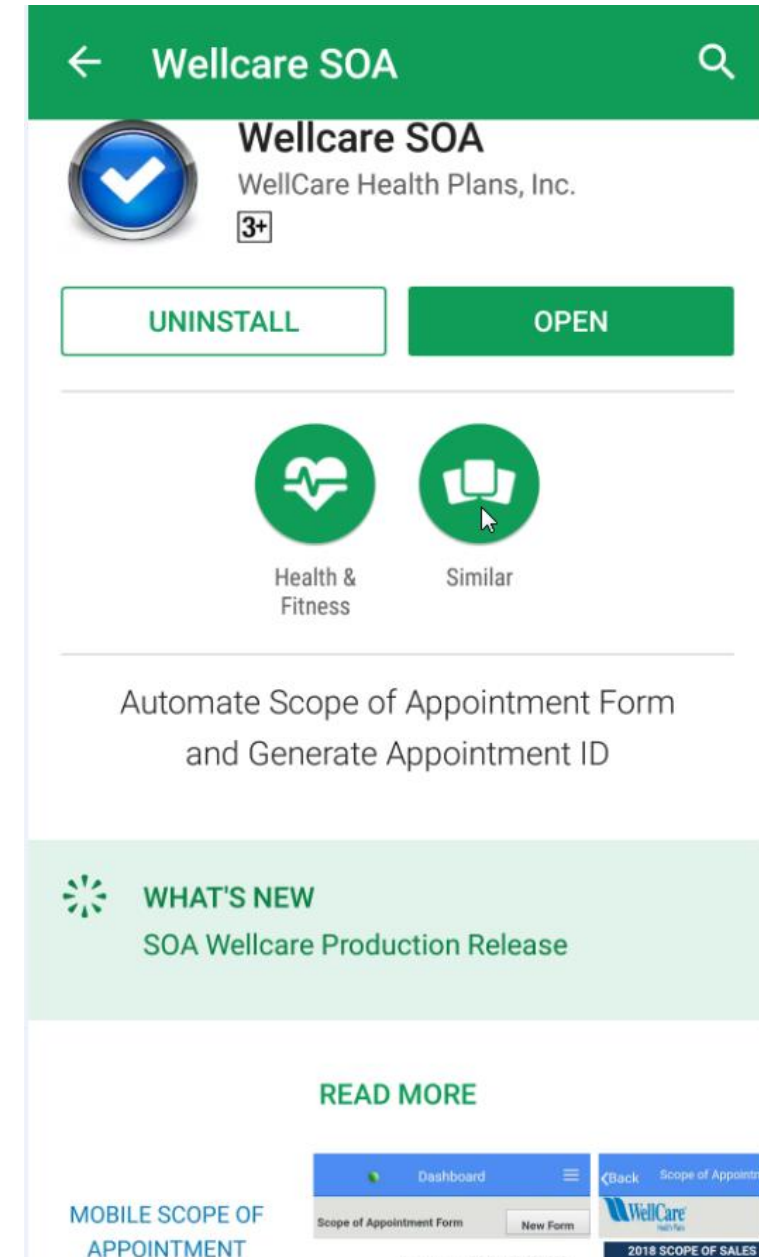
# Mobile SOA Installation - Android

Click “**INSTALL**” (Shown at Right)



# Mobile SOA Installation - Android

Once installed click Open or on the home screen, tap on the WellCare SOA app icon to launch the app and login.





# Mobile SOA Installation - Android



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30%

MOBILE ENROLLMENT APPLICATION


National Producer Number

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Health Plans

App Version : 2.0.8

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# App Login Page & Landing Page

# WellCare Enrollment Platform– Login Page

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## MOBILE ENROLLMENT APPLICATION


National Producer Number

WellCare Producer Identification Number


LOGIN

[Click here to look up your NPN](#)

For assistance with your WellCare Producer Identification Number,  
please contact Producer Services at 866-822-1339



App Version : 2.0.8

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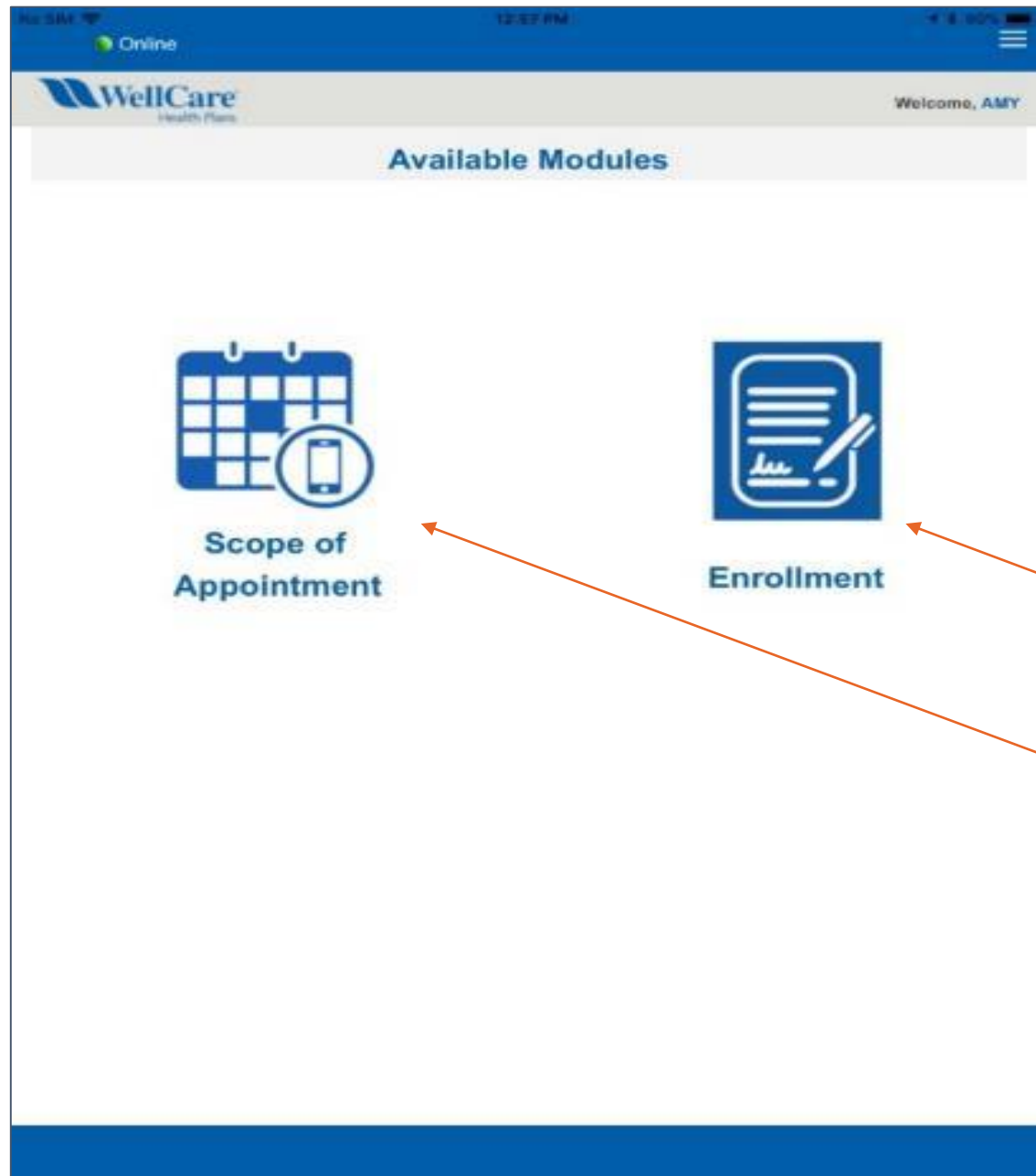
© Copyright - Newgen Enterprise Mobility Framework

- To log into the application agents must be certified with WellCare
- National Identification Number (NPN) and WellCare Producer Identification Number are used as credentials to log into the application

For Security purposes, the application will close after 30 minutes idle time. Agent will need to go back into the SOA or application using their credentials



# WellCare Enrollment Platform – Forms Page



Agent can select the Scope of Appointment (SOA) or Enrollment Form



# Section II

## Scope of Appointment (SOA) Form

Active Certified Agents will use the SOA Form as the primary method for obtaining SOA from the beneficiary in lieu of calling the Appointment Verification Line (AVL). The SOA Form creates a compliant SOA.

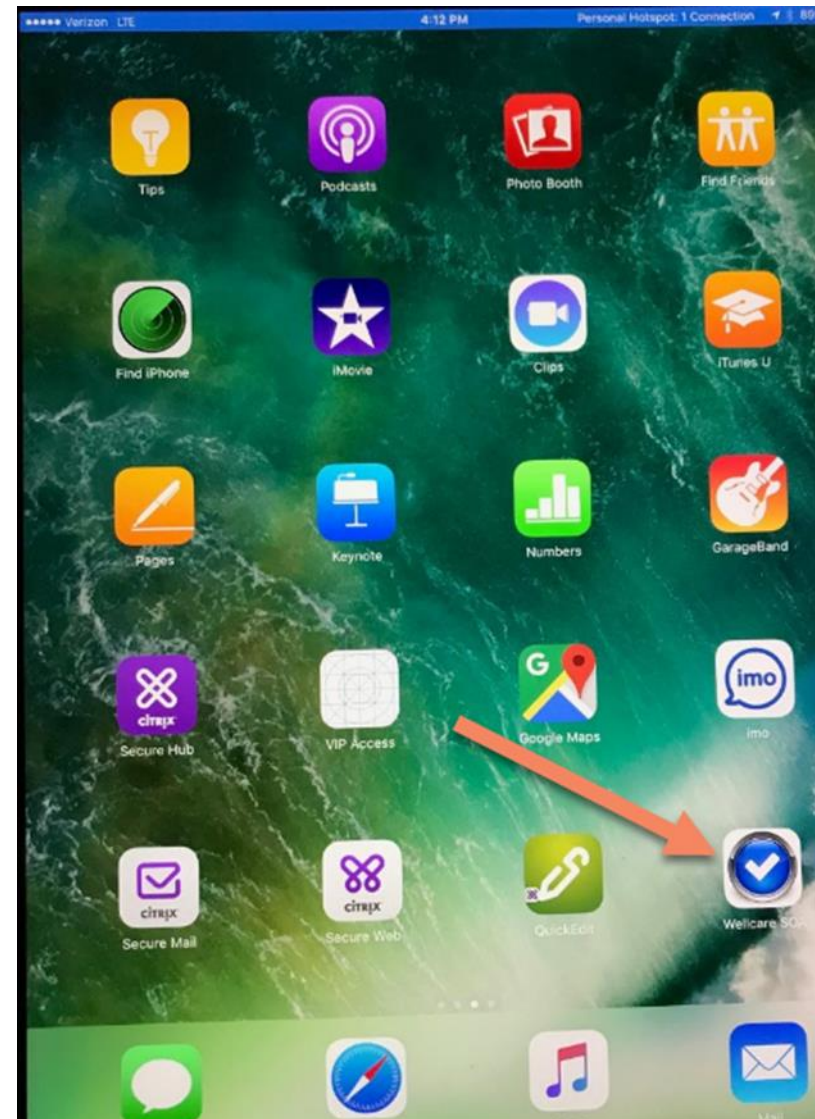
The SOA Form offers these features:

- Installs on Apple iOS and Android devices
- Digital Capture of Agent's Electronic Signature
- Digital Capture of Beneficiary's Electronic Signature
- Photo capture of Paper SOA (when conducting paper scope)
- Online/Offline Mode
- Should a beneficiary not want to use the Mobile SOA app or they are visually impaired, the AVL will still be available to capture Scope of Appointment.



# Launch the WellCare Enrollment Platform

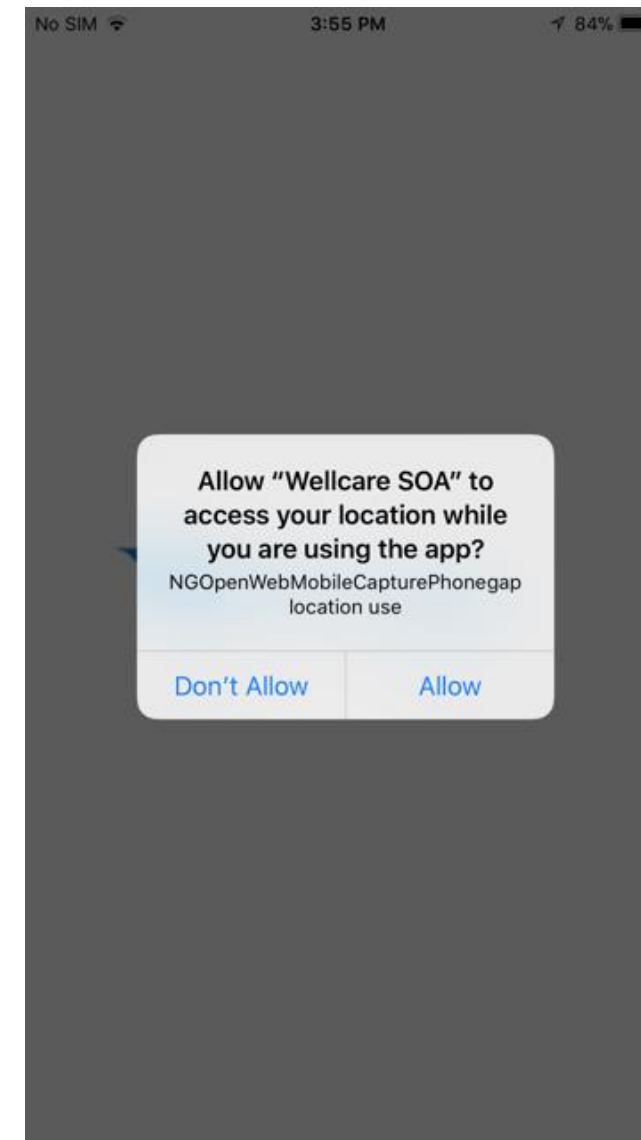
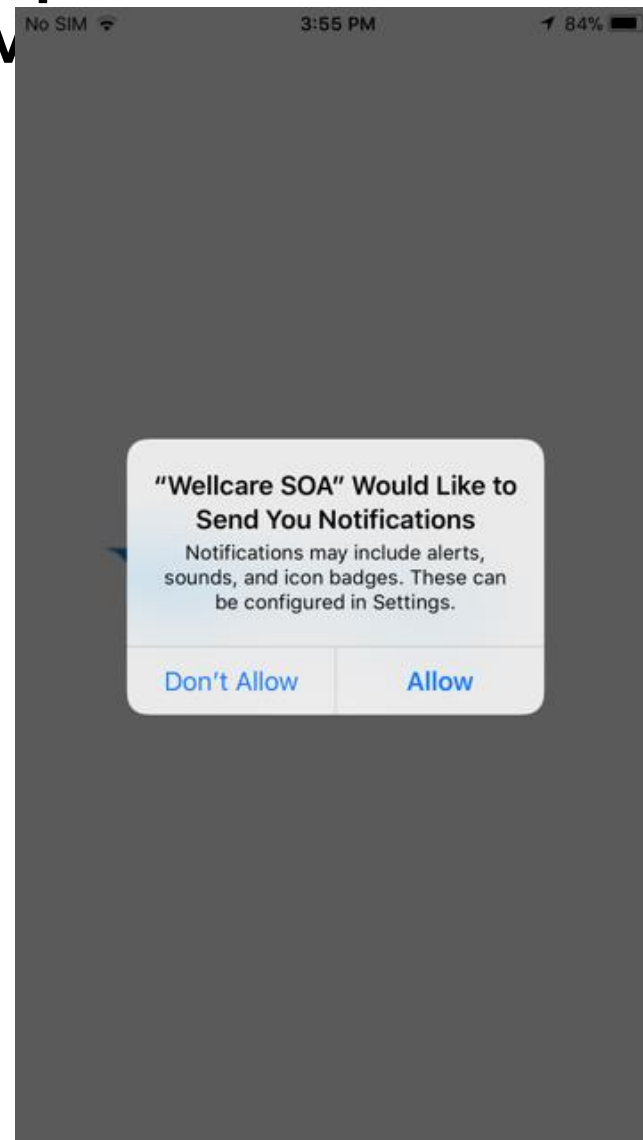
Tap on the  
Mobile  
**WellCare  
Enrollment  
Platform** icon  
from your  
mobile device.



# Enable WellCare Enrollment Platform on Device



When prompted, always select **Allow** (as shown in the examples below) which will enable the WellCare Enrollment Platform to work with your device.



# WellCare Enrollment Platform – Login Page

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## MOBILE ENROLLMENT APPLICATION


National Producer Number

WellCare Producer Identification Number


LOGIN

[Click here to look up your NPN](#)

For assistance with your WellCare Producer Identification Number,  
please contact Producer Services at 866-822-1339



App Version : 2.0.8

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- To log into the application agents must be certified with WellCare
- National Identification Number (NPN) and WellCare Producer Identification Number are used as credentials to log into the application

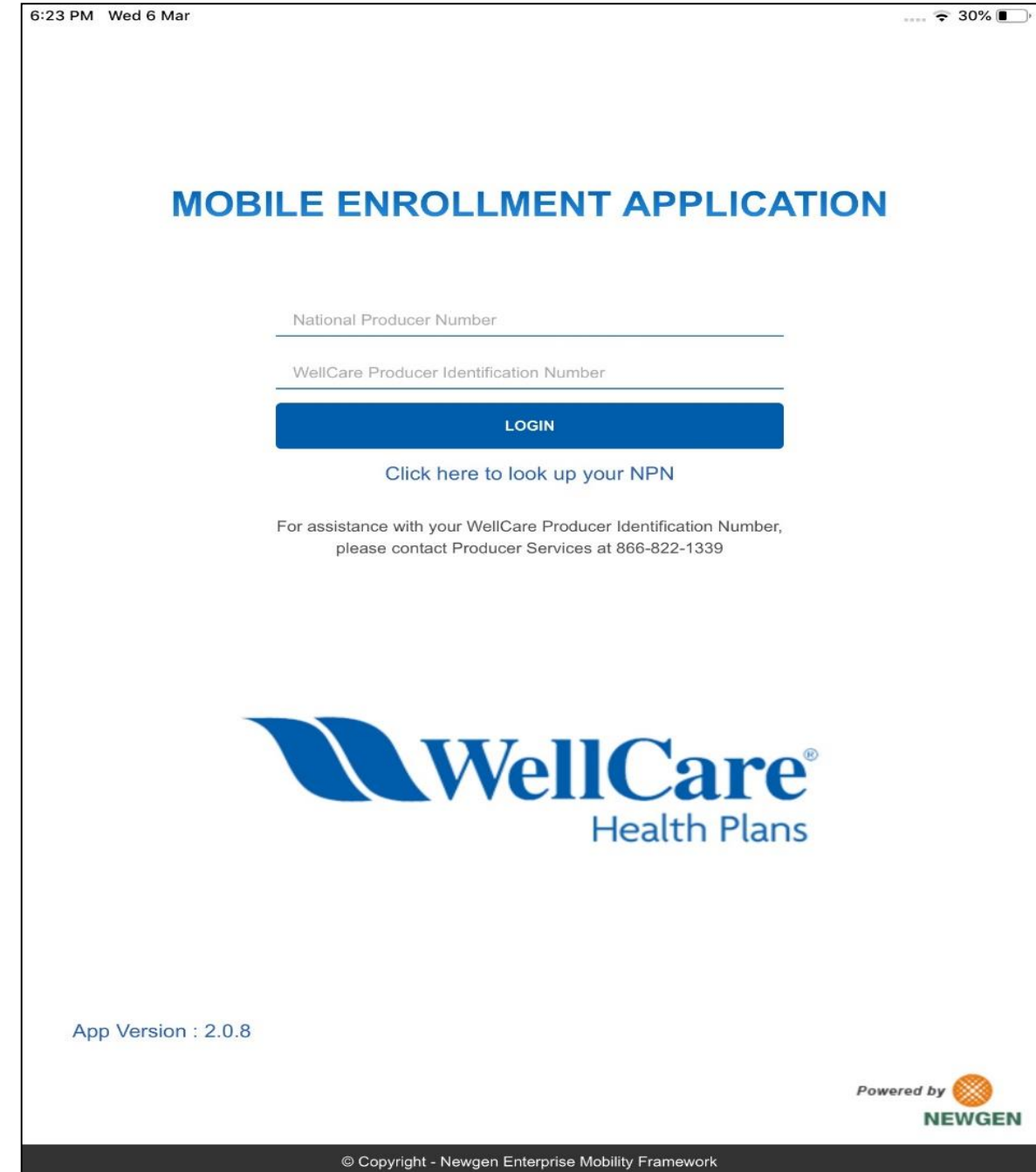
For Security purposes, the application will close after 30 minutes idle time. Agent will need to go back into the SOA or application using their credentials



# Login: Downloading Masters

On initial login of the application, **Downloading Masters** will begin. Please wait until the master files are downloaded. Downloading Masters takes 2-3 minutes to process on a first time login. This is a file download to the mobile application from Salesforce.

An example of what it looks like is shown on the next slide for iOS and Android devices.



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## MOBILE ENROLLMENT APPLICATION


National Producer Number

WellCare Producer Identification Number


LOGIN

[Click here to look up your NPN](#)

For assistance with your WellCare Producer Identification Number, please contact Producer Services at 866-822-1339



App Version : 2.0.8

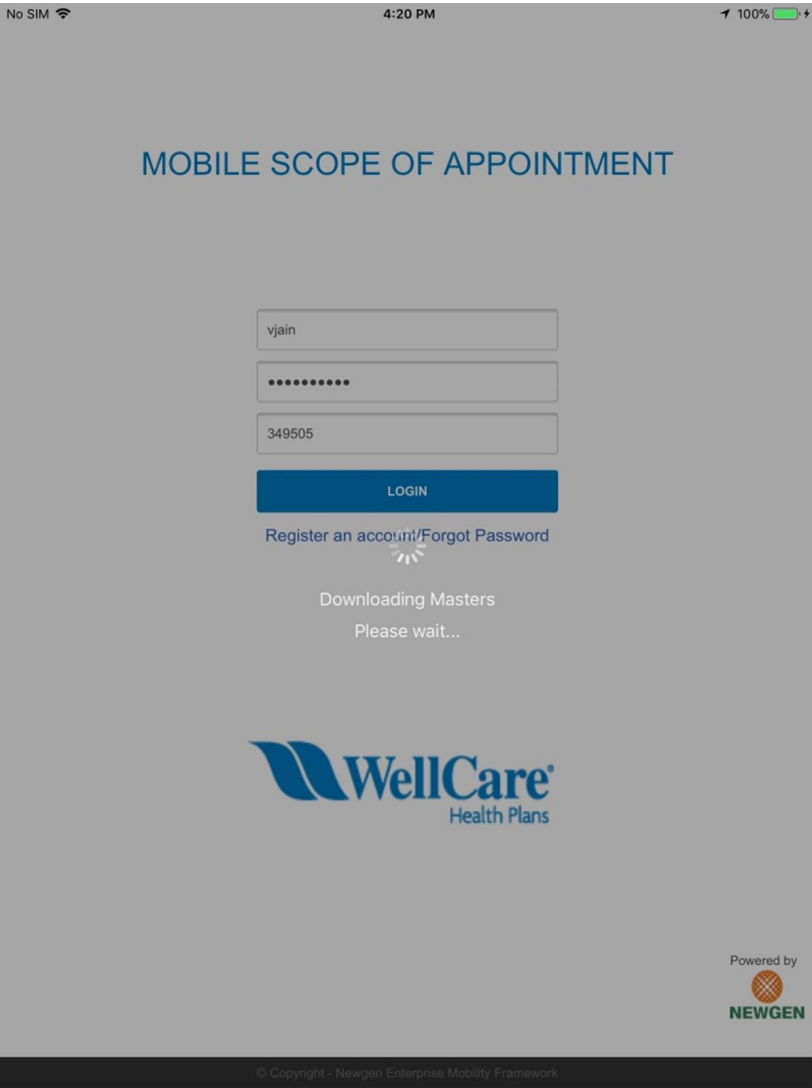
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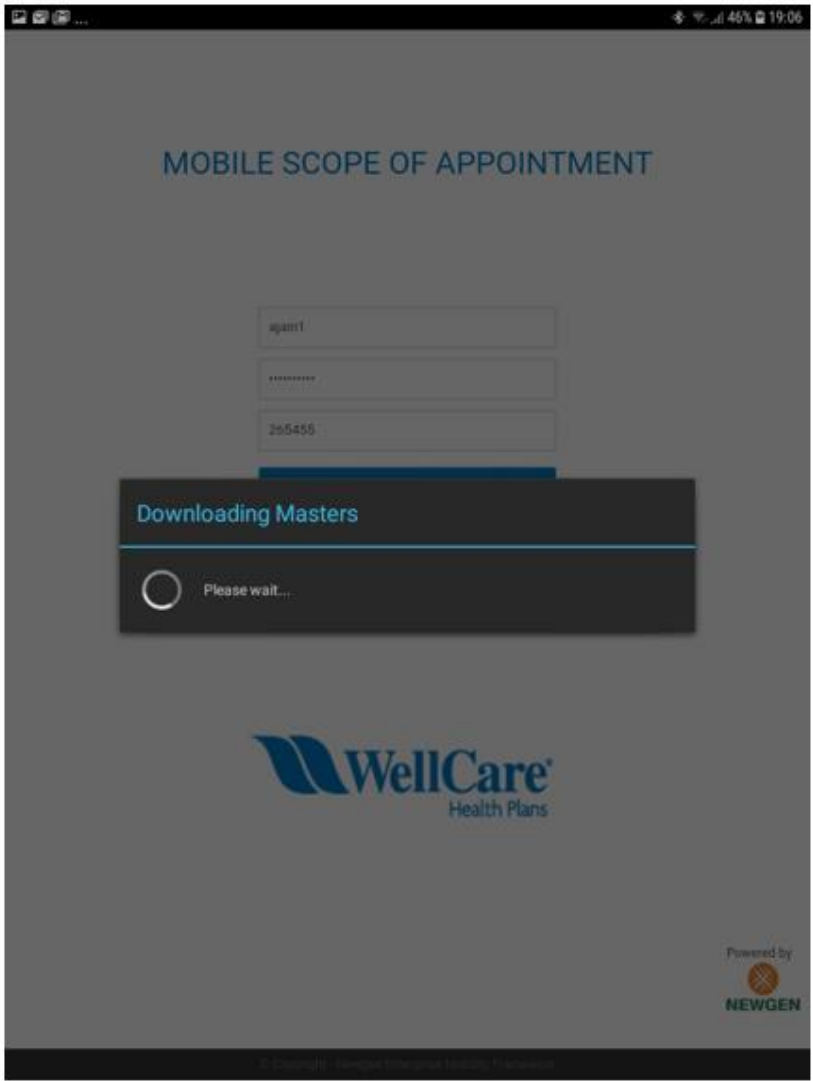
# Login: Downloading Masters



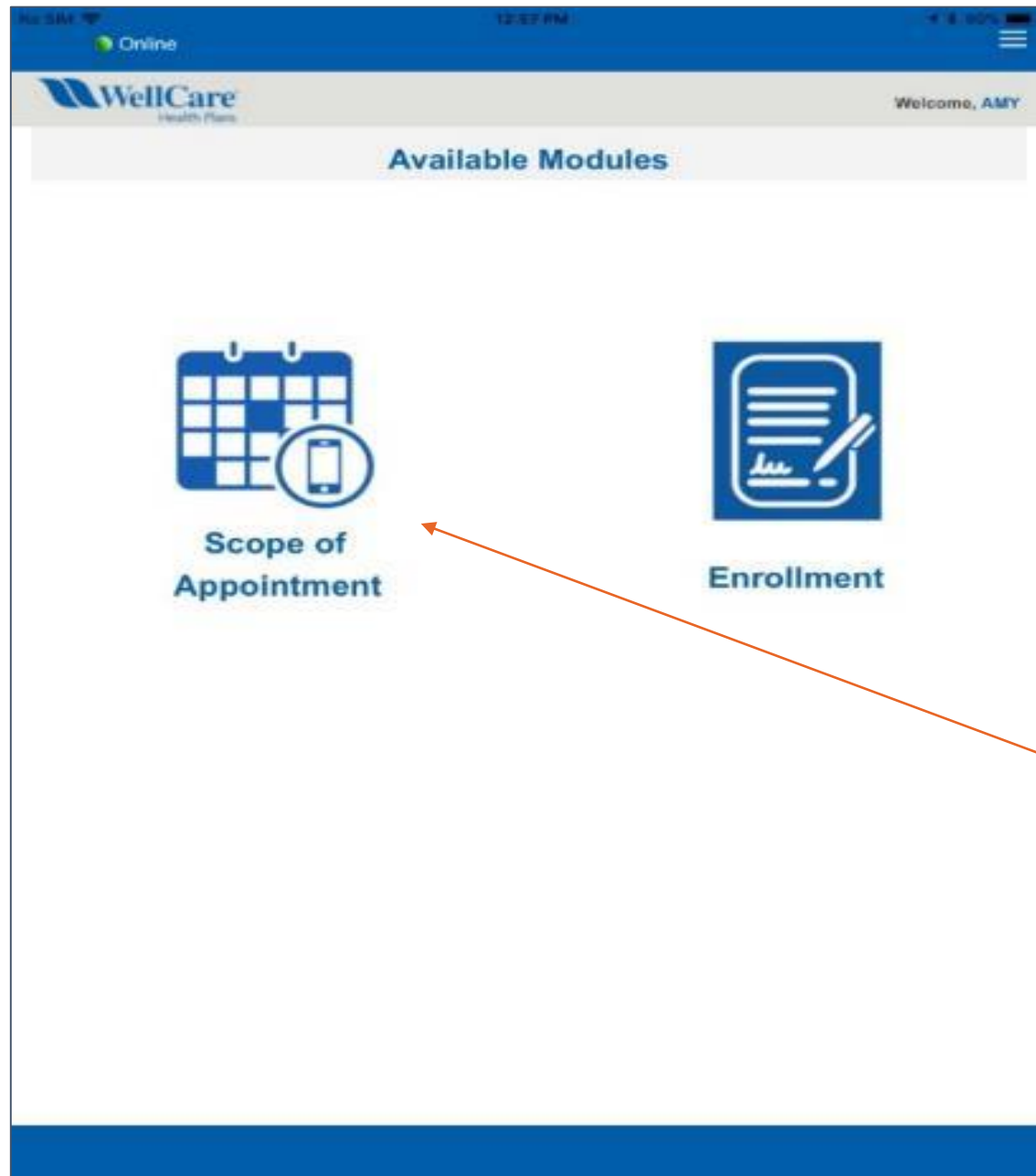
## Apple View



## Android View



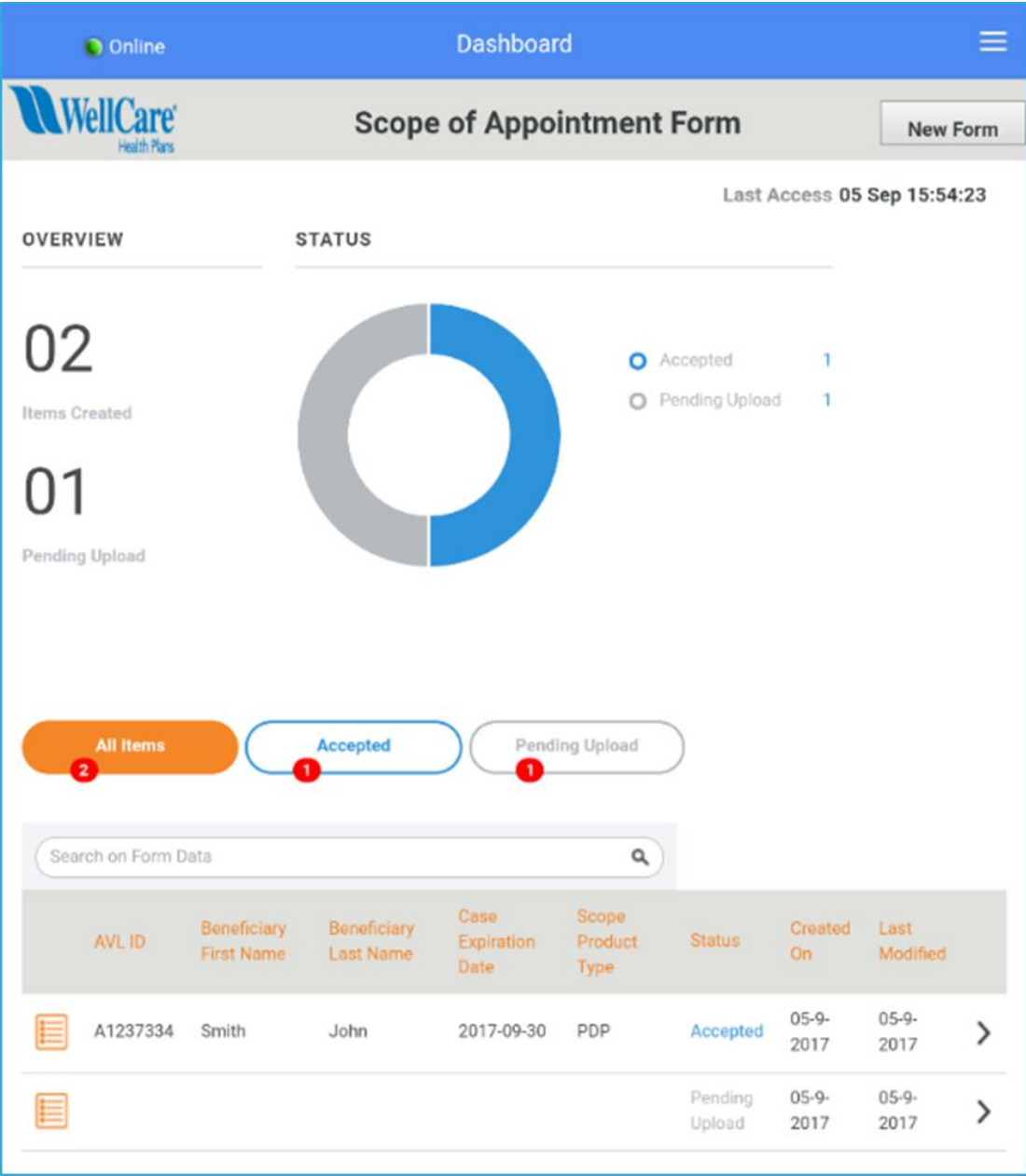
# WellCare Enrollment Platform – Forms Page



Agent can select the Scope of Appointment (SOA) or Enrollment Form



Upon Downloading Masters completion and choosing the SOA module you will see the Dashboard Landing Page.

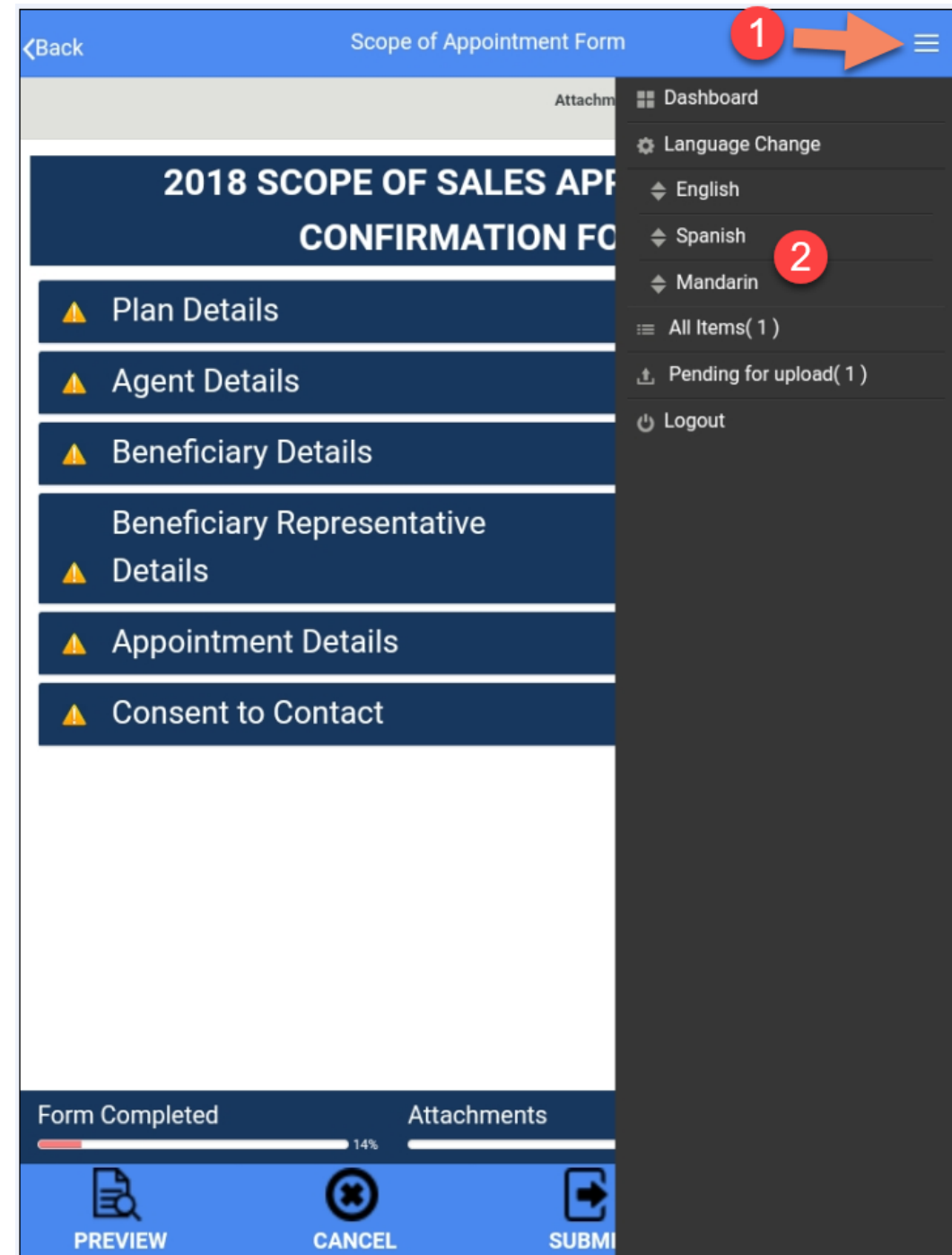


# Switch Language Option in App

**English** will open by default in the app.

1. Select **Menu**
2. Select **Spanish** or **Mandarin**
3. Done

You can easily toggle back to English anytime just follow the same steps.



# Dashboard Page





# Scope of Appointment Form

Scope of Appointment Form

Agents can click on back to go back to the Dashboard view

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Health Plans

2018 SCOPE OF SALES APPOINTMENT  
CONFIRMATION FORM

- Plan Details
- Agent Details
- Beneficiary Details
- Beneficiary Representative Details
- Appointment Details
- Consent to Contact

Form Completed 0% Attachments 0% View All

SAVE PREVIEW CANCEL SUBMIT

SOA Form  
Sections

Agents can  
Save the  
details filled in  
the form

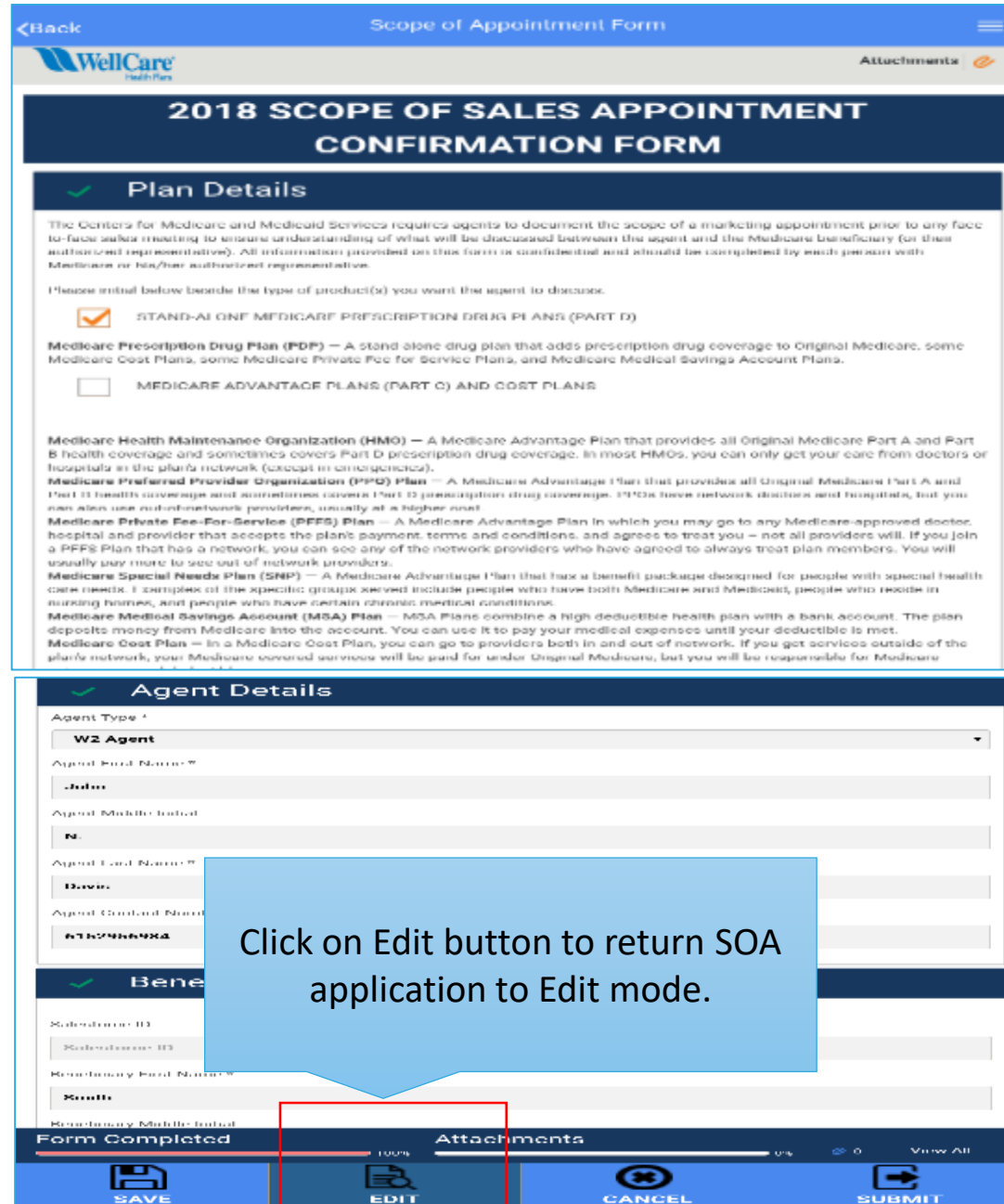
Agents can  
preview the  
filled  
application  
form

Unsaved changes  
can be discarded  
using the cancel  
button.

Agents can  
submit the filled  
SOA form to  
Salesforce  
system

# Preview Form View

As Agent clicks on 'Preview', SOA Form Preview opens up



The screenshot displays the '2018 SCOPE OF SALES APPOINTMENT CONFIRMATION FORM' in preview mode. The form is titled 'Scope of Appointment Form' and includes sections for 'Plan Details', 'Agent Details', and 'Beneficiary Details'. The 'Plan Details' section contains information about Medicare plans, including a checkbox for 'STAND-ALONE MEDICARE PRESCRIPTION DRUG PLANS (PART D)' which is checked. The 'Agent Details' section shows fields for 'Agent Type' (W2 Agent), 'Agent First Name' (John), 'Agent Middle Initial' (N), 'Agent Last Name' (Davis), 'Agent Contact Name' (N/A), and 'Agent Contact Number' (N/A). The 'Beneficiary Details' section shows fields for 'Beneficiary ID' (123456789), 'Beneficiary First Name' (John), and 'Beneficiary Middle Initial' (N/A). The bottom navigation bar shows the 'EDIT' button highlighted with a red box.

In Preview mode all sections will open in expanded form and fields are non editable.

Click on Edit button to return SOA application to Edit mode.

# Plan Details



6:17 PM13%

BackScope of Appointment Form

Attachments

WellCareHealth Plans

2018 SCOPE OF SALES APPOINTMENT  
CONFIRMATION FORM

Plan Details

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.

☐ STAND-ALONE MEDICARE PRESCRIPTION DRUG PLANS (PART D)

☒ MEDICARE ADVANTAGE PLANS (PART C) AND COST PLANS

**Medicare Prescription Drug Plan (PDP)** — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

**Medicare Health Maintenance Organization (HMO)** — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

**Medicare Preferred Provider Organization (PPO) Plan** — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals, but you can also use out-of-network providers, usually at a higher cost.

**Medicare Private Fee-For-Service (PFFS) Plan** — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions, and agrees to treat you — not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

**Medicare Special Needs Plan (SNP)** — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

**Medicare Medical Savings Account (MSA) Plan** — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. Money can be used to pay for out-of-pocket medical expenses and will leave funds left to use.

Form Completed

Attachments

0%

0%

0

View All

SAVEPREVIEWCANCELSUBMIT

Agents can select the Plan, Beneficiary wants to enroll in or discuss about

Part-D Plans (PDP only) can be selected

Part-C Plans (MA only) can be selected

Both Part-C and Part-D (MAPD) can also be selected

2018 SCOPE OF SALES APPOINTMENT  
CONFIRMATION FORM

✓ Plan Details

⚠ Agent Details

⚠ Beneficiary Details

Plan details have been filled completely



# Agent Details

Scope of Appointment Form

WellCare

Attachments

## 2018 SCOPE OF SALES APPOINTMENT CONFIRMATION FORM

▲ Plan Details

▲ Agent Details

Agent Type\*

W2 Agent

W2 Agent

1099 Agent

Agent Middle Initial

M.

Agent Last Name\*

Davis

Agent Contact Number

(501)

▲ Beneficiary Details

▲ Beneficiary Representative Details

Form Completed 10% Attachments 0% 0 View All

SAVE PREVIEW CANCEL SUBMIT

Agent Type will display if you are a W2 or 1099 Agent

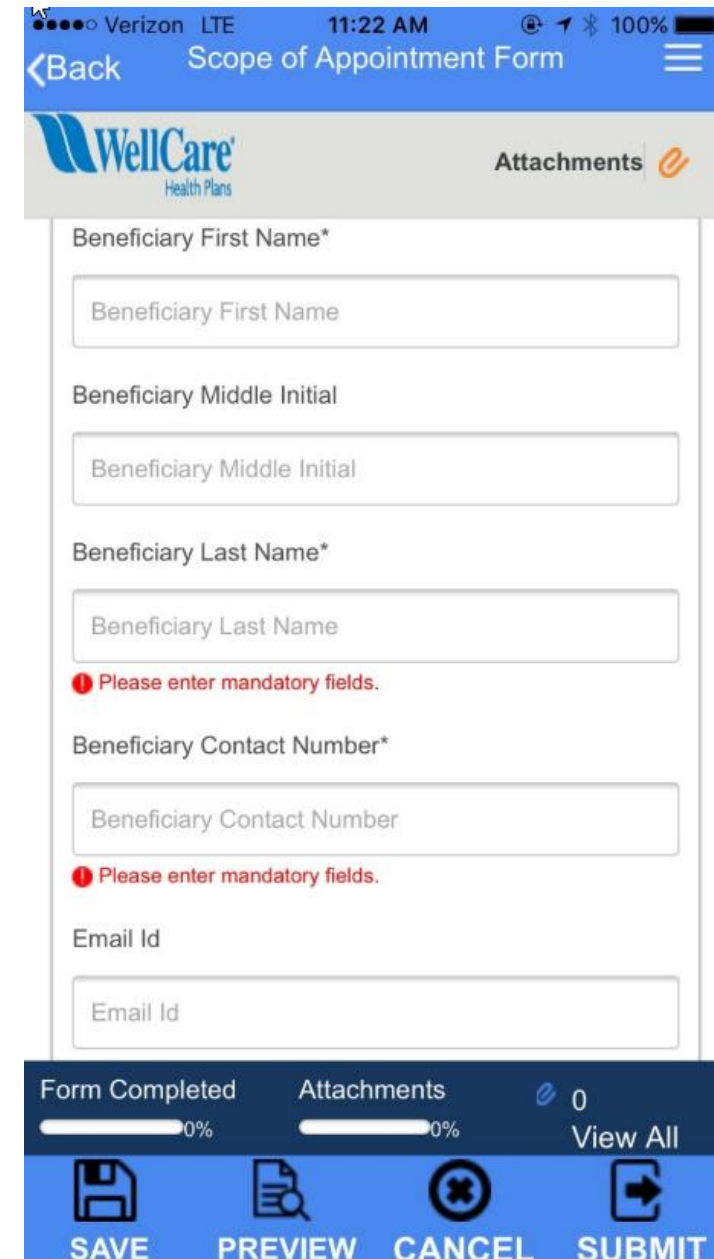
All other agent details will be auto-populated from Salesforce System. You will Verify it is correct and continue on with the form, if not correct contact your manager

# Beneficiary Details – Contact Information

Fill in the following Beneficiary Contact Information:

- First Name
- Middle Initial
- Last Name
- Contact Number
- Email ID

*Fields with an Asterisk “\*” are mandatory and must be filled in.*



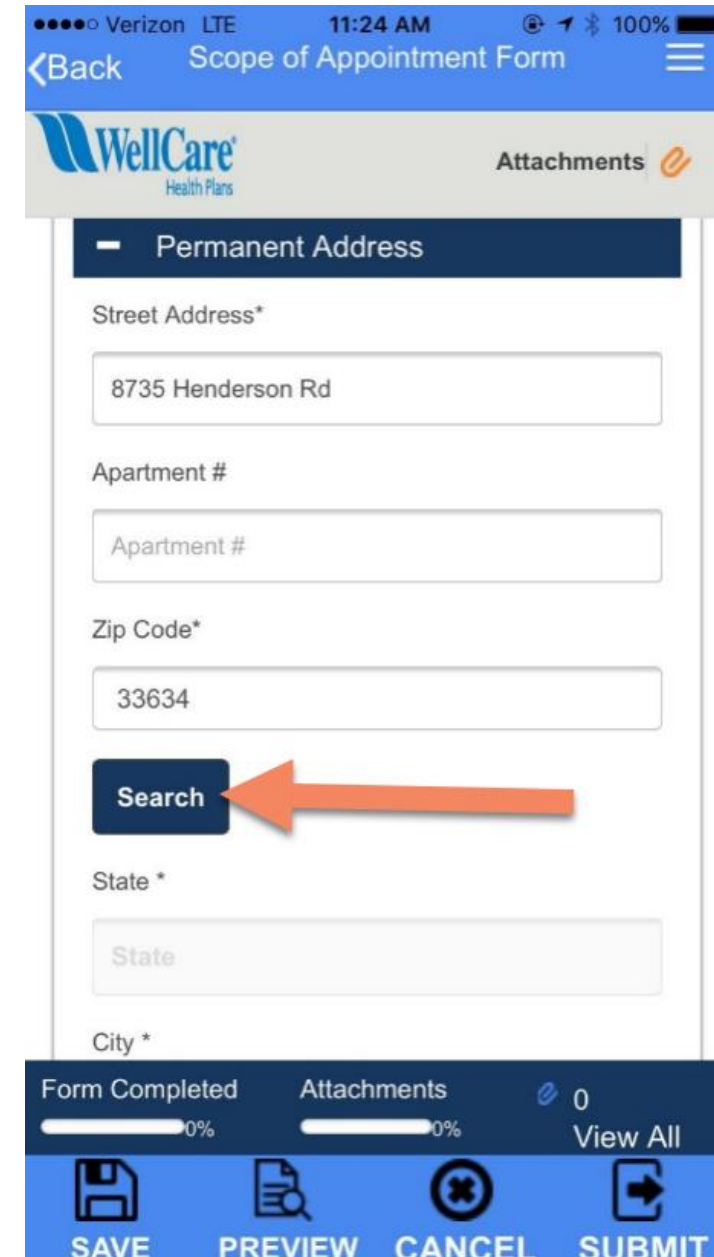
The screenshot shows a mobile app interface for the 'Scope of Appointment Form'. At the top, there's a status bar with 'Verizon LTE', '11:22 AM', and '100%' battery. Below the status bar is a blue header with a back arrow, the text 'Scope of Appointment Form', and a menu icon. The main content area has a light gray header with the WellCare logo and an 'Attachments' link. The form fields are: 'Beneficiary First Name\*' (with a red asterisk), 'Beneficiary Middle Initial', 'Beneficiary Last Name\*' (with a red asterisk), 'Beneficiary Contact Number\*' (with a red asterisk), and 'Email Id'. Each field has a corresponding input box. Below the 'Beneficiary Last Name\*' field, there is a red error message: 'Please enter mandatory fields.' Below the 'Beneficiary Contact Number\*' field, there is another red error message: 'Please enter mandatory fields.' At the bottom, there is a dark blue footer with four buttons: 'SAVE', 'PREVIEW', 'CANCEL', and 'SUBMIT'. Above these buttons, there are progress indicators for 'Form Completed' (0%) and 'Attachments' (0%), and a 'View All' link.

# Beneficiary Details – Permanent Address

Click the (+/-) to capture the **Permanent Address** (physical address) of the beneficiary. Fill in the following:

- Street Address
- Apartment # (if applicable)
- Zip Code

Next click **Search** and the **State**, **City**, and **County** will auto-fill in app.



Verizon LTE 11:24 AM 100%

<Back Scope of Appointment Form

WellCare Health Plans Attachments

Permanent Address

Street Address\*

8735 Henderson Rd

Apartment #

Apartment #

Zip Code\*

33634

Search

State \*

State

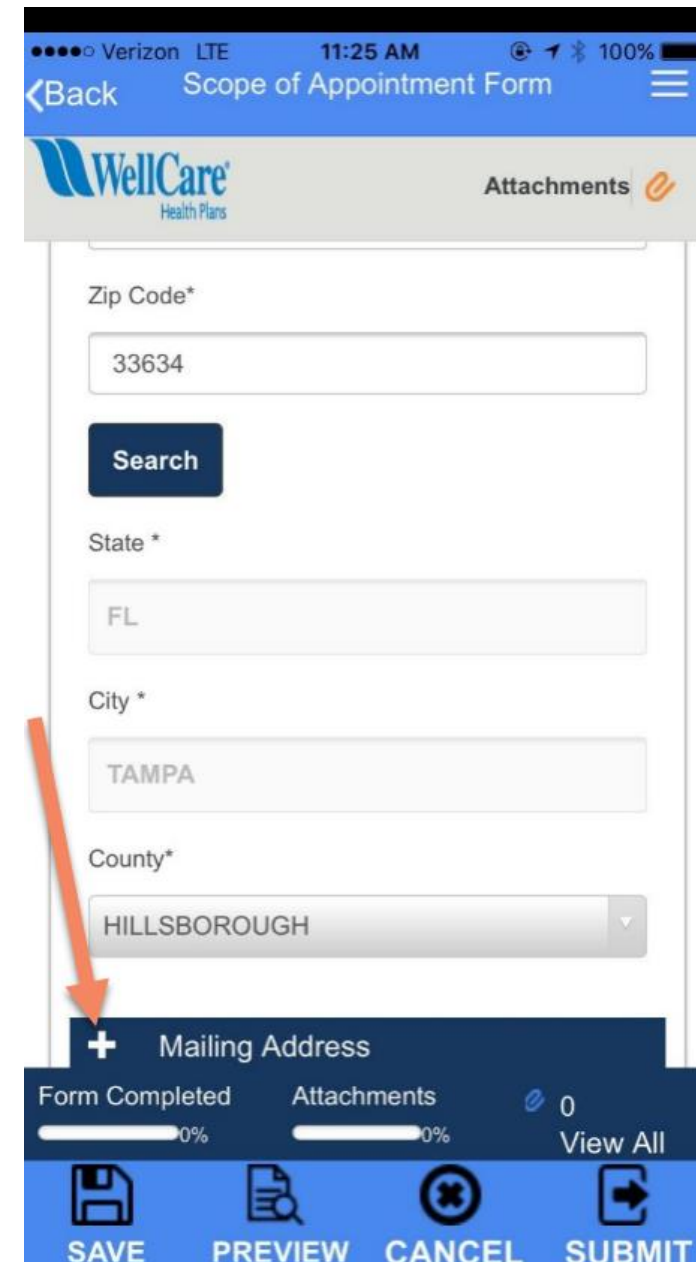
City \*

Form Completed 0% Attachments 0 View All

SAVE PREVIEW CANCEL SUBMIT

# Beneficiary Details – Permanent Address

Once the **State**, **City**, and **County**, have filled in click on **Mailing Address**.



The screenshot shows a mobile app interface for the 'Scope of Appointment Form'. At the top, the status bar shows 'Verizon LTE', '11:25 AM', and '100%' battery. The app header includes a back arrow, the title 'Scope of Appointment Form', and a menu icon. Below the header is the WellCare logo and an 'Attachments' link. The form contains the following fields: 'Zip Code\*' with the value '33634', a 'Search' button, 'State\*' with the value 'FL', 'City\*' with the value 'TAMPA', and 'County\*' with the value 'HILLSBOROUGH'. A red arrow points to a blue button labeled '+ Mailing Address' located below the address fields. At the bottom of the screen, there is a progress bar for 'Form Completed' (0%) and 'Attachments' (0%), along with a 'View All' link. The bottom navigation bar contains four icons: 'SAVE', 'PREVIEW', 'CANCEL', and 'SUBMIT'.

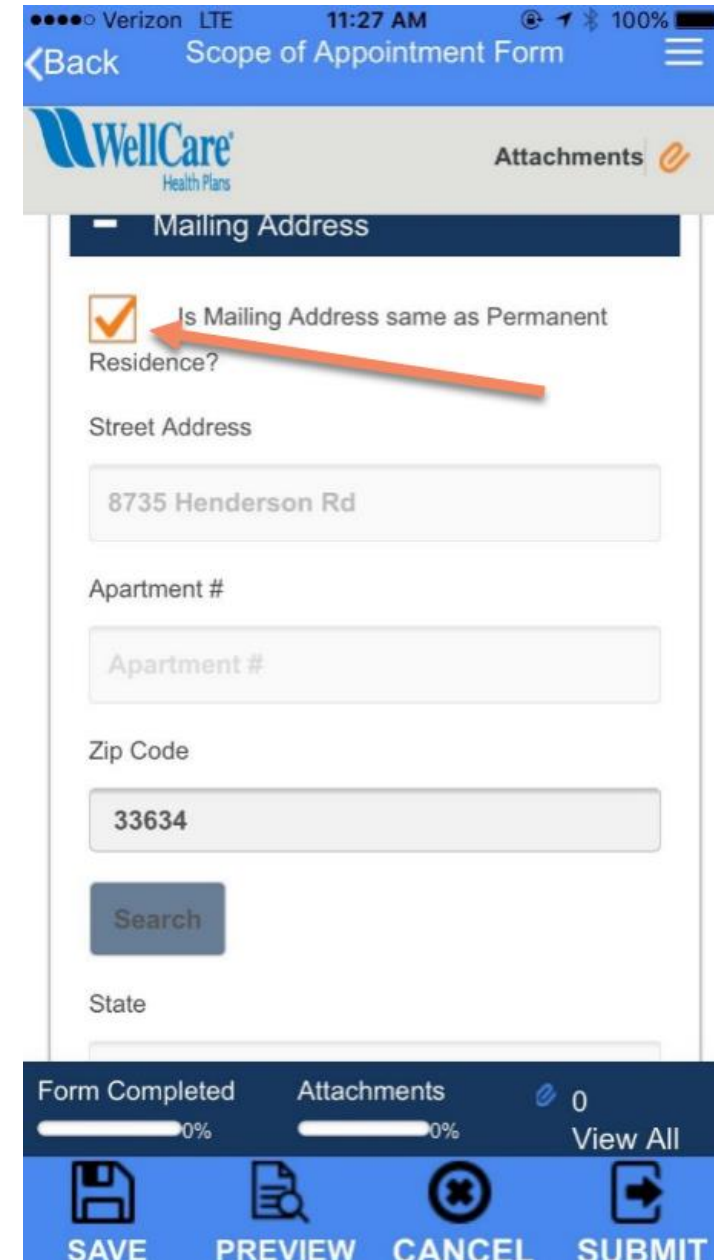


# Beneficiary Details – Mailing Address

Click the (+/-) to capture the Mailing Address of the beneficiary.

- If the Mailing Address is same as Permanent Address check the box labeled **“Is Mailing Address same as Permanent Residence?”** This will auto-fill into the Mailing Address fields.

Next click **Search** and the **State**, **City**, and **County** will auto-fill in app.



Verizon LTE 11:27 AM 100%

<Back Scope of Appointment Form

WellCare Health Plans Attachments

**Mailing Address**

☒ Is Mailing Address same as Permanent Residence?

Street Address

8735 Henderson Rd

Apartment #

Apartment #

Zip Code

33634

Search

State

Form Completed 0% Attachments 0 View All

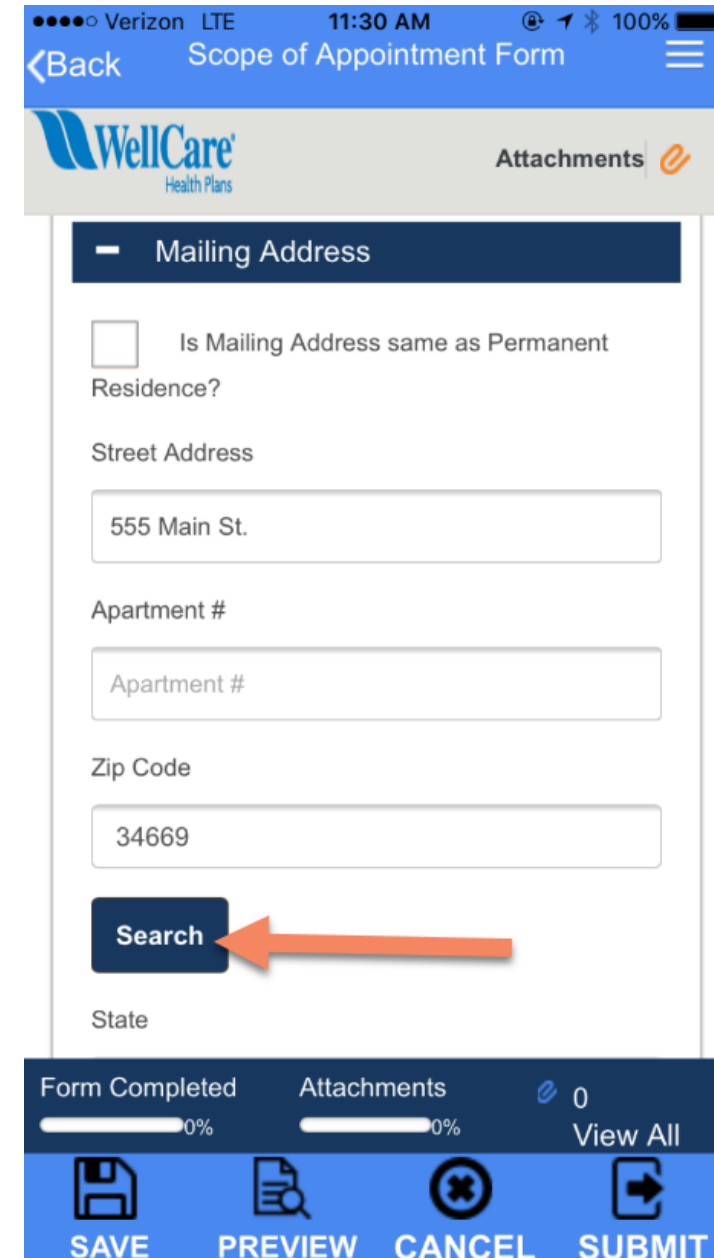
SAVE PREVIEW CANCEL SUBMIT

# Beneficiary Details – Mailing Address

- If Mailing Address is different from Permanent Address, leave box labeled **“Is Mailing Address same as Permanent Residence?”** blank and fill in the following:

- Street Address
- Apartment # (if applicable)
- Zip Code

Next click **Search** and the **State**, **City**, and **County** will auto-fill in app.



The screenshot shows the 'Scope of Appointment Form' in the WellCare mobile app. The 'Mailing Address' section is expanded, showing a checkbox for 'Is Mailing Address same as Permanent Residence?'. Below this are input fields for 'Street Address' (containing '555 Main St.'), 'Apartment #' (containing 'Apartment #'), and 'Zip Code' (containing '34669'). A 'Search' button is highlighted with an orange arrow. Below the 'Search' button is a 'State' dropdown menu. At the bottom of the screen, there is a progress bar for 'Form Completed' (0%) and 'Attachments' (0%), along with a 'View All' link. The bottom navigation bar contains icons for 'SAVE', 'PREVIEW', 'CANCEL', and 'SUBMIT'.

Once the Beneficiary Details (Contact Information, Permanent Address, and Mailing Address fields) are completed indicated by a green checkmark you will move onto the next section of the form.



✓	Agent Details	
✓	Beneficiary Details	Completely Filled up Beneficiary Details
⚠	Beneficiary Representative Details	
⚠	Appointment Details	

# Beneficiary Representative Details



Scope of Appointment Form

WellCare<sup>®</sup>

Health Plans

Attachments 

2018 SCOPE OF SALES APPOINTMENT  
CONFIRMATION FORM

✓ Plan Details

✓ Agent Details

✓ Beneficiary Details

✓ Beneficiary Representative Details

☐ Does Beneficiary has representative or Power of Attorney?

Representative's Name \*

Representative's Name

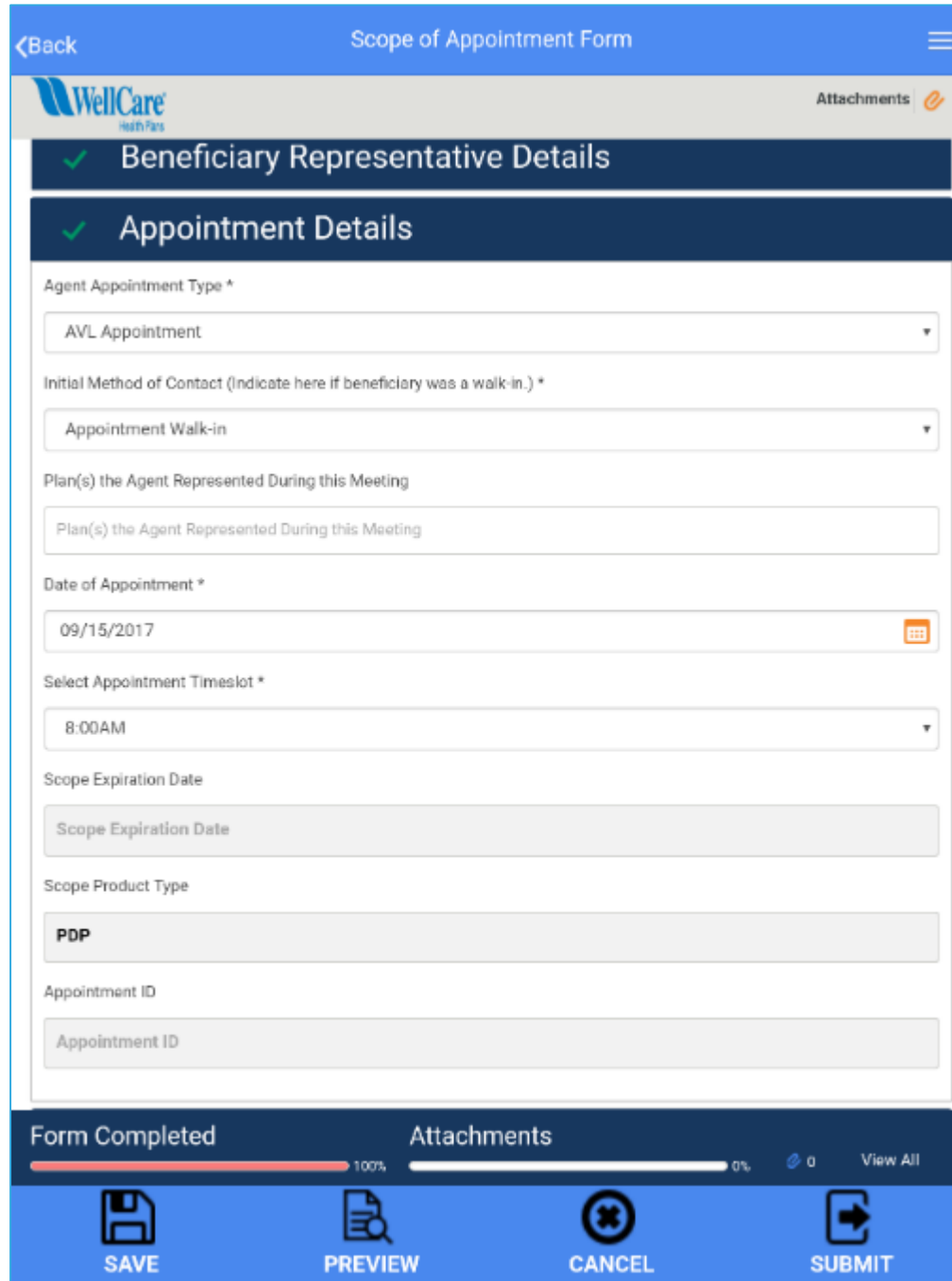
Your Relationship to the Beneficiary \*

Relationship

Beneficiary Representative Details can be filled in by the agent for the legal guardian/POA of the beneficiary. (Tap in this section but leave blank if POA/Legal Guardian)



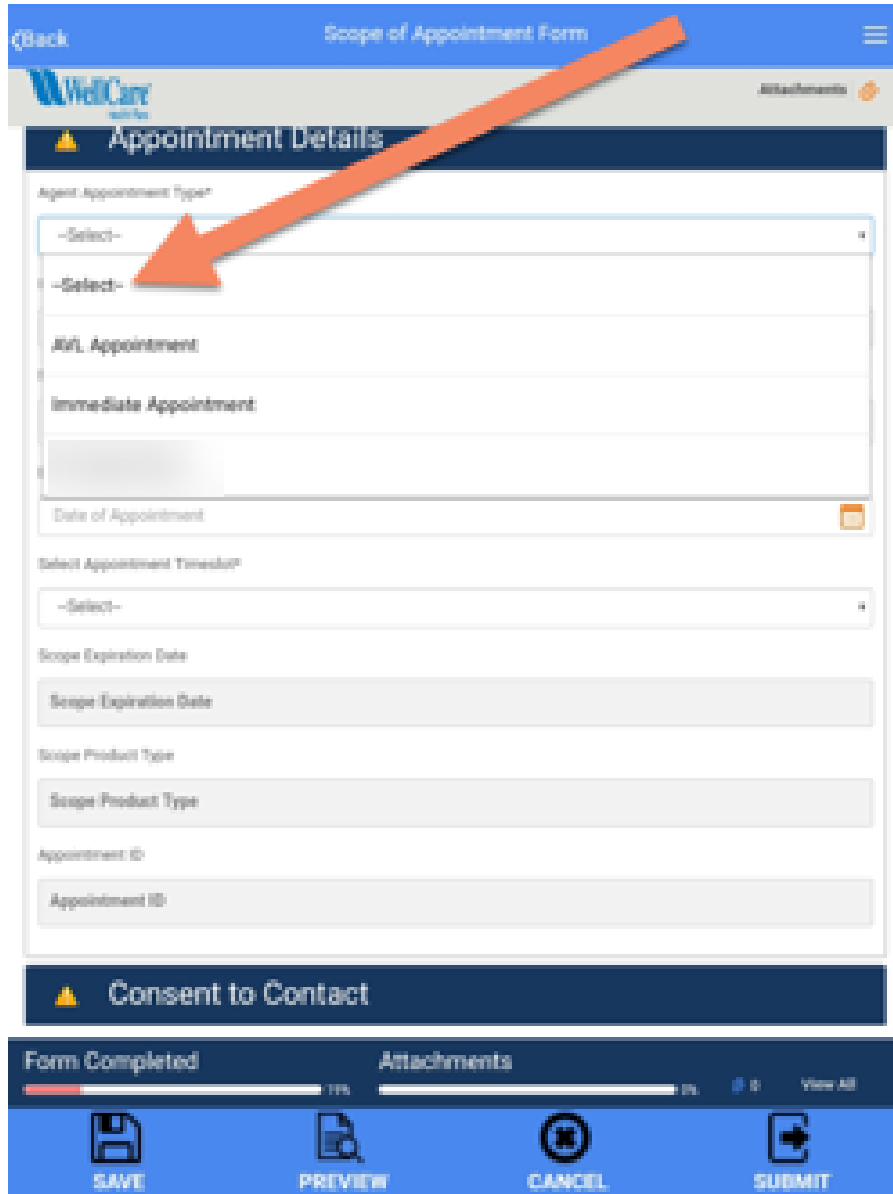
# Appointment Details



Agent will fill in the Beneficiary Appointment Details in SOA Form.

- Agent Appointment Type (Choose) detailed on next slide
- Initial Method of Consent (Choose)
- Plan(s) the Agent Represented During the Meeting.
- Date of Appointment (Calendar)
- Select Appointment Timeslot (Choose)

Scope Expiration Date,  
Scope Product type,  
Appointment ID will be  
auto-populated from  
Salesforce system



The screenshot displays the 'Scope of Appointment Form' with the 'Appointment Details' section highlighted. The 'Agent Appointment Type' dropdown menu is the focus, showing options: '-Select-', '-Select-', 'AVL Appointment', and 'Immediate Appointment'. Below this, there are fields for 'Date of Appointment', 'Select Appointment Timeslot', 'Scope Expiration Date', 'Scope Product Type', 'Appointment ID', and 'Appointment ID'. At the bottom, there is a 'Consent to Contact' section and a progress bar for 'Form Completed' and 'Attachments'. The bottom navigation bar includes 'SAVE', 'PREVIEW', 'CANCEL', and 'SUBMIT' buttons.


**Agent Appointment Types:**  
***AVL Appointment*** – Capture SOA when meeting a beneficiary at a later date or time (future date/future time) to review plans/benefits.


***Immediate Appointment*** – Use when currently meeting with a beneficiary to capture SOA just prior to reviewing plans/benefits.

# Consent to Contact

Back

Scope of Appointment Form

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Health Plans

Attachments 

2018 SCOPE OF SALES APPOINTMENT  
CONFIRMATION FORM

✓ Plan Details

✓ Agent Details

✓ Beneficiary Details

✓ Beneficiary Representative Details

✓ Appointment Details

⚠ Consent to Contact

I agree to receive non-telemarketing calls or text messages from Wellcare using an automated phone dialing system that provides relevant, timely information regarding your health care and coverage. These calls may be pre-recorded. I may opt out at any time by calling the number on back of my ID card. I understand that giving my consent to get calls or texts is not a condition to get Wellcare products and services.

☐ Current Consent

☐ Future Consent

Form Completed


Attachments


100%


0%


0

View All

SAVE

PREVIEW


CANCEL

SUBMIT

Agent can record beneficiary's consent to contact. In form Beneficiary refuses to give consent, the fields can be left blank.

## What is the Attachments area of the Mobile SOA App?

- To capture Beneficiary & Agent electronic signatures
- Take photos of the cover page and signature page of the Paper SOA.
- All attachments once submitted are loaded into Omni Docs where the WellCare Compliance Department can access them.



The screenshot displays the 'Scope of Appointment Form' interface. At the top, there is a blue header bar with a 'Back' button on the left, the title 'Scope of Appointment Form' in the center, and a menu icon on the right. Below the header is a grey bar containing the WellCare logo on the left and an 'Attachments' button with a red border and an orange arrow pointing to it on the right. The main content area has a dark blue background with the title '2018 SCOPE OF SALES APPOINTMENT CONFIRMATION FORM' in white. Below this title are two rows, each with a green checkmark icon and the text 'Plan Details' and 'Agent Details' respectively.



# Adding Attachments



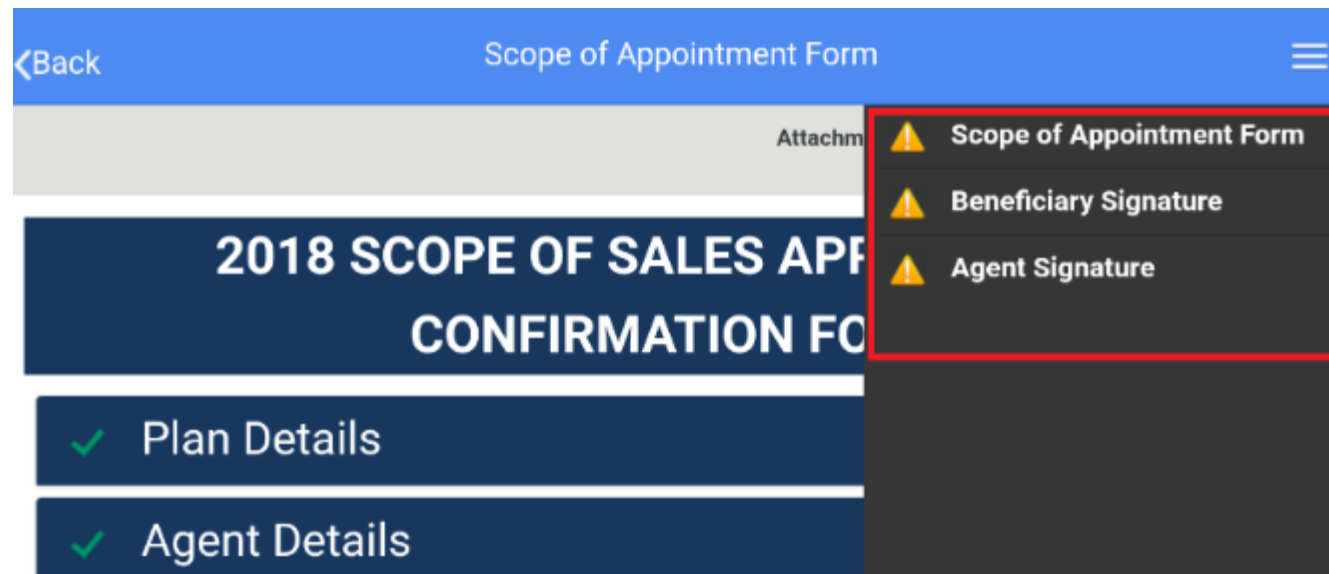
Back Scope of Appointment Form

WellCare Health Plans Attachments

**2018 SCOPE OF SALES APPOINTMENT CONFIRMATION FORM**

- ✓ Plan Details
- ✓ Agent Details

Once all the sections of the form are filled in, Agent will attach the signatures by clicking “Attachments”



Back Scope of Appointment Form

Attachm

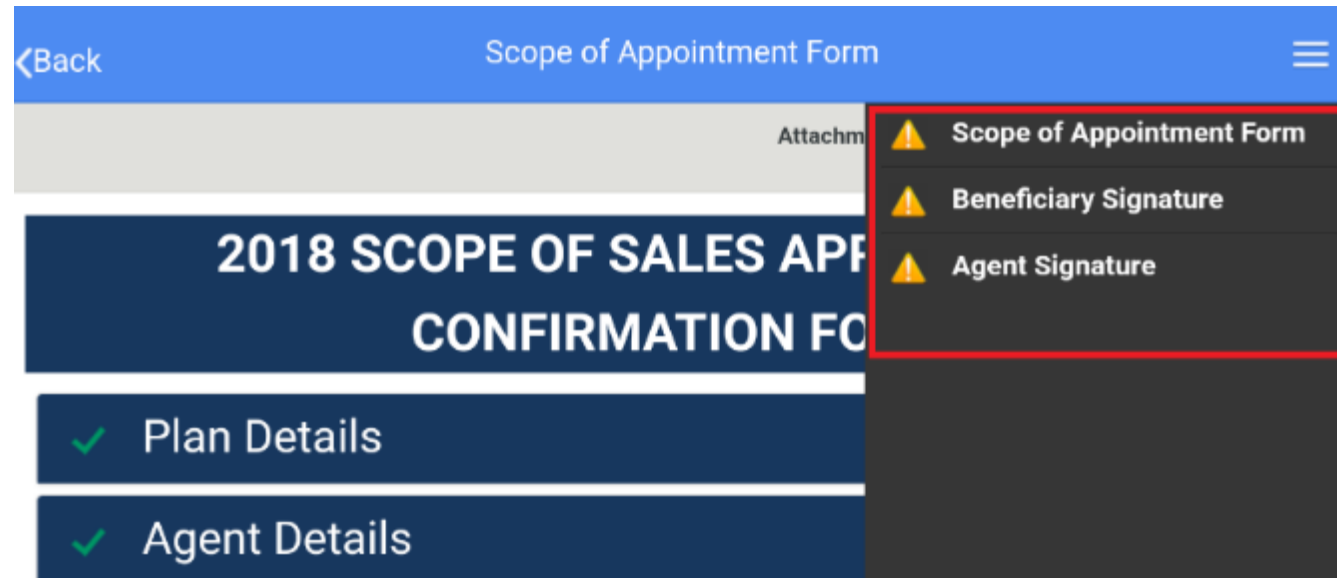
**2018 SCOPE OF SALES APP CONFIRMATION FO**

- ✓ Plan Details
- ✓ Agent Details

- ⚠ Scope of Appointment Form
- ⚠ Beneficiary Signature
- ⚠ Agent Signature

Agents can attach a photo of the Paper Scope of Appointment, capture Beneficiary Signature and Agent Signature with the SOA Form

# Adding Attachments - continued

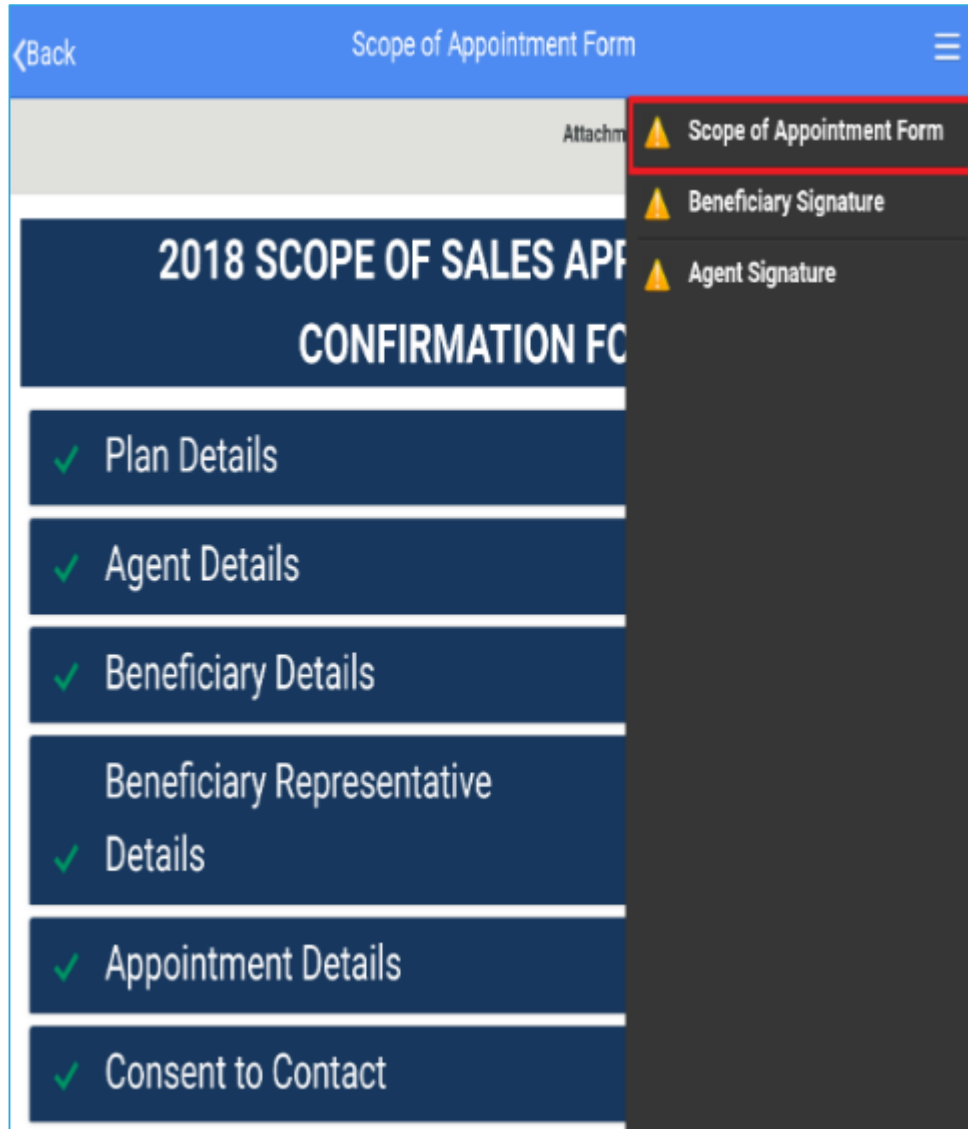


The screenshot shows a mobile application interface for the 'Scope of Appointment Form'. At the top, there is a blue header with a back arrow, the title 'Scope of Appointment Form', and a menu icon. Below the header, there is a section titled '2018 SCOPE OF SALES APPOINTMENT CONFIRMATION FORM'. Under this title, there are two items: 'Plan Details' and 'Agent Details', both marked with a green checkmark. To the right of these items, there is a list of attachments, each preceded by a yellow warning triangle icon. The attachments listed are 'Scope of Appointment Form', 'Beneficiary Signature', and 'Agent Signature'. A red rectangular box highlights this list of attachments.

Whether submitting an electronic enrollment using the WellCare Enrollment Platform, Agent Assisted Enrollment Portal or submitting a Paper Application the SOA Form requires the capture of the Agent and Beneficiary Signatures.

- You **DO NOT** need to use the **Scope of Appointment Form Attachment** if submitting an **electronic application**. Only use this attachment feature if taking **Paper SOA** from a beneficiary.

# Adding Attachments: Scope of Appointment Form (Photo Capture)



Scope of Appointment Form

Attachments

- Scope of Appointment Form
- Beneficiary Signature
- Agent Signature

2018 SCOPE OF SALES APPOINTMENT CONFIRMATION FORM

- ✓ Plan Details
- ✓ Agent Details
- ✓ Beneficiary Details
- Beneficiary Representative Details
- ✓ Appointment Details
- ✓ Consent to Contact

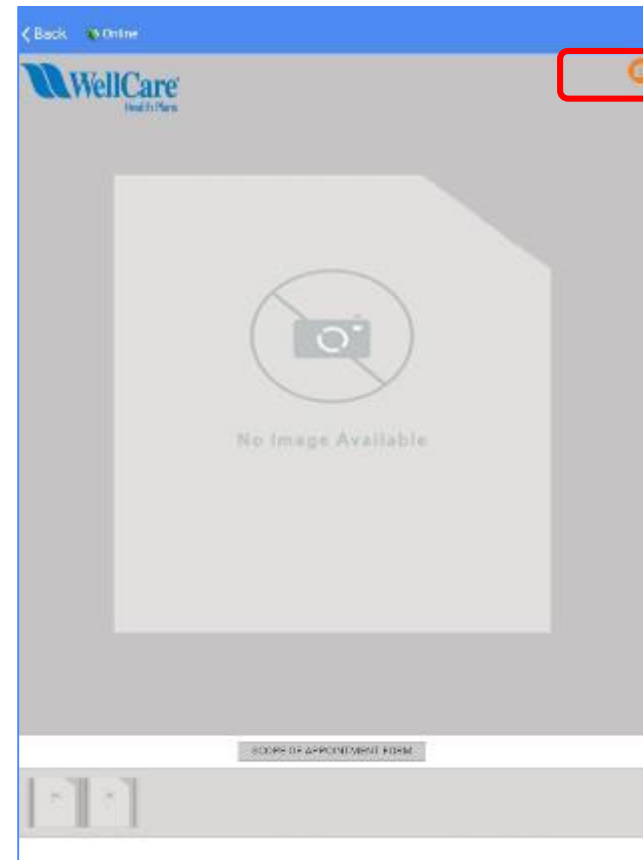
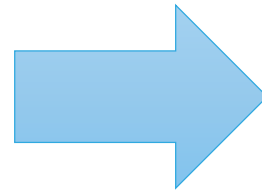
Use this feature to take a picture of the signed paper SOA.

**Remember:** If you are having the beneficiary sign a Paper SOA you will need to capture it in the Mobile SOA App. Should you enroll the beneficiary using an electronic or paper application you will include the Appointment ID generated from the Mobile SOA App on it.

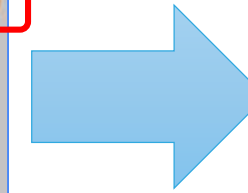
\*It is strongly recommended that you still keep the signed Paper SOA for your records.

# Adding Attachments: Scope of Appointment Form (Photo Capture)

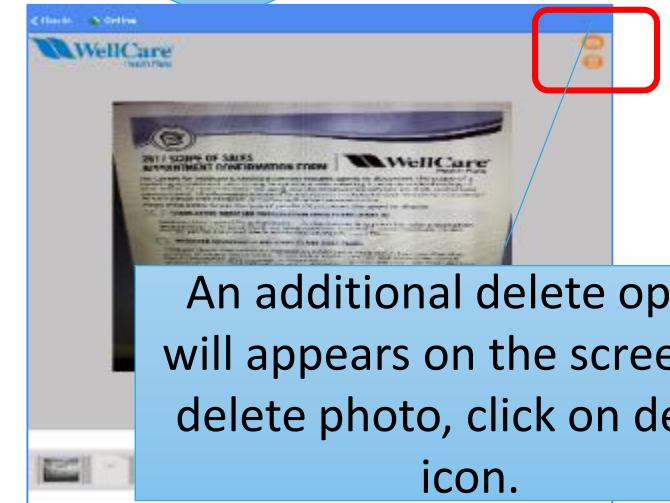
Agent can attach two photos of the Paper SOA Form (Cover Sheet and Signed Signature Page)



Click on camera icon or single tap on the screen to take photo of Paper SOA Form. The camera will activate.



Agent will take photos of the Paper SOA and attach it in the app.



An additional delete option will appear on the screen. To delete photo, click on delete icon.

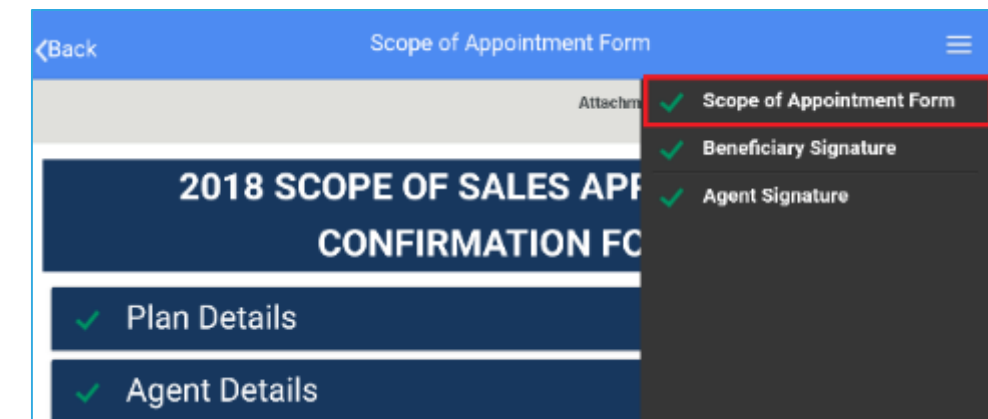


Photo of Paper SOA Form are not accessible from the device. The photos are stored in Application

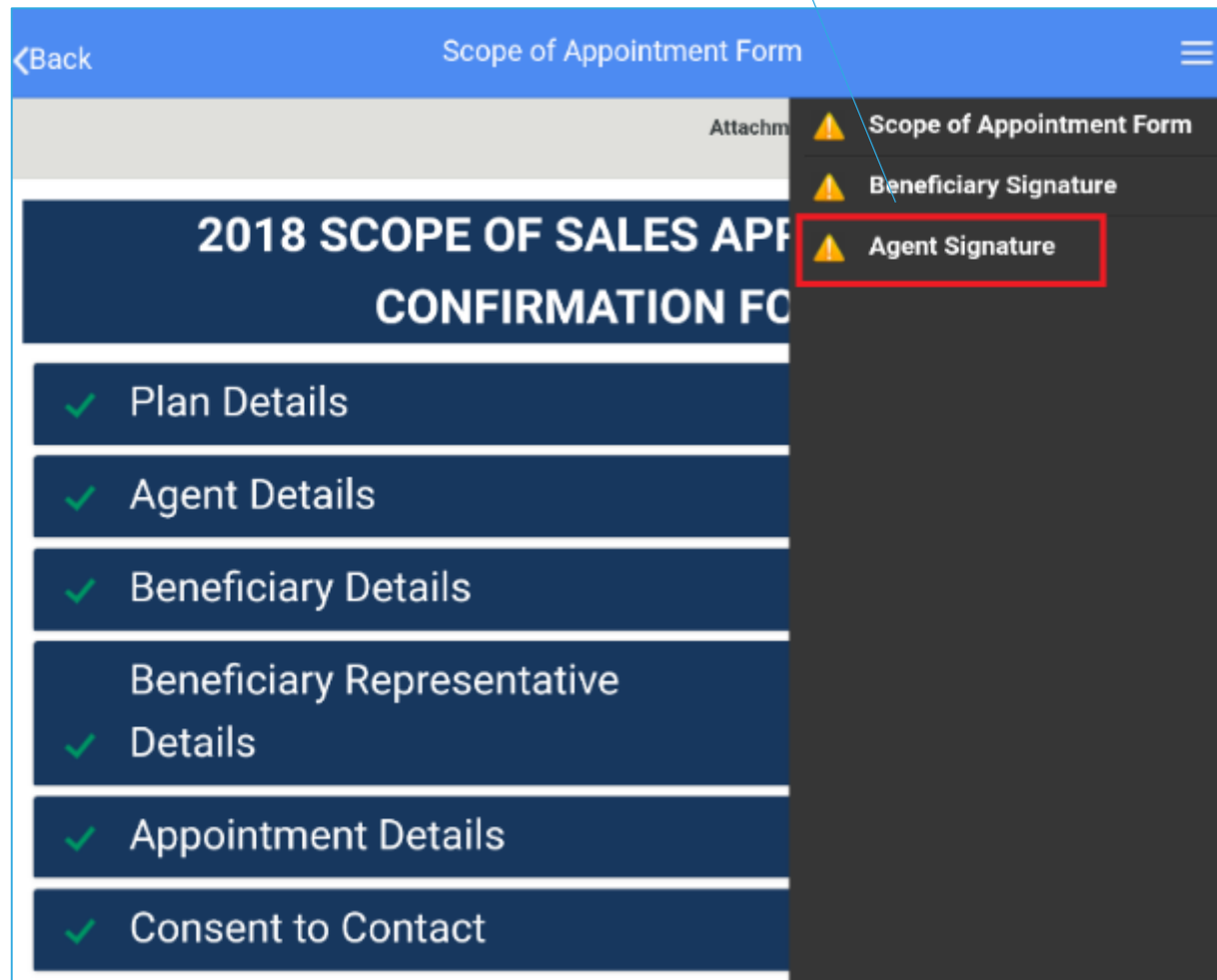


# Adding Attachments: Agent Signature

Agent will attach their electronic signature to the SOA form

Single tap on the screen (camera icon with slash) to open the canvas

Agent will sign in the Canvas and attach the signature



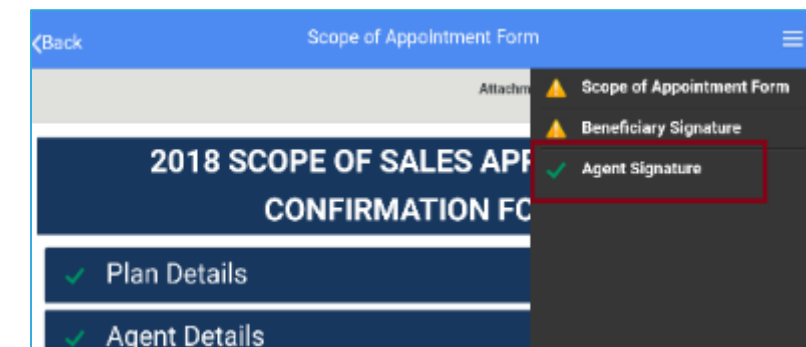
<Back Scope of Appointment Form

Attachm

- ⚠ Scope of Appointment Form
- ⚠ Beneficiary Signature
- ⚠ Agent Signature

**2018 SCOPE OF SALES APP CONFIRMATION FO**

- ✓ Plan Details
- ✓ Agent Details
- ✓ Beneficiary Details
- Beneficiary Representative Details
- ✓ Details
- ✓ Appointment Details
- ✓ Consent to Contact



<Back Scope of Appointment Form

Attachm

- ⚠ Scope of Appointment Form
- ⚠ Beneficiary Signature
- ✓ Agent Signature

**2018 SCOPE OF SALES APP CONFIRMATION FO**

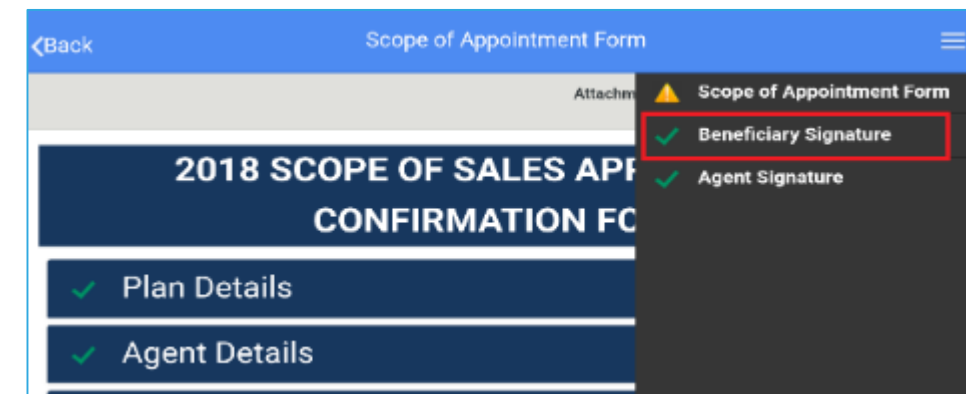
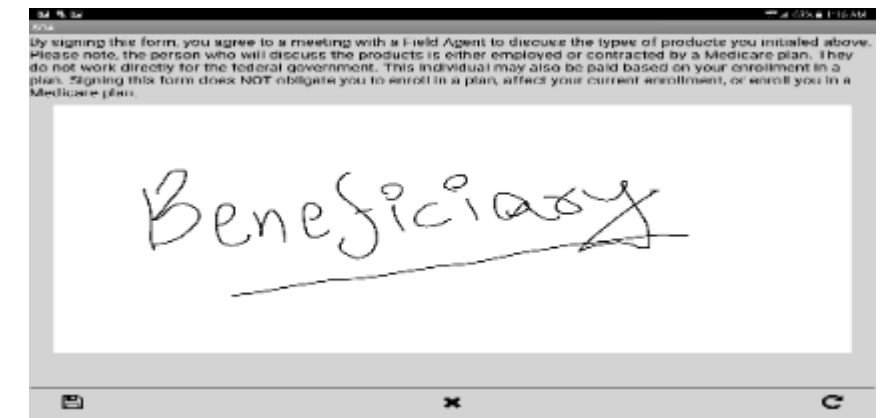
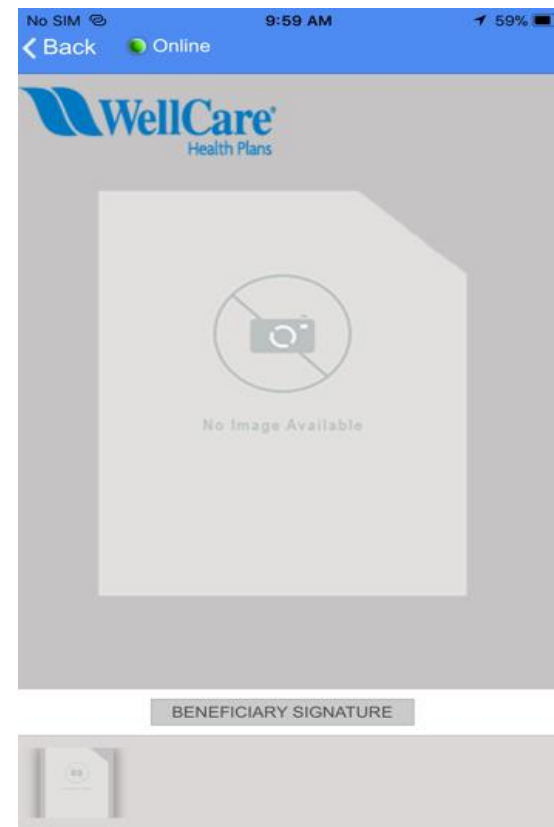
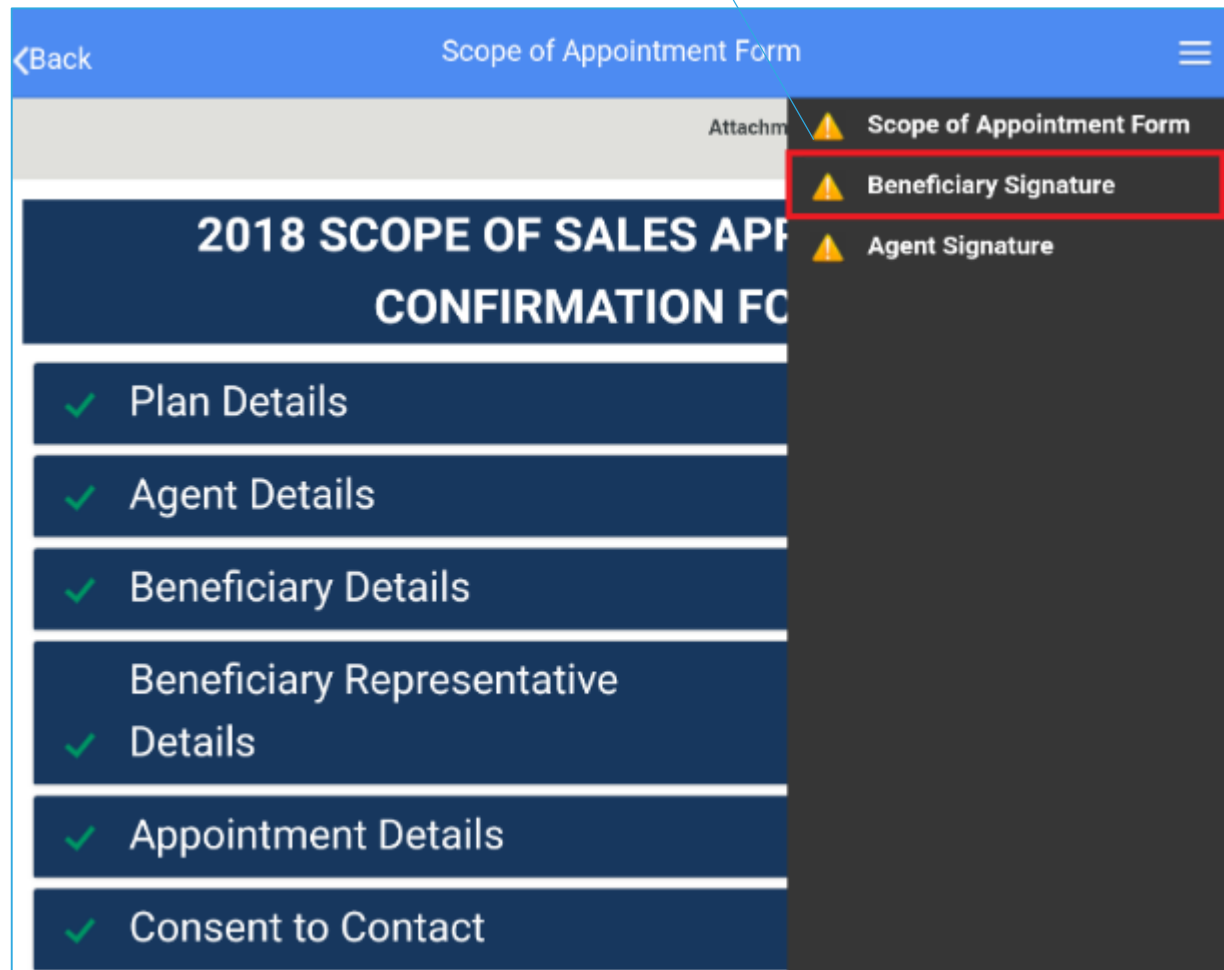
- ✓ Plan Details
- ✓ Agent Details
- Beneficiary Details
- Beneficiary Representative Details
- ✓ Details
- ✓ Appointment Details
- ✓ Consent to Contact

# Adding Attachments: Beneficiary Signature

Agent can attach the Beneficiary's electronic signature to the SOA form

Single tap on the screen  
(camera icon with slash)  
to open the canvas

Beneficiary will sign in the  
Canvas using their finger  
and click Save. Click Back



# Submitting SOA Form

Once the **Form** sections and **Attachments** are completed (shown at right with progress bars reflecting 100% complete) Click on **Submit**.

**\*\*\*CAUTION\*\*\*:** Always review the form in *Preview* mode prior to submitting to ensure the information is accurate and complete.



The screenshot displays the '2018 SCOPE OF SALES APPOINTMENT CONFIRMATION FORM' interface. At the top, there is a blue header bar with a '<Back' button, the title 'Scope of Appointment Form', and a menu icon. Below the header, the WellCare logo is on the left and an 'Attachments' link with a plus icon is on the right. The main content area features a dark blue title bar followed by a list of six sections, each with a green checkmark indicating completion: 'Plan Details', 'Agent Details', 'Beneficiary Details', 'Beneficiary Representative Details', 'Appointment Details', and 'Consent to Contact'. Below this list, two light blue boxes state 'Form is 100% complete' and 'Attachment is 100% complete', with blue arrows pointing down to progress bars. The progress bars show 'Form Completed' and 'Attachments' both at 100%. To the right of the attachments bar, it says '3' and 'view All'. At the bottom, a blue navigation bar contains four icons: a floppy disk for 'SAVE', a magnifying glass for 'PREVIEW', a circle with an 'X' for 'CANCEL', and a right-pointing arrow for 'SUBMIT'. A light blue callout box with the text 'Click on Submit.' points to the 'SUBMIT' button.

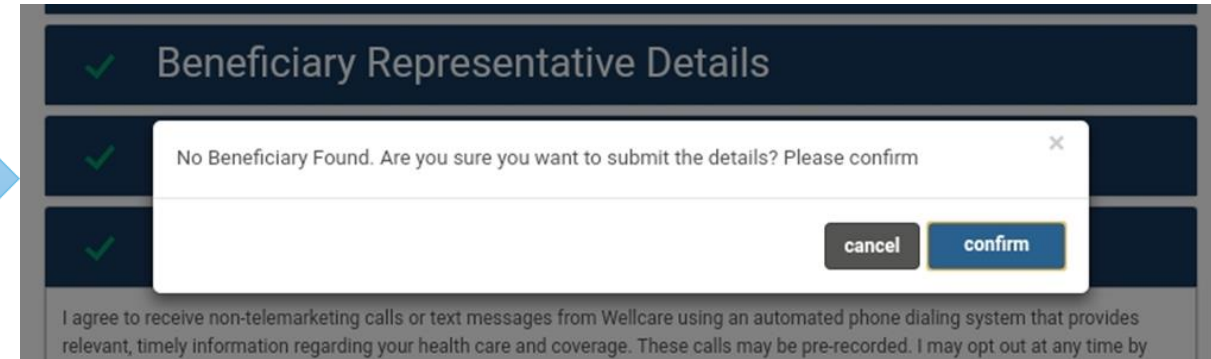
# Submitting SOA

Clicking **Submit** will make a call to *Salesforce* and will check if a beneficiary is detected on First/Last Name & Zip Code. Two scenarios can occur:

- **Scenario 1:** No Beneficiary exists. Click **Confirm** to add to *Salesforce*.
- **Scenario 2:** A beneficiary exists in *Salesforce*. You can keep (**DONE**) or modify (**EDIT**) the beneficiary data.

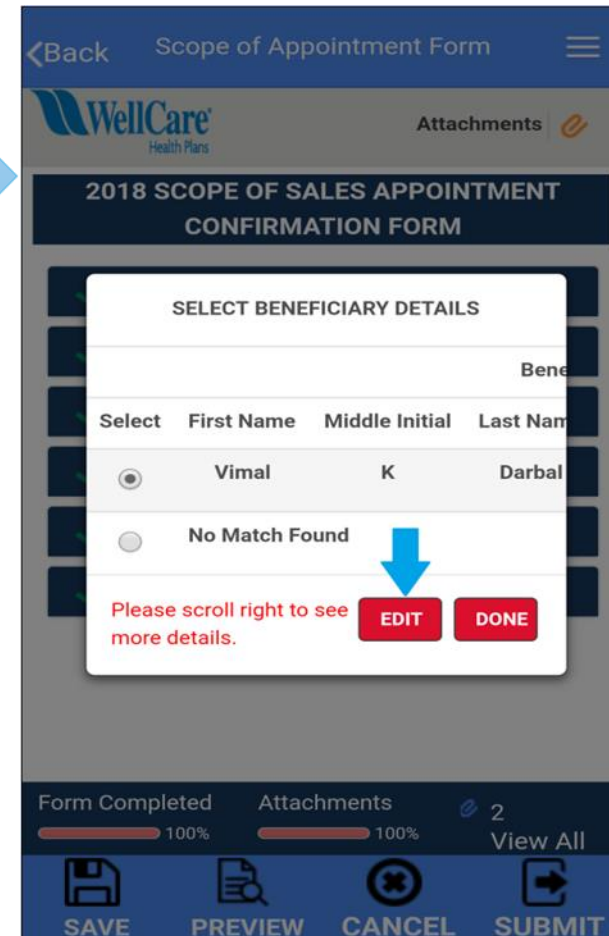
\*Should none of the results be a match to the beneficiary choose **No Match Found**.

Scenario 1



The screenshot shows the 'Beneficiary Representative Details' screen. A confirmation dialog is displayed in the center with the text: 'No Beneficiary Found. Are you sure you want to submit the details? Please confirm'. Below the text are two buttons: 'cancel' and 'confirm'. At the bottom of the screen, there is a footer with a consent statement: 'I agree to receive non-telemarketing calls or text messages from Wellcare using an automated phone dialing system that provides relevant, timely information regarding your health care and coverage. These calls may be pre-recorded. I may opt out at any time by'.

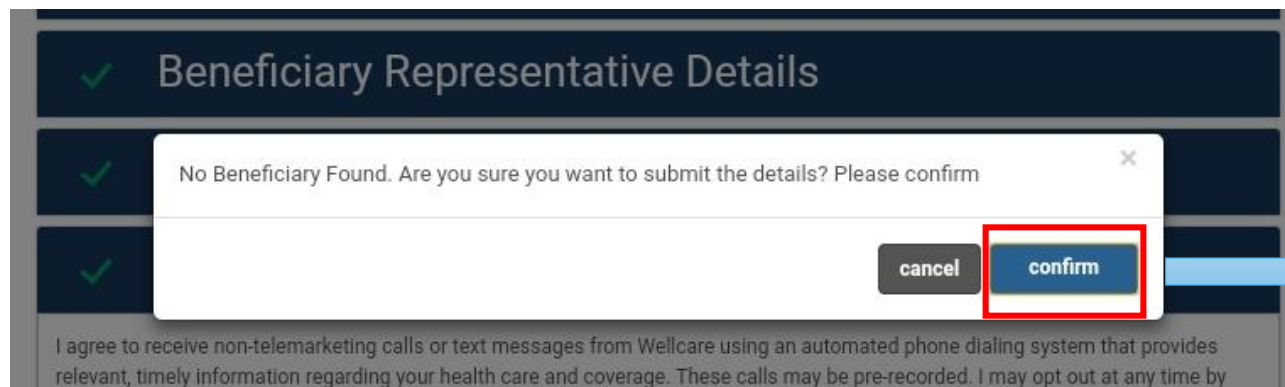
Scenario 2



The screenshot shows the '2018 SCOPE OF SALES APPOINTMENT CONFIRMATION FORM'. A dialog titled 'SELECT BENEFICIARY DETAILS' is open. It contains a table with columns: 'Select', 'First Name', 'Middle Initial', and 'Last Name'. The first row shows a selected beneficiary: 'Vimal', 'K', 'Darbal'. Below the table, there is a radio button option for 'No Match Found'. A blue arrow points to the 'EDIT' button. At the bottom of the dialog, there is a red button labeled 'EDIT' and a red button labeled 'DONE'. A red text prompt says 'Please scroll right to see more details.' The background shows the 'Scope of Appointment Form' with a 'Back' button and 'Attachments' link. At the bottom of the screen, there is a progress bar for 'Form Completed' (100%) and 'Attachments' (100%), and a 'View All' link. The bottom navigation bar includes icons for 'SAVE', 'PREVIEW', 'CANCEL', and 'SUBMIT'.



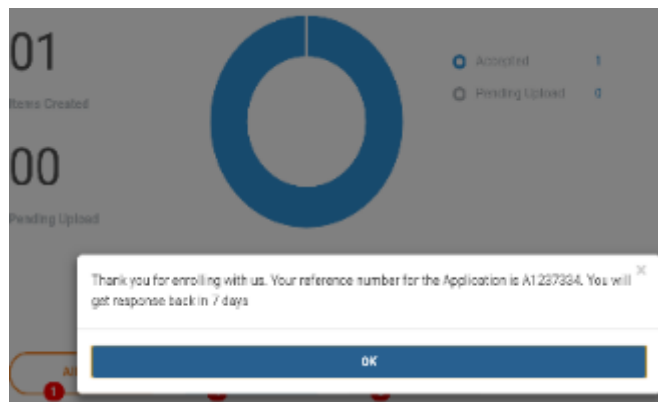
# Submitting SOA: Scenario 1



The screenshot shows a web form titled "Beneficiary Representative Details" with three green checkmarks on the left. A modal dialog box is open in the center with the text: "No Beneficiary Found. Are you sure you want to submit the details? Please confirm". The dialog has "cancel" and "confirm" buttons. The "confirm" button is highlighted with a red rectangle. Below the dialog, there is a line of small text: "I agree to receive non-telemarketing calls or text messages from Wellcare using an automated phone dialing system that provides relevant, timely information regarding your health care and coverage. These calls may be pre-recorded. I may opt out at any time by".

Click on Confirm to submit the form. This will create a new entry lead in *Salesforce*

AVL ID will be generated based on Salesforce Integration

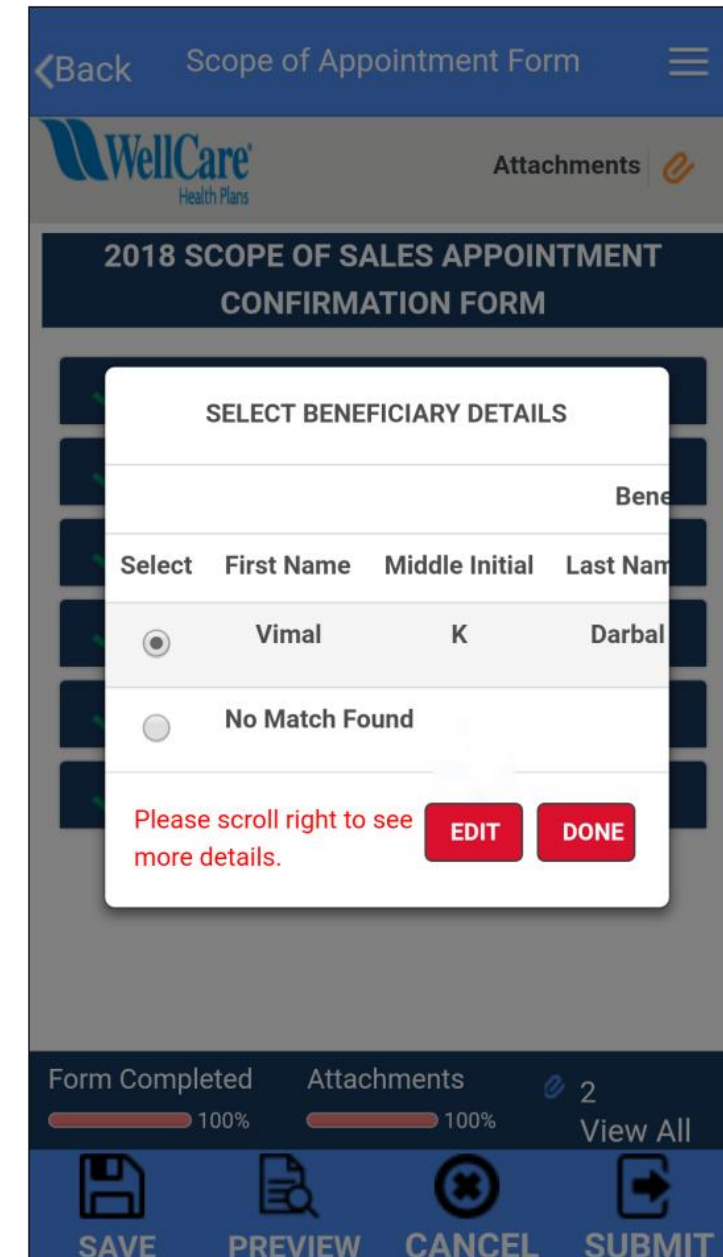


The screenshot shows a dashboard with a large donut chart in the center. To the left of the chart, the text "01 Items Created" and "00 Pending Upload" is visible. To the right, there are two small circular progress indicators labeled "Accepted" and "Pending Upload" with corresponding counts. At the bottom, a modal dialog box is open with the text: "Thank you for enrolling with us. Your reference number for the Application is A1237334. You will get response back in 7 days". The dialog has an "OK" button.

# Submitting SOA: Scenario 2

Clicking **SUBMIT** will allow for the following options:

1. If existing beneficiary entry return needs to be updated. Update the entry by clicking radio button, then click **EDIT**.
2. If existing beneficiary entry return is not a match to the prospect choose “**No Match Found**” then click **DONE**. When prompted click **OK** confirming to send the details
3. If existing beneficiary entry is an exact match choose radio button, click **DONE**, then click **SUBMIT**



WellCare Health Plans

2018 SCOPE OF SALES APPOINTMENT CONFIRMATION FORM

SELECT BENEFICIARY DETAILS

Select	First Name	Middle Initial	Last Name
<input checked="" type="radio"/>	Vimal	K	Darbal
<input type="radio"/>	No Match Found		

Please scroll right to see more details.

EDIT DONE

Form Completed 100% Attachments 100% 2 View All

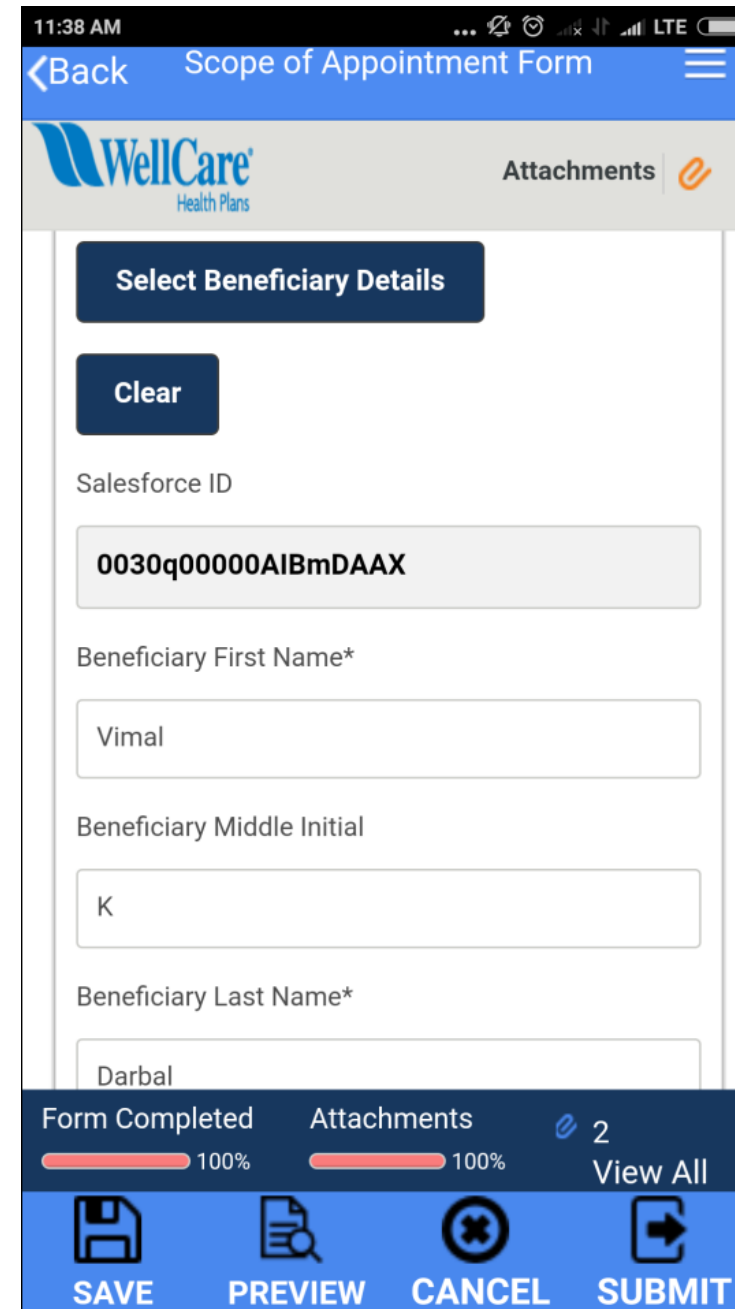
SAVE PREVIEW CANCEL SUBMIT

# Submitting SOA: Scenario 2

## Updating an Existing Beneficiary Entry:

After clicking **EDIT** you can now update the existing entry from Salesforce. Once finished updating click **SUBMIT**.

*Example at right shows an update to a misspelled First Name.*



11:38 AM

<Back Scope of Appointment Form

WellCare Health Plans Attachments

Select Beneficiary Details

Clear

Salesforce ID

0030q00000AIBmDAAX

Beneficiary First Name\*

Vimal

Beneficiary Middle Initial

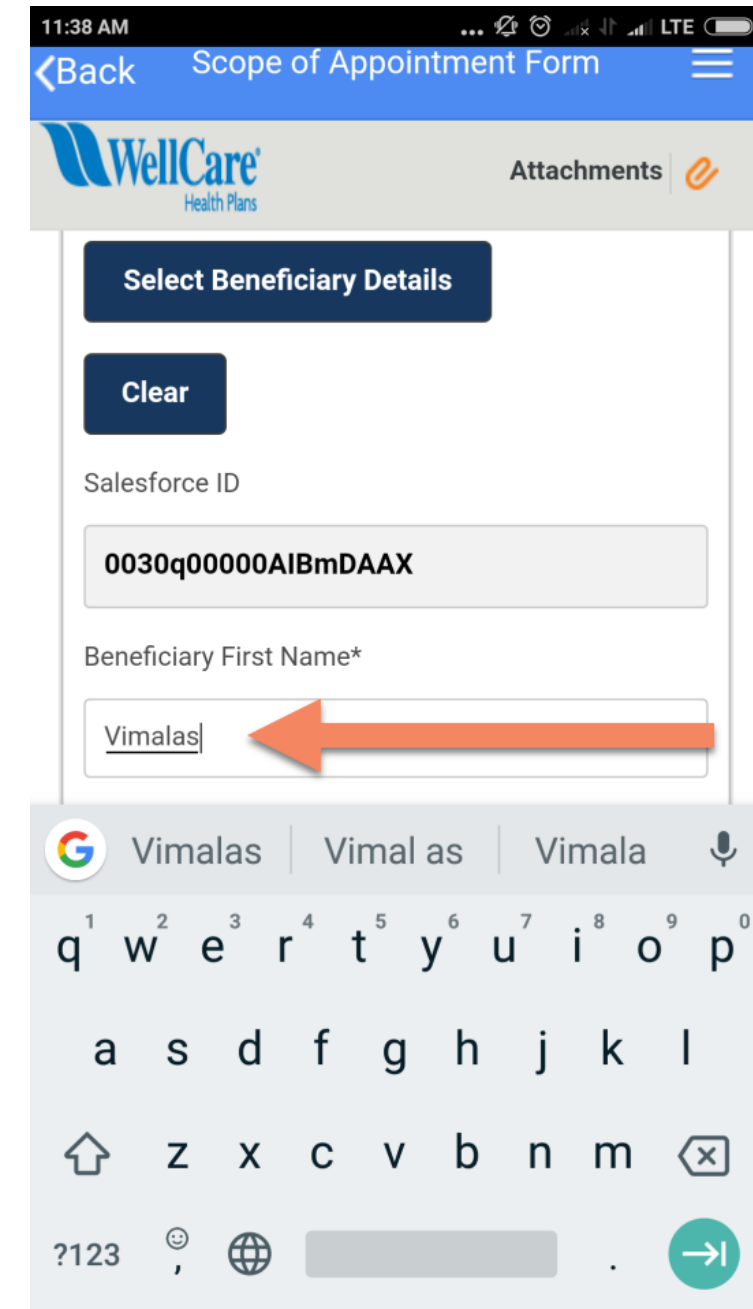
K

Beneficiary Last Name\*

Darbal

Form Completed 100% Attachments 100% 2 View All

SAVE PREVIEW CANCEL SUBMIT



11:38 AM

<Back Scope of Appointment Form

WellCare Health Plans Attachments

Select Beneficiary Details

Clear

Salesforce ID

0030q00000AIBmDAAX

Beneficiary First Name\*

Vimalas

Vimalas Vimal as Vimala

q<sup>1</sup> w<sup>2</sup> e<sup>3</sup> r<sup>4</sup> t<sup>5</sup> y<sup>6</sup> u<sup>7</sup> i<sup>8</sup> o<sup>9</sup> p<sup>0</sup>

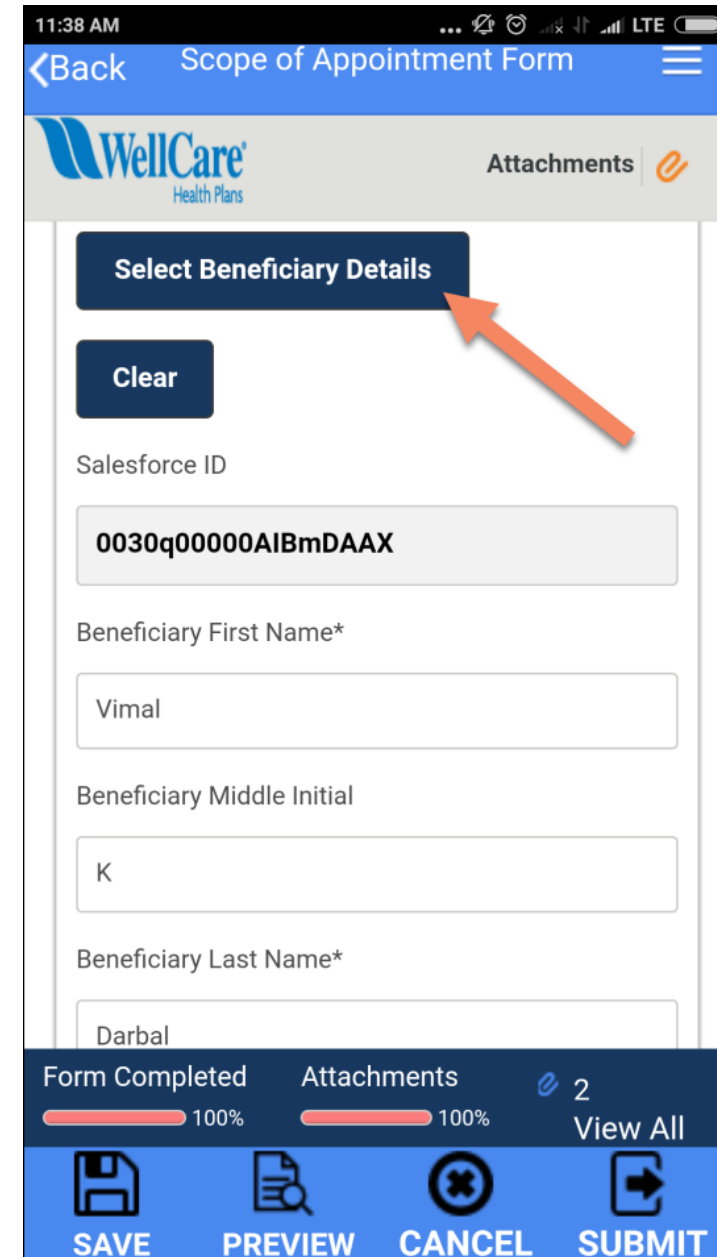
a s d f g h j k l

z x c v b n m

?123 , . →

# Submitting SOA: Scenario 2

Should you need to go back to the results screen and review a different entry. Simply click on **Select Beneficiary Details**.



11:38 AM

< Back Scope of Appointment Form

WellCare Health Plans Attachments

Select Beneficiary Details

Clear

Salesforce ID

0030q00000AIBmDAAX

Beneficiary First Name\*

Vimal

Beneficiary Middle Initial

K

Beneficiary Last Name\*

Darbal

Form Completed 100% Attachments 100% 2 View All

SAVE PREVIEW CANCEL SUBMIT



# Form Submission: Existing Beneficiary

Scope of Appointment Form

WellCare Health Plans Attachments

### 2018 SCOPE OF SALES APPOINTMENT CONFIRMATION FORM

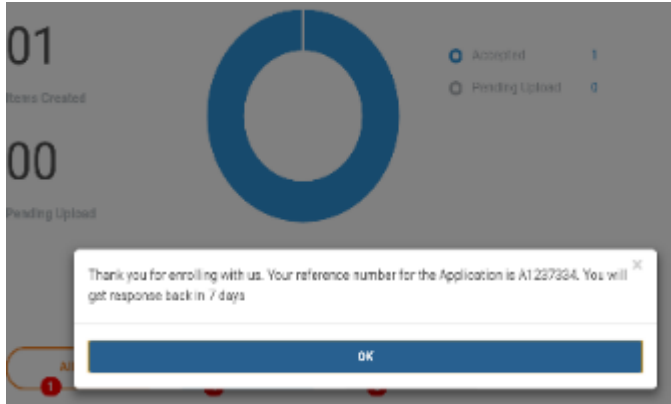
- ✓ Plan Details
- ✓ Agent Details
- ✓ Beneficiary Details
- ✓ Beneficiary Representative Details
- ✓ Appointment Details
- ✓ Consent to Contact

Click on Submit.

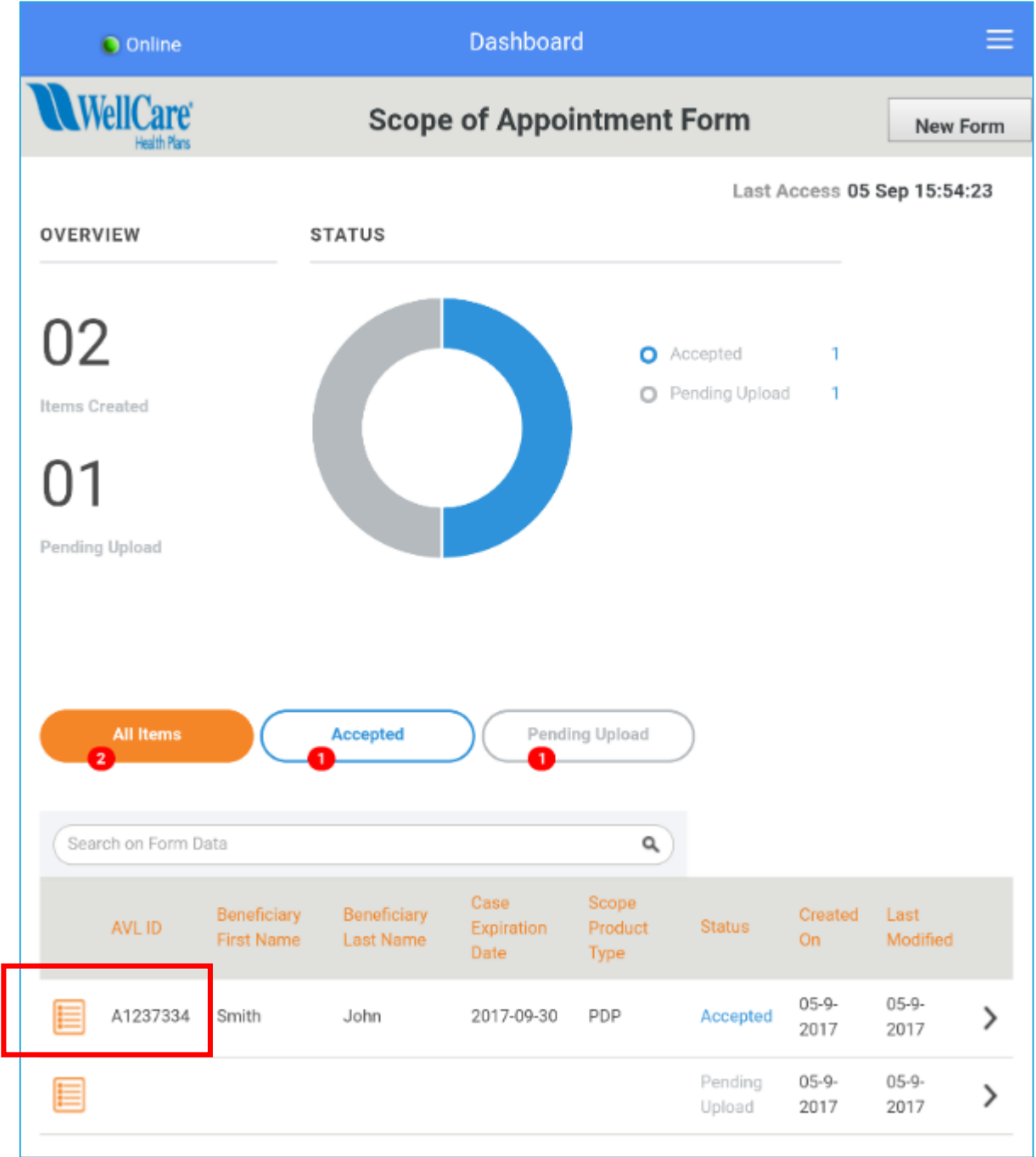
Form Completed 100% Attachments 100% 3 View All

SAVE PREVIEW CANCEL **SUBMIT**

AVL ID will be generated based on Salesforce Integration



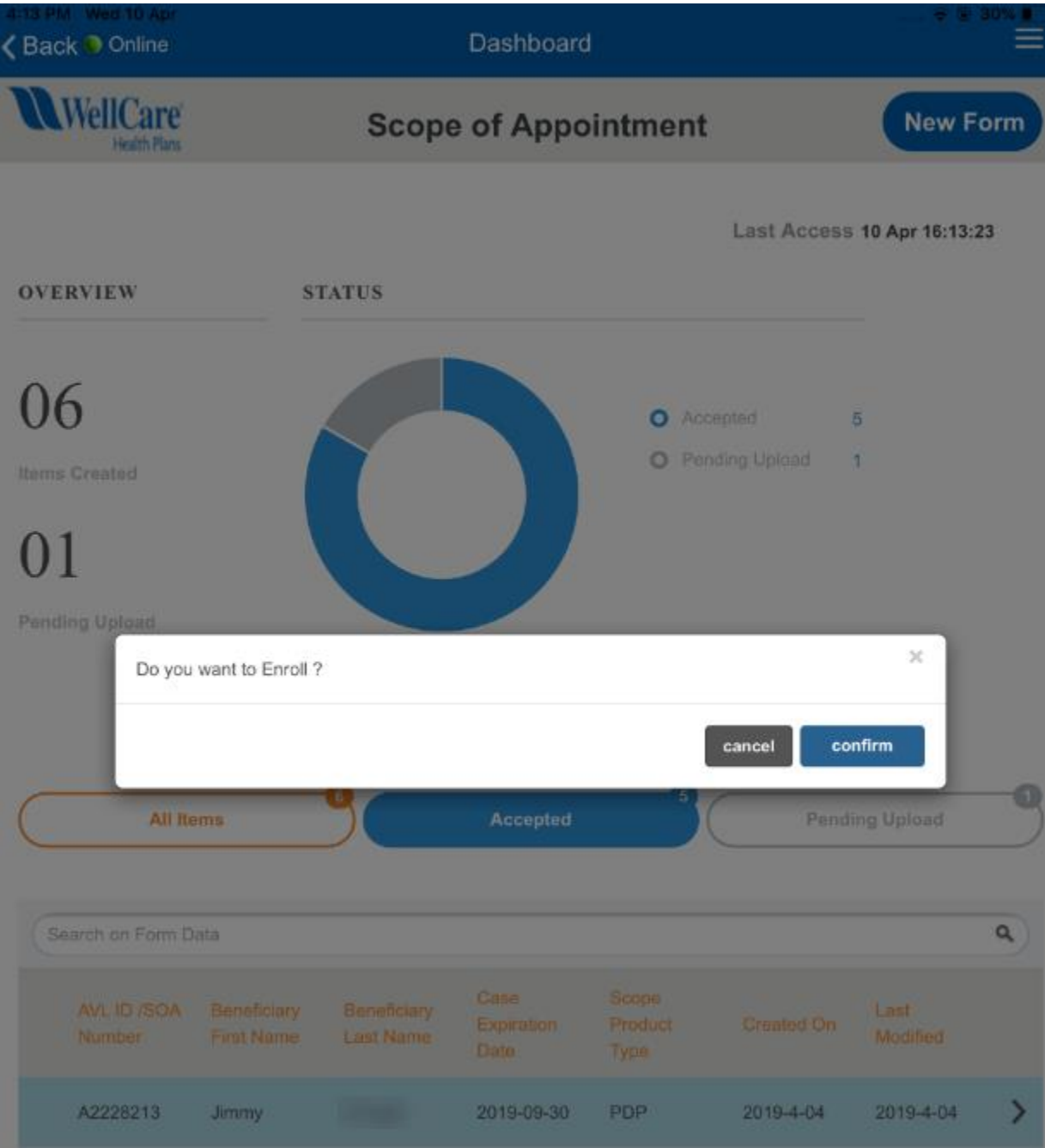
# Appointment ID – Buckets View



Accepted forms will be listed in All Item and Accepted Buckets.

Accepted/Submitted form along with Appointment ID

# Appointment ID – Buckets View



You can also Enroll a beneficiary from the Accepted SOA Form

Long press on the row and when the above dialogue box appears stating “Do you want to Enroll” choose “Confirm” and it will take you over to the Enrollment Form.

# Pending Bucket – Form Editing

Online Dashboard

WellCare Health Plans

### Scope of Appointment Form

New Form

Last Access 20 Dec 16:49:808

**OVERVIEW** **STATUS**

01  
Items Created

01  
Pending Upload

Accepted 0  
Pending Upload 1

All Items 1 Accepted 0 Pending Upload 1

Search on Form Data

AVLID	Beneficiary First Name	Beneficiary Last Name	Case Expiration Date	Scope Product Type	Created On	Last Modified
	Joseph	Tracey		MA and PDP	2017-12-20	2017-12-20

On Single Tap

Back Scope of Appointment Form Attachments

WellCare Health Plans

### 2018 SCOPE OF SALES APPOINTMENT CONFIRMATION FORM

- Plan Details
- Agent Details
- Beneficiary Details
- Beneficiary Representative Details
- Appointment Details
- Consent to Contact

Form Completed 2% Attachments 0% View All

SAVE PREVIEW CANCEL SUBMIT

Form will open for Agent to edit the SOA Form.

To edit a Pending SOA form, tap on the form.

# Pending Bucket – Form Deleting

Online Dashboard

WellCare Health Plans

Scope of Appointment Form

New Form

Last Access 20 Dec 16:49:808

OVERVIEW STATUS

01 Items Created

01 Pending Upload

Accepted 0

Pending Upload 1

All Items Accepted Pending Upload

Search on Form Data

AVL ID	Beneficiary First Name	Beneficiary Last Name	Case Expiration Date	Scope Product Type	Created On	Last Modified
	Joseph	Tracey		MA and PDP	2017-12-20	2017-12-20

To delete a pending form, long press on the form which needs to be discarded.

On Long Press

01 Pending Upload

Do you want to delete ?

Cancel OK

A popup will appear on screen. To confirm deletion of the form, tap on "OK".



1. Will you always click on the Paper SOA Form Attachment when submitting?
2. Should I use the Agent Appointment type labeled “AVL Appointment” when I am already with the beneficiary to review plans?
3. When reviewing the bucket labeled All Items, this bucket represents only the Accepted forms. True or False?



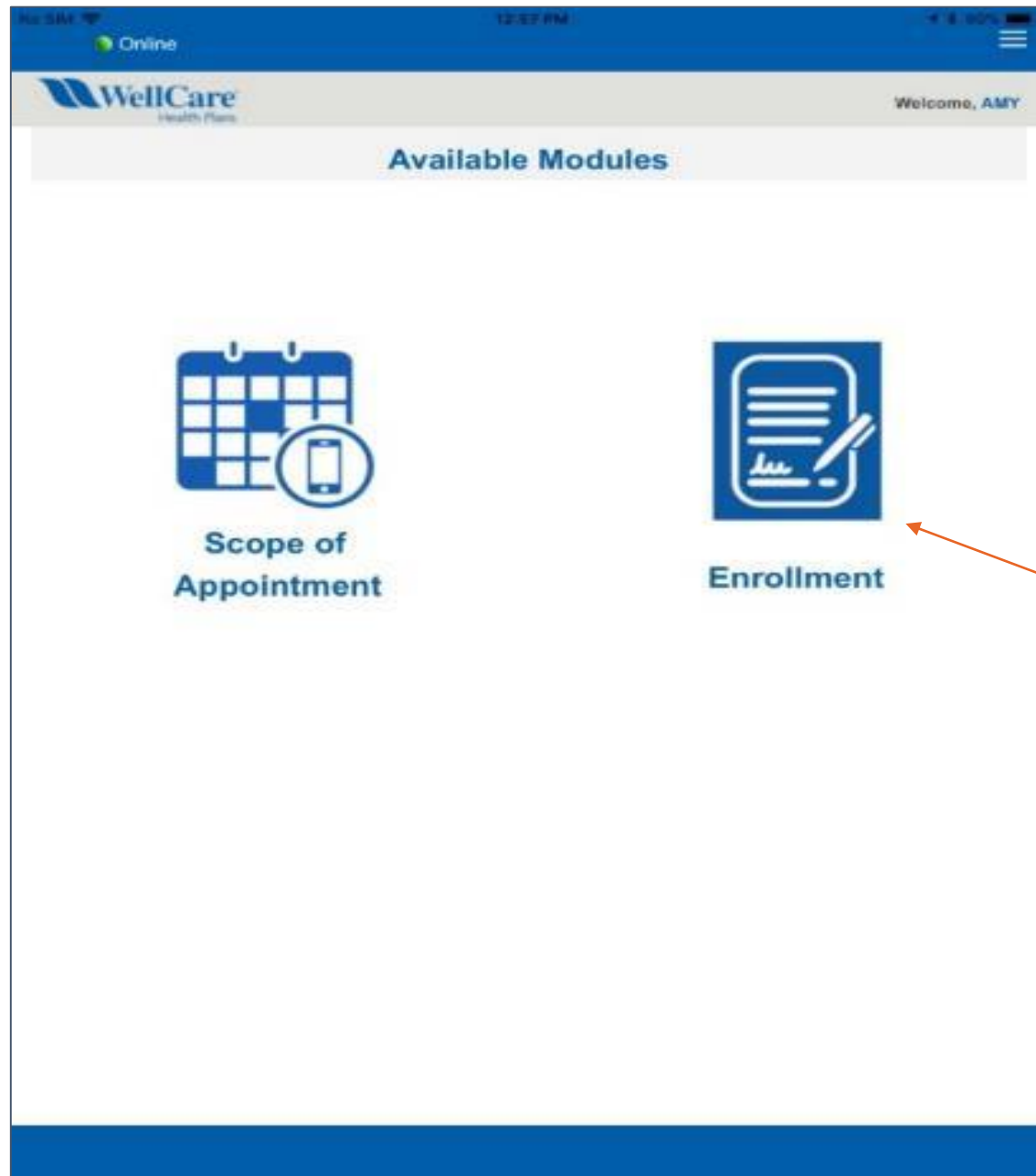
# Section III

## Enrollment Form

- Dashboards, Alternative Language, New Form
- CCP Application Form
- Application Signatures
- Confirmation and Print Pages

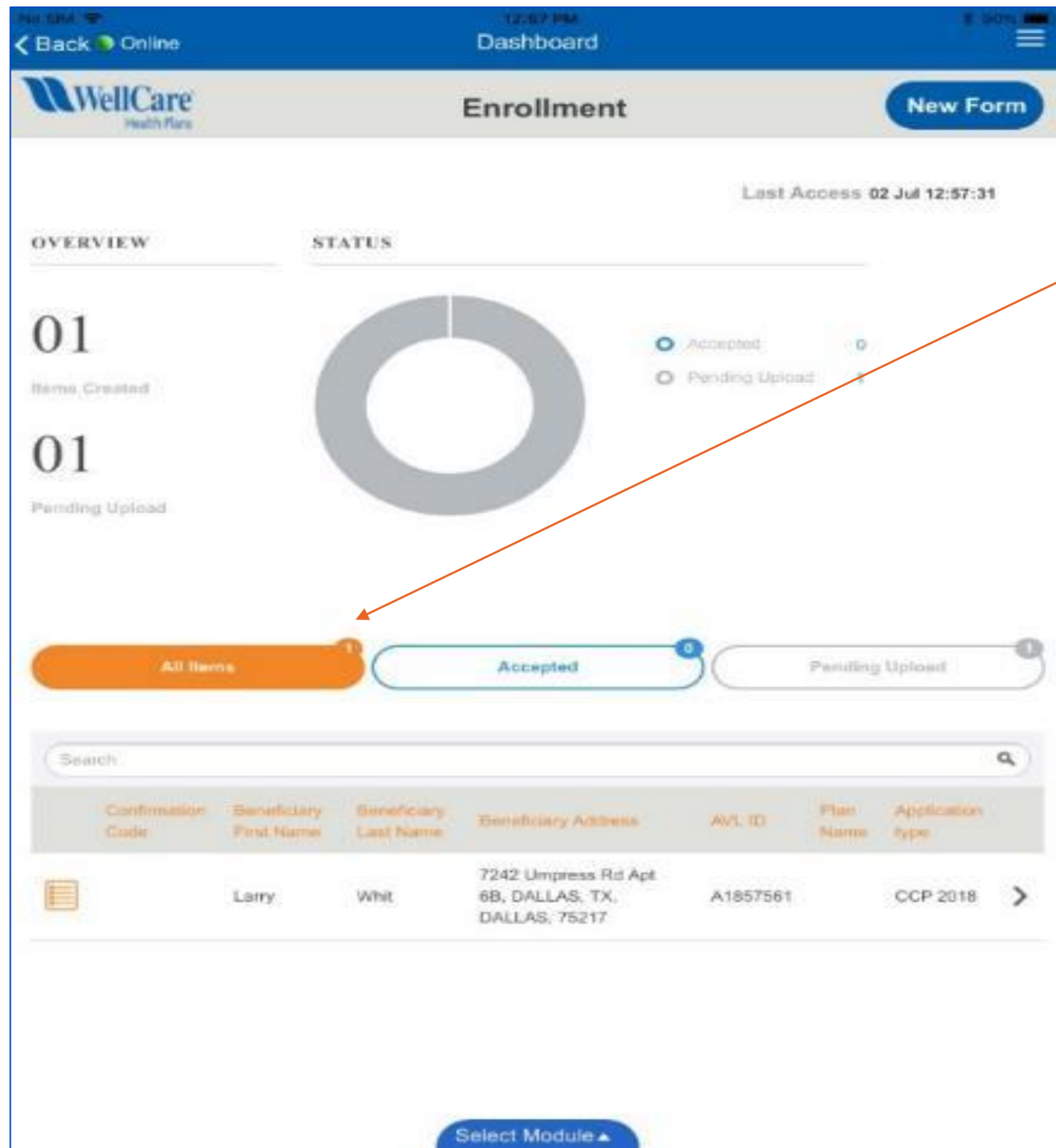


# WellCare Enrollment Platform – Forms Page



Agent can select the Scope of Appointment (SOA) or Enrollment Form

# WellCare Enrollment Platform- Dashboard

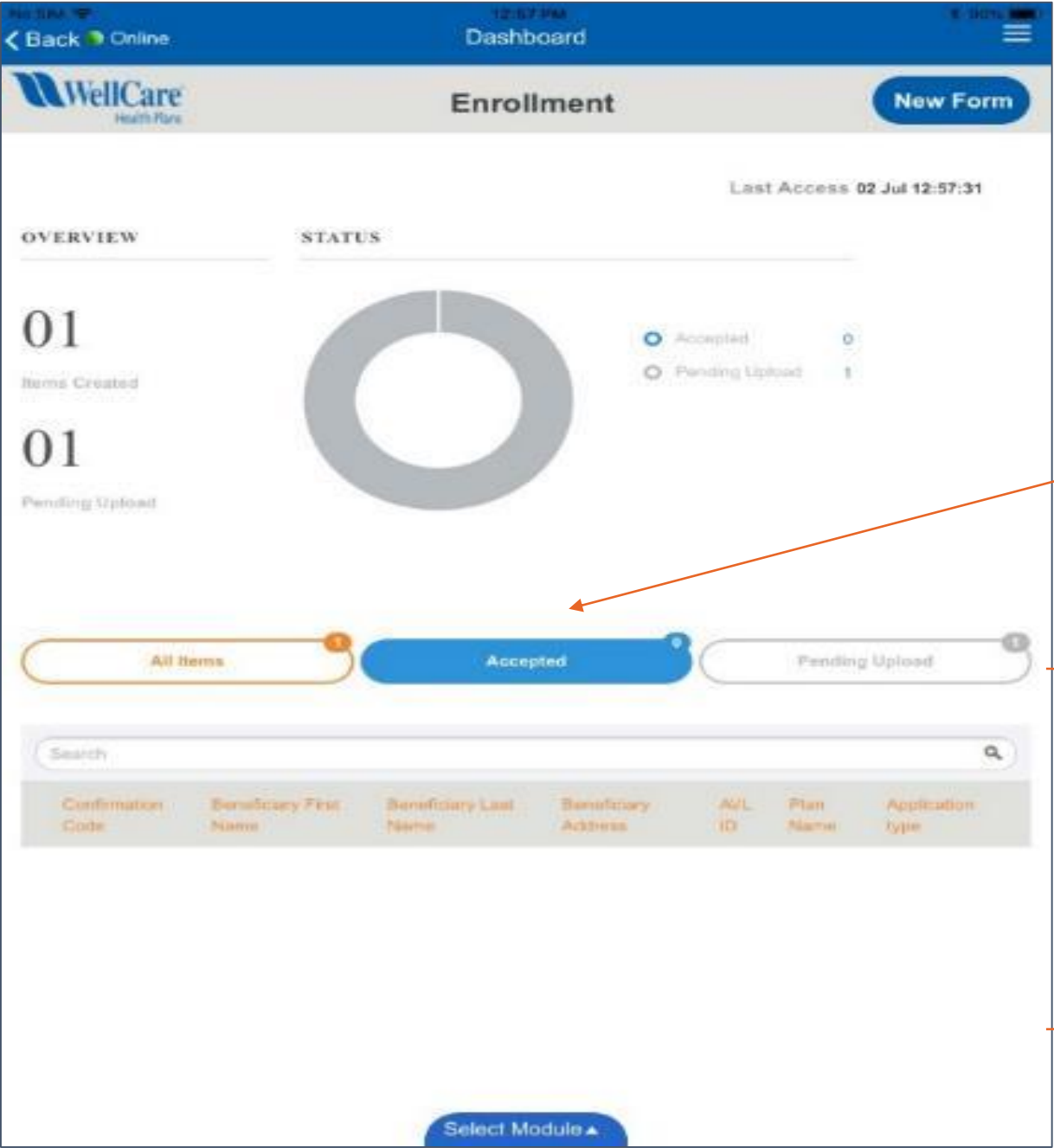


## “All Items” Bucket

- All enrollment forms will appear under the “All Items” bucket.
- Enrollments in buckets will be deleted in 10 days from the date the enrollment form was started for security of PHI.
- Agents will get a message reminding them to review and submit any outstanding enrollments prior to being deleted.



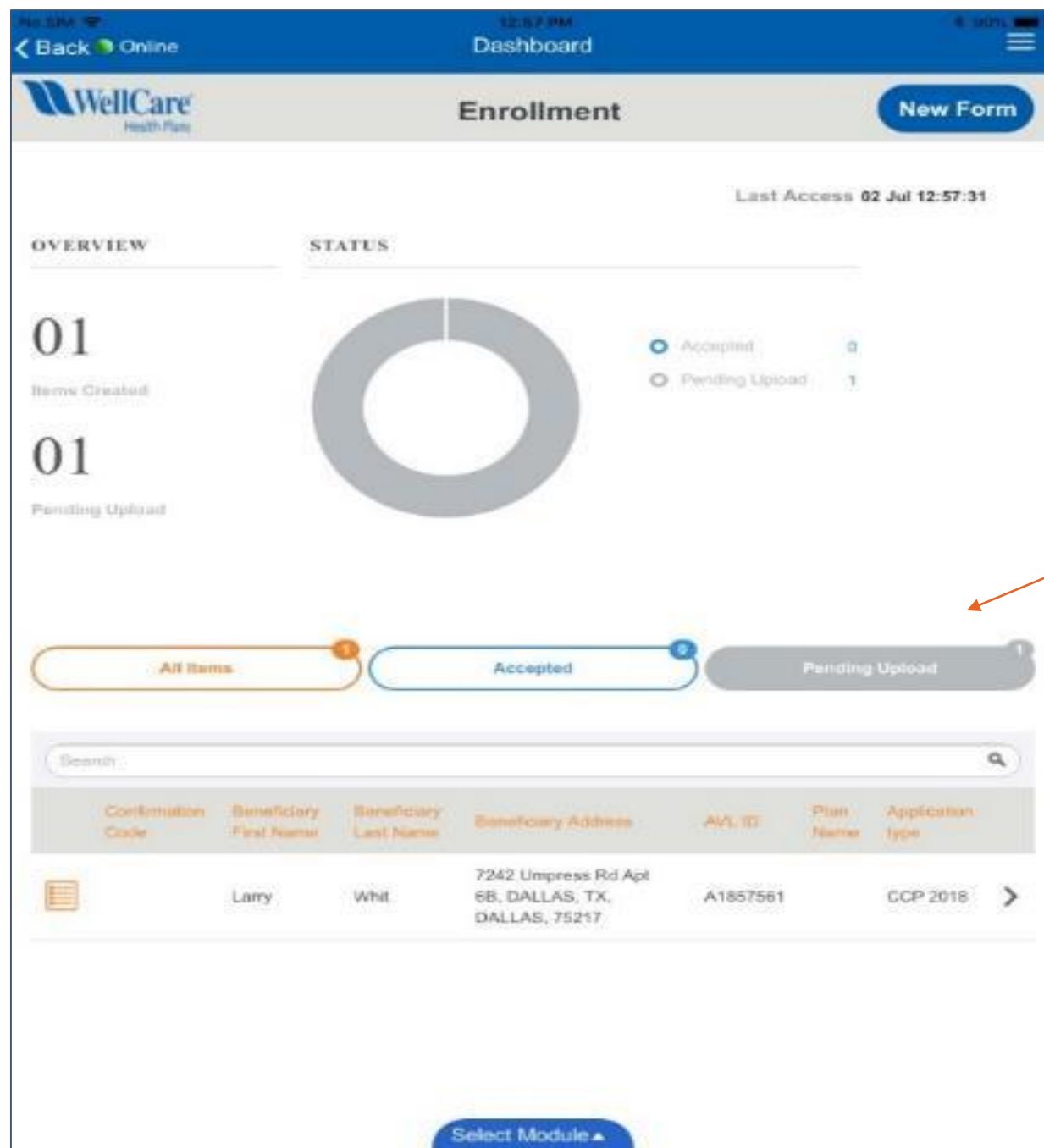
# WellCare Enrollment Platform - Dashboard



“Accepted” Bucket

All the Submitted Enrollments will appear under this bucket

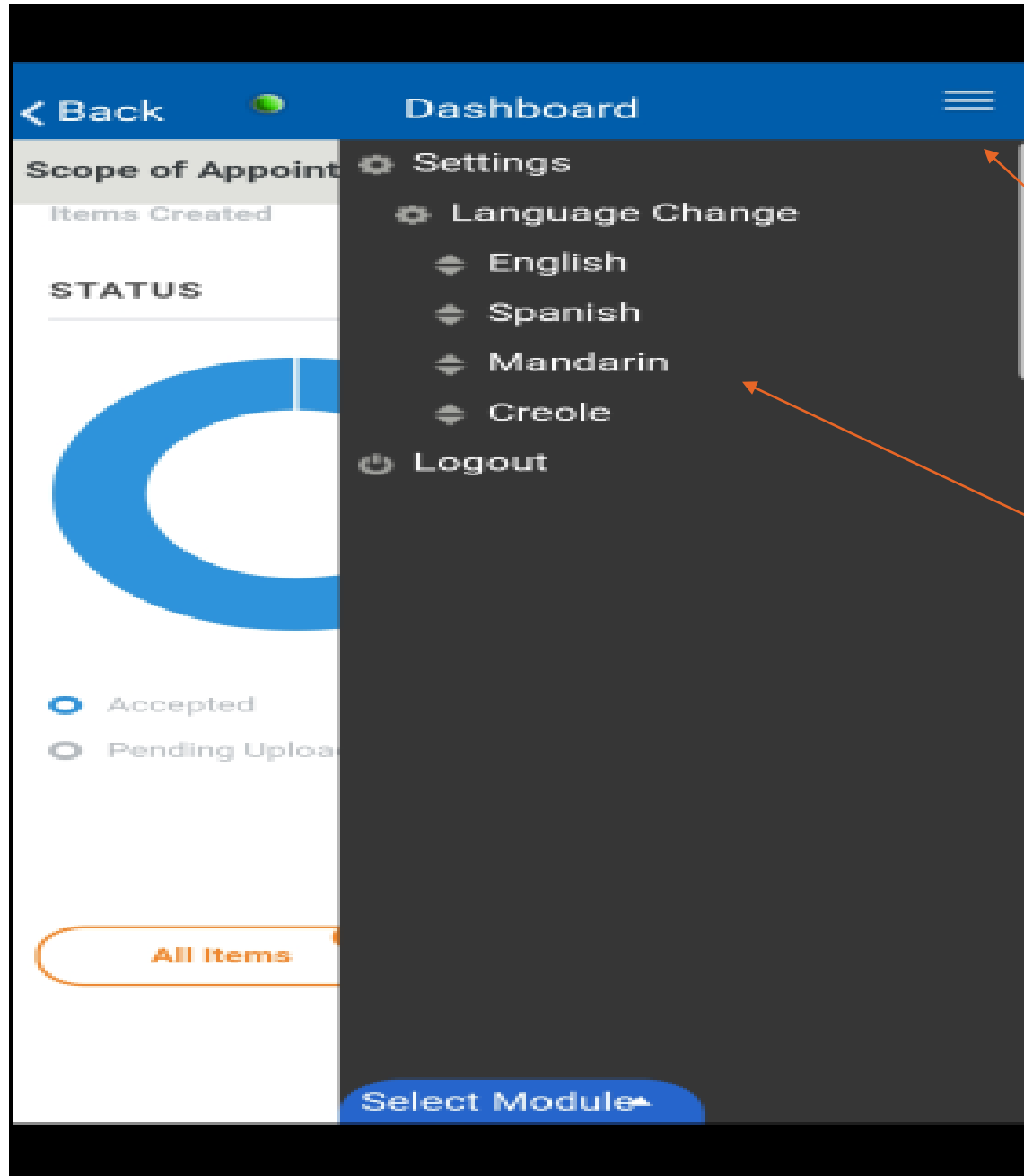
# WellCare Enrollment Platform - Dashboards



“Pending upload”  
Bucket

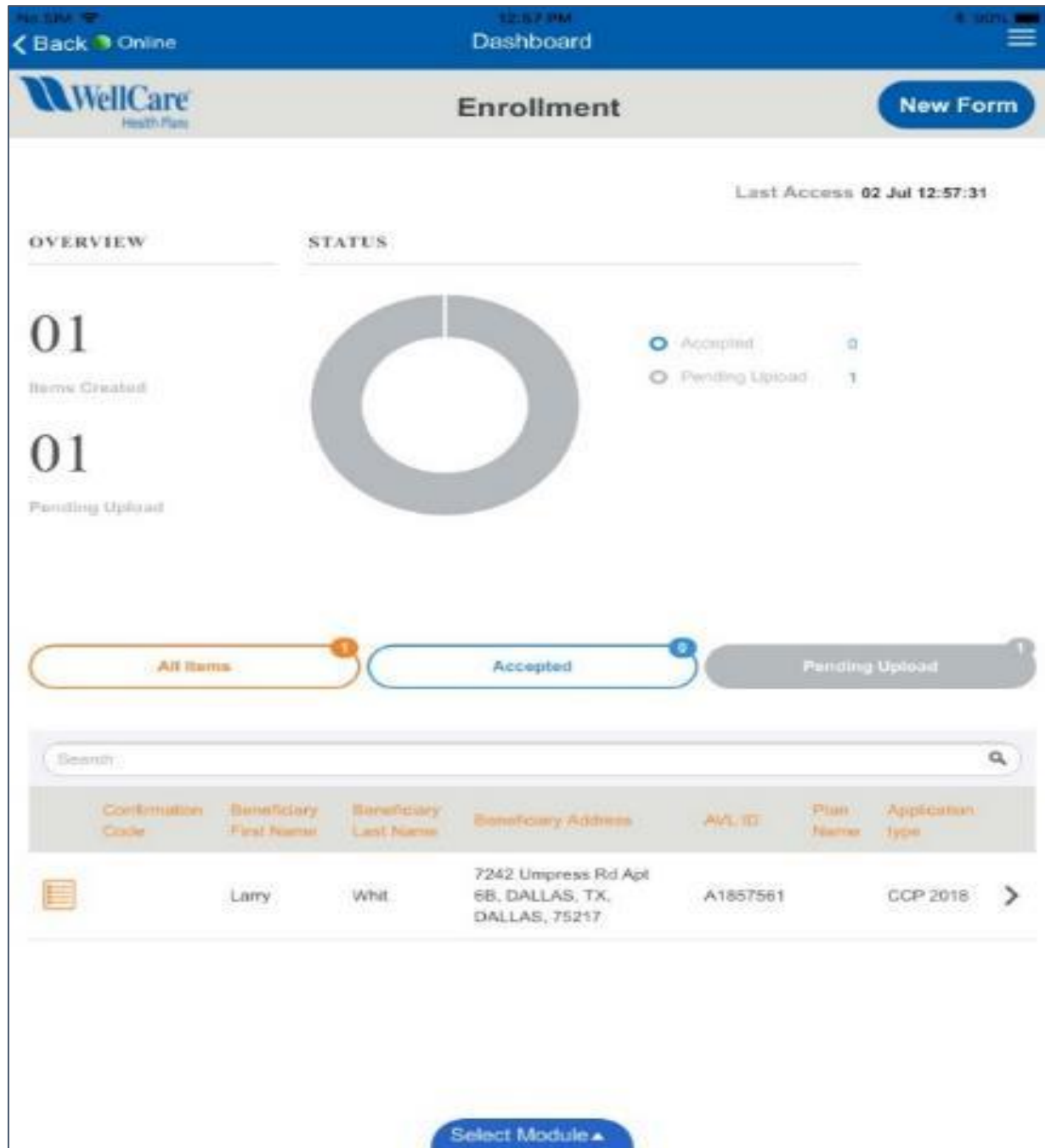
All enrollment forms  
which are pending will  
appear under this bucket

# WellCare Enrollment Platform – Alternative Languages



To change the mobile application to a CMS approved language, agents will click on the 3 lines Menu button in the right upper corner on the “Dashboard” page.

# WellCare Enrollment Platform – New Enrollment Form



The screenshot shows the WellCare Enrollment Platform Dashboard. At the top, there's a blue header with "Back Online" and "Dashboard". Below this is a grey bar with the WellCare logo, "Enrollment", and a "New Form" button. The main content area has a "Last Access 02 Jul 12:57:31" timestamp. Under the "OVERVIEW" tab, there are two large numbers: "01 Items Created" and "01 Pending Upload". A donut chart shows the status distribution: "Accepted" (2) and "Pending Upload" (1). Below the chart are three buttons: "All Items", "Accepted", and "Pending Upload". A search bar is present, followed by a table with columns: Confirmation Code, Beneficiary First Name, Beneficiary Last Name, Beneficiary Address, AVL ID, Plan Name, and Application Type. The table contains one row for a beneficiary named Larry Whit with address 7242 Umpress Rd Apt 6B, DALLAS, TX, DALLAS, 75217, AVL ID A1857561, Plan Name CCP 2018, and Application Type. At the bottom, there's a "Select Module" button.

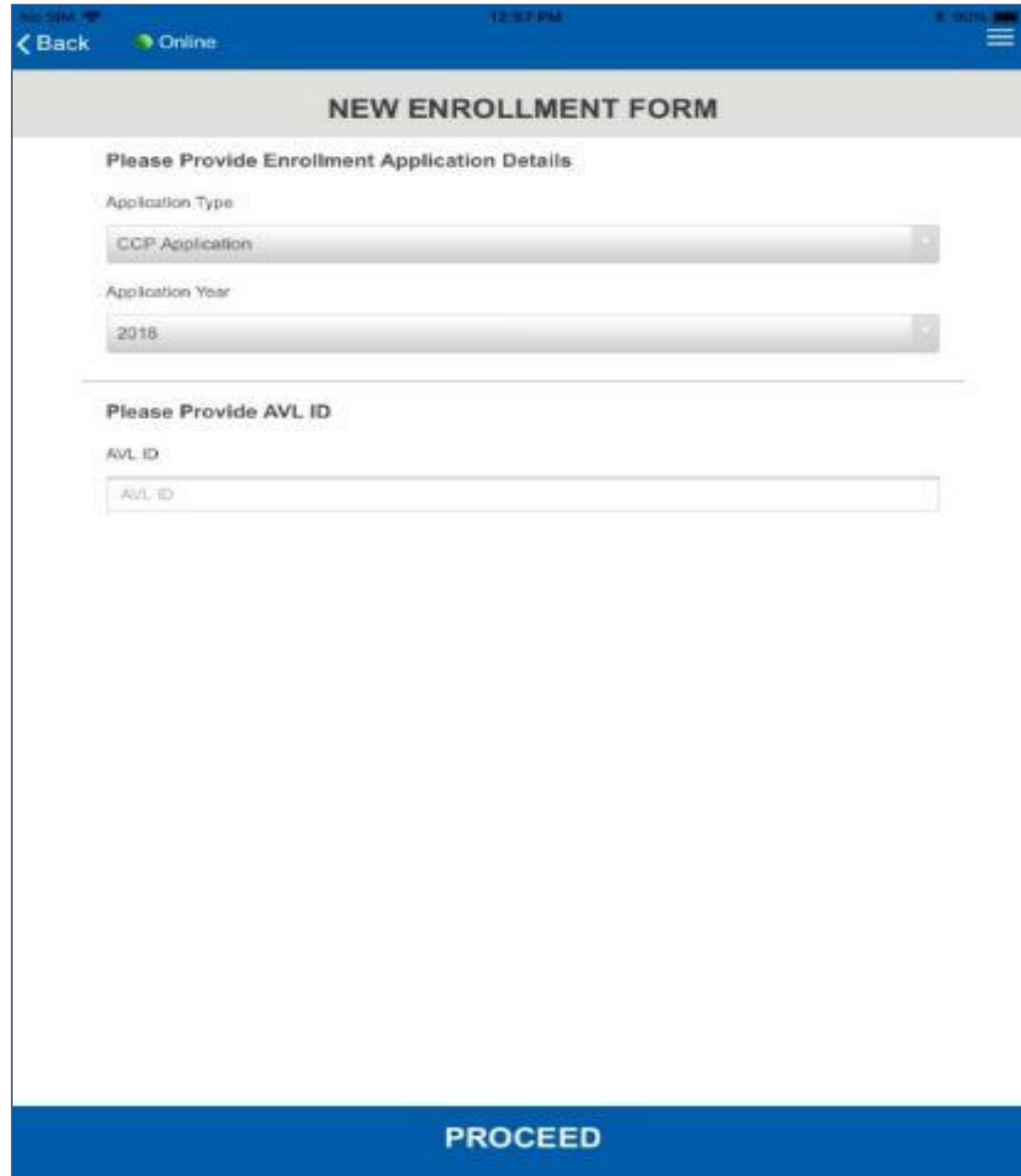
Confirmation Code	Beneficiary First Name	Beneficiary Last Name	Beneficiary Address	AVL ID	Plan Name	Application Type
	Larry	Whit	7242 Umpress Rd Apt 6B, DALLAS, TX, DALLAS, 75217	A1857561	CCP 2018	

Agent will click “New Form” on the Dashboard page to access the “New Enrollment Form” landing page

Or

Agent can hold down on the Accepted SOA Form (from SOA Form area) and select “Enroll” to access the “New Enrollment Form” landing page

# WellCare Enrollment Platform – New Enrollment Form



The screenshot shows a mobile application interface for a 'NEW ENROLLMENT FORM'. At the top, there is a blue header bar with a back arrow, the word 'Online', the time '12:57 PM', and a menu icon. Below the header, the title 'NEW ENROLLMENT FORM' is centered. The form is divided into two sections. The first section, 'Please Provide Enrollment Application Details', contains two dropdown menus: 'Application Type' (set to 'CCP Application') and 'Application Year' (set to '2018'). The second section, 'Please Provide AVL ID', contains a text input field labeled 'AVL ID'. At the bottom of the form is a blue bar with the word 'PROCEED' in white capital letters.

Agents select the Application Type (CCP, PDP, PFFS) and year to go to the correct CMS approved enrollment form. Scope of Appointment ID is also required to initiate the form and ensure the correct beneficiary information pulls into the enrollment form.





# CCP Enrollment Form

# WellCare Enrollment Platform – CCP Enrollment Form



6:17 PM Wed 6 Mar CCP Form 2019

WellCare Health Plans Attachments 0/2

100%

- ✓ Agent Details
- ✓ Beneficiary Details
- ✓ Plan Details
- ✓ Other Important Details
- ✓ Beneficiary Representative Details
- ✓ Paying Your Plan Premium
- ✓ Attestation of Eligibility for an Enrollment Period
- ✓ Eligibility Check

Validate Eligibility

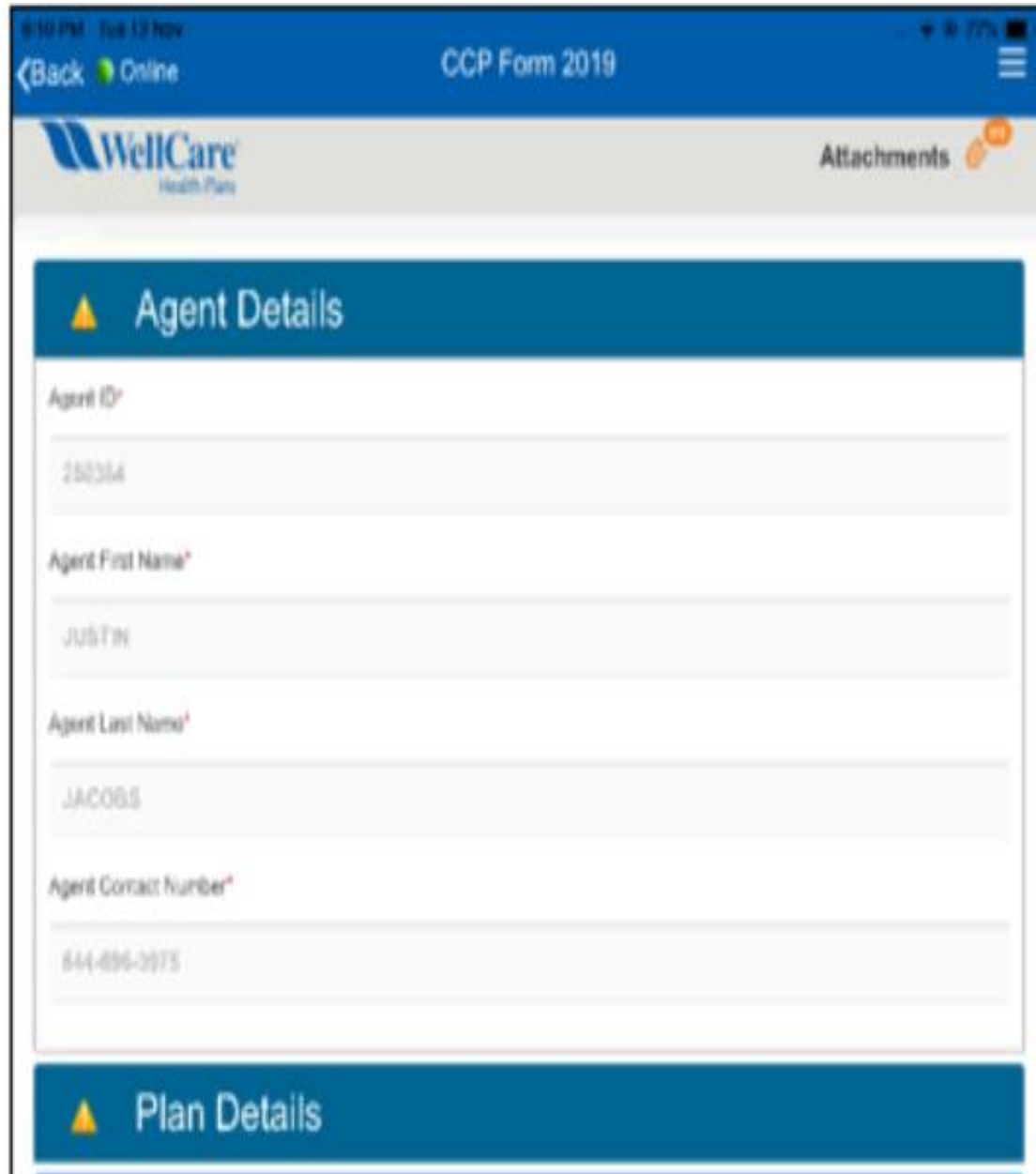
Y0070\_WCM\_31613E\_C

Last Modified: 02/27/2019

Save Cancel Preview Submit

Landing page of the CCP Enrollment Form  
– All sections to be completed

# WellCare Enrollment Platform – CCP Enrollment Form

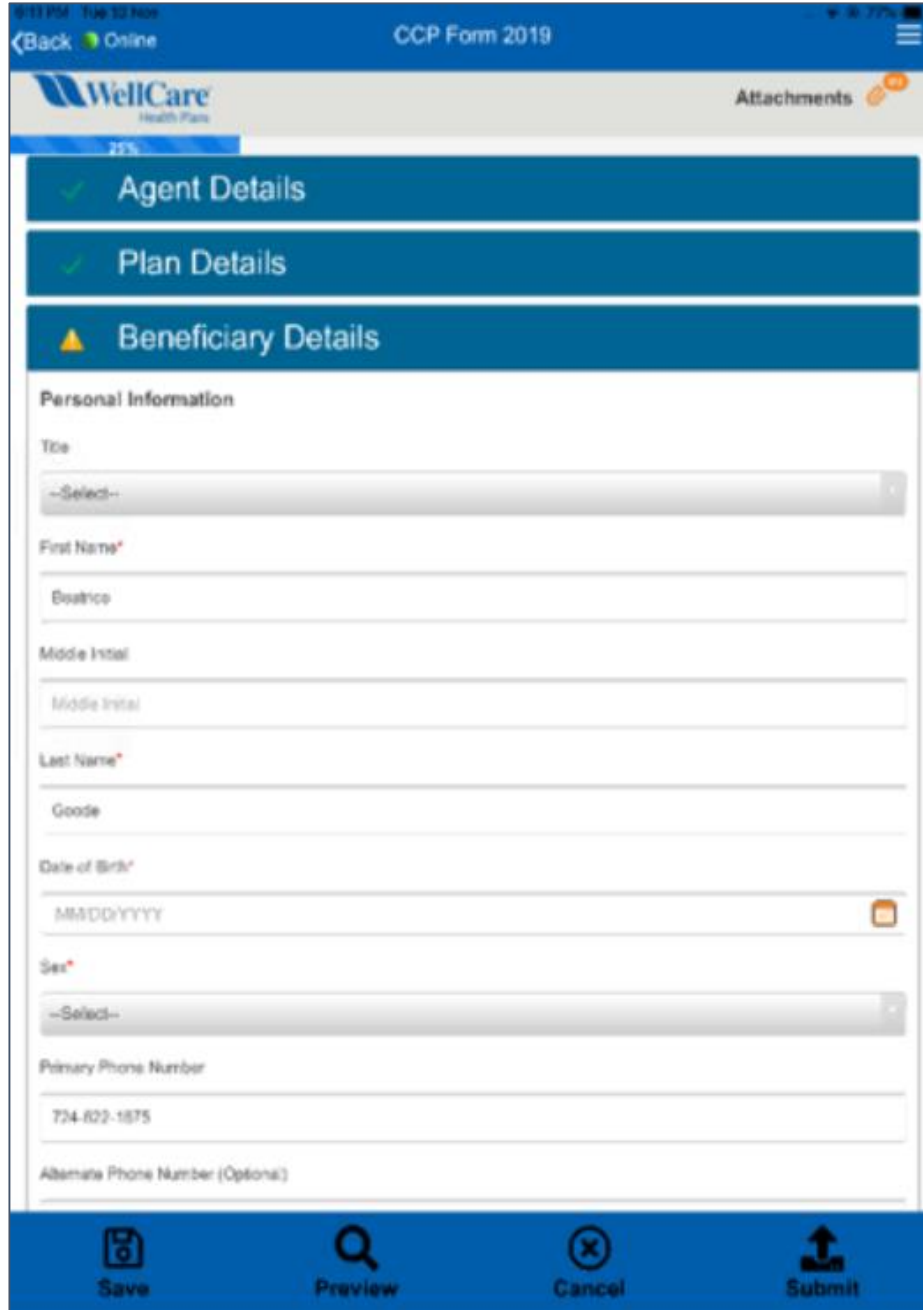


The screenshot shows a mobile application interface for the 'CCP Form 2019'. At the top, there is a blue header bar with a 'Back' button, an 'Online' status indicator, and the title 'CCP Form 2019'. Below the header is a grey bar with the 'WellCare Health Plans' logo on the left and an 'Attachments' icon on the right. The main content area has a blue section header 'Agent Details' with a yellow triangle icon. Below this header are four text input fields, each with a red asterisk indicating a required field. The fields are labeled 'Agent ID\*', 'Agent First Name\*', 'Agent Last Name\*', and 'Agent Contact Number\*'. The values entered in these fields are '250354', 'JUSTIN', 'JACOBS', and '644-696-2975' respectively. At the bottom of the form, there is another blue section header 'Plan Details' with a yellow triangle icon.

Field Label	Value
Agent ID*	250354
Agent First Name*	JUSTIN
Agent Last Name*	JACOBS
Agent Contact Number*	644-696-2975

Agent Details will be auto-populated from WellCare's system which maintains the agents information

# WellCare Enrollment Platform – CCP Enrollment Form



CCP Form 2019

WellCare Health Plans

Attachments

27%

✓ Agent Details

✓ Plan Details

⚠ Beneficiary Details

Personal Information

Title

--Select--

First Name\*

Boatice

Middle Initial

Middle Initial

Last Name\*

Goode

Date of Birth\*

MM/DD/YYYY

Sex\*

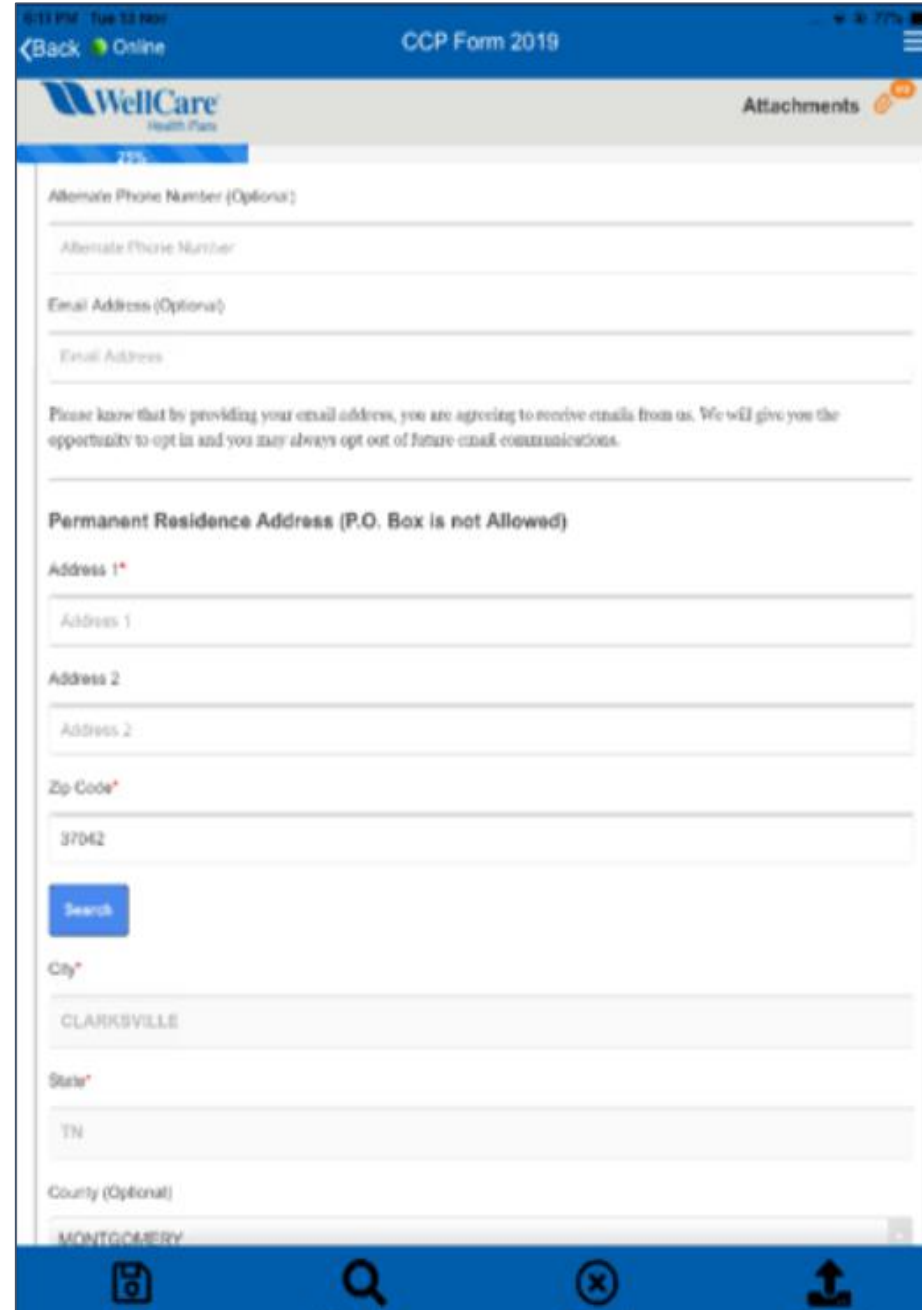
--Select--

Primary Phone Number

724-822-1875

Alternate Phone Number (Optional)

Save Preview Cancel Submit



CCP Form 2019

WellCare Health Plans

Attachments

72%

Alternate Phone Number (Optional)

Alternate Phone Number

Email Address (Optional)

Email Address

Please know that by providing your email address, you are agreeing to receive emails from us. We will give you the opportunity to opt in and you may always opt out of future email communications.

Permanent Residence Address (P.O. Box is not Allowed)

Address 1\*

Address 1

Address 2

Address 2

Zip Code\*

37042

Search

City\*

CLARKSVILLE

State\*

TN

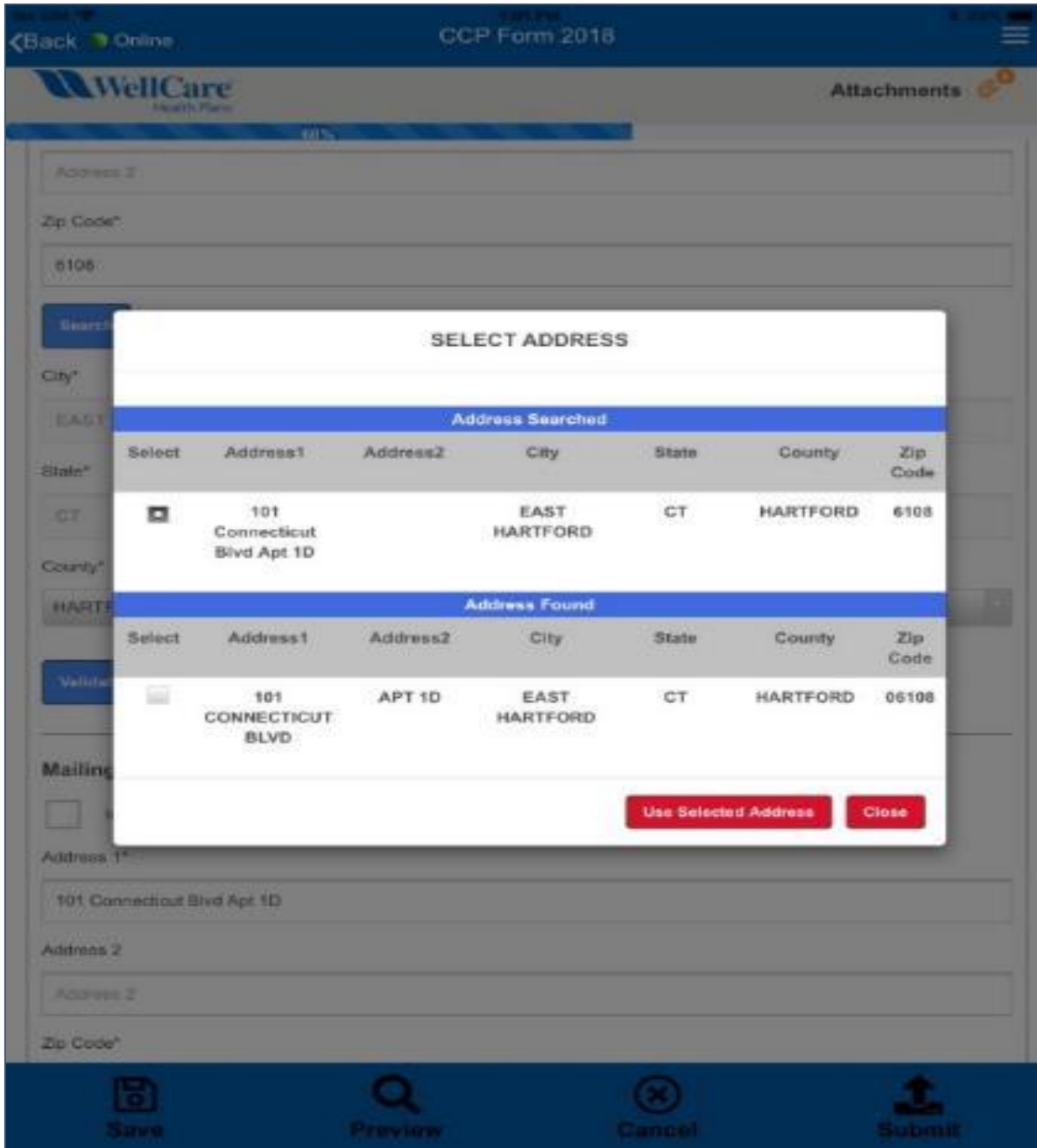
County (Optional)

MONTGOMERY

Save Preview Cancel Submit

Beneficiary details  
are completed in the  
“Beneficiary Details”  
section

# WellCare Enrollment Platform – CCP Enrollment Form



The screenshot displays the 'CCP Form 2018' interface. A 'SELECT ADDRESS' pop-up window is centered over the form. The pop-up contains two tables: 'Address Searched' and 'Address Found'. The 'Address Found' table has one row with a selected checkbox. Below the tables are 'Use Selected Address' and 'Close' buttons. The background form shows fields for 'Address 1' and 'Zip Code'.

Select	Address1	Address2	City	State	County	Zip Code
<input checked="" type="checkbox"/>	101 Connecticut Blvd Apt 1D		EAST HARTFORD	CT	HARTFORD	6108


Select	Address1	Address2	City	State	County	Zip Code
<input checked="" type="checkbox"/>	101 CONNECTICUT BLVD	APT 1D	EAST HARTFORD	CT	HARTFORD	06108

Buttons: Use Selected Address, Close

Agents can validate the address of the beneficiary against USPS



# WellCare Enrollment Platform – CCP Enrollment Form



CCP Form 2019

WellCare Health Plans

Attachments

**Plan Details**

Plan Details

Preferred Effective Date\*

01-Jan-2019

Plan Name\*

WellCare Access (HMO SNP)

Contract ID\*

H1410035000

Plan ID\*

445-035-000

**Application Details**

RVL ID\*

A1963281

County\*

MONTGOMERY

Scope of Appointment\*

SEA

Source\*

Mobile

Save Preview Cancel Submit

Plan details are  
completed in the  
“Plan Details”  
section

# WellCare Enrollment Platform – CCP Enrollment Form



6:11 PM Tue 12 Nov  
Back Online CCP Form 2019

WellCare Health Plans Attachments

12.5%

A/L ID\*

A1963281

County\*

MONTGOMERY

Scope of Appointment\*

MA

Source\*

Mobile

Type of Application\*

CCP

Application details  
from beneficiary SOA  
is auto-populated from  
the SOA ID#

# WellCare Enrollment Platform – CCP Enrollment Form

CCP Form 2019

WellCare Health Plans

Attachments

### Other Important Details

Please Read and Answer These Other Important Questions:

1. Do you have End-Stage Renal Disease (ESRD)? If you have had a successful kidney transplant and/or you do not need regular dialysis any more, please mail a note or records to the Address below from your doctor showing you have had a successful kidney transplant or you do not need dialysis; otherwise, we may need to contact you to obtain additional information.\*

☒ Yes ☐ No

Attention: Enrollment Department  
Wellcare Health Plans  
P.O. Box 31399  
Tampa, FL 33633-1664

2. For MAPD Plans: Some individuals may have other drug coverage, including other private insurance, TRICARE, federal employee health benefits coverage, VA benefits or State Pharmaceutical Assistance Programs. Will you have other prescription drug coverage in addition to Wellcare Essential (HMO-POS)?\*

☒ Yes ☐ No

Name of other coverage

ID # for this coverage

Group # for this coverage

3. Are you a resident of a long-term care facility, such as a nursing home?\*

☐ Yes ☒ No

4. Are you enrolled in your State Medicaid program?\*

Save Preview Cancel Submit

CCP Form 2019

WellCare Health Plans

Attachments

3. Are you a resident of a long-term care facility, such as a nursing home?\*

☒ Yes ☐ No

Name of Institution

Institution Address 1

Institution Address 2

Institution Zip Code

Search

Institution City

Institution State

Institution County

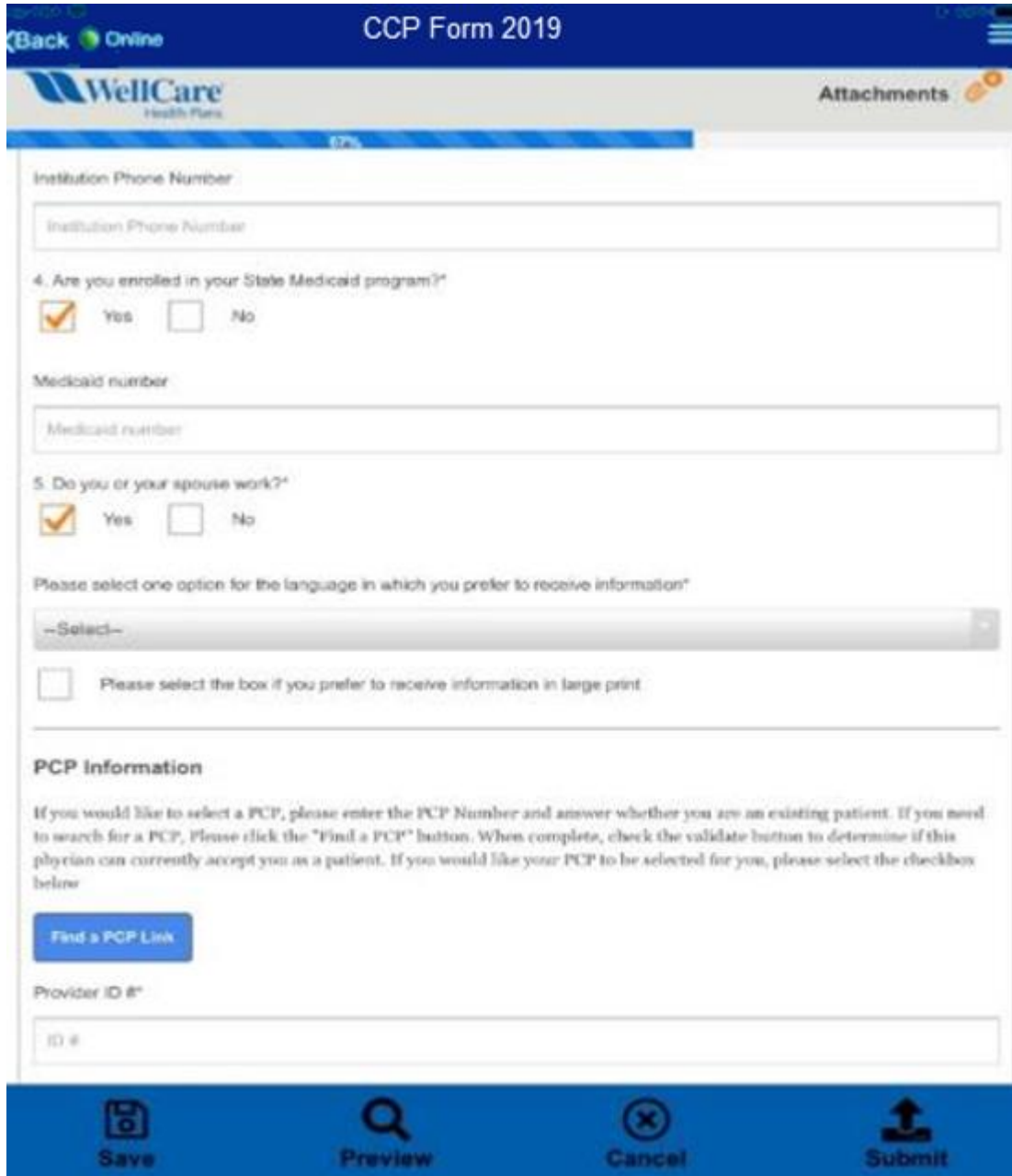
Validate Address

Institution Phone Number

Save Preview Cancel Submit

Other important details of beneficiary are completed in the “Other Important Details” Section

# Mobile Enrollment – CCP Enrollment Form



CCP Form 2019

WellCare Health Plans

Attachments

Institution Phone Number

4. Are you enrolled in your State Medicaid program?\*

☒ Yes ☐ No

Medicaid number

5. Do you or your spouse work?\*

☒ Yes ☐ No

Please select one option for the language in which you prefer to receive information\*

--Select--

☐ Please select the box if you prefer to receive information in large print

**PCP Information**

If you would like to select a PCP, please enter the PCP Number and answer whether you are an existing patient. If you need to search for a PCP, Please click the "Find a PCP" button. When complete, check the validate button to determine if this physician can currently accept you as a patient. If you would like your PCP to be selected for you, please select the checkbox below

Find a PCP Link

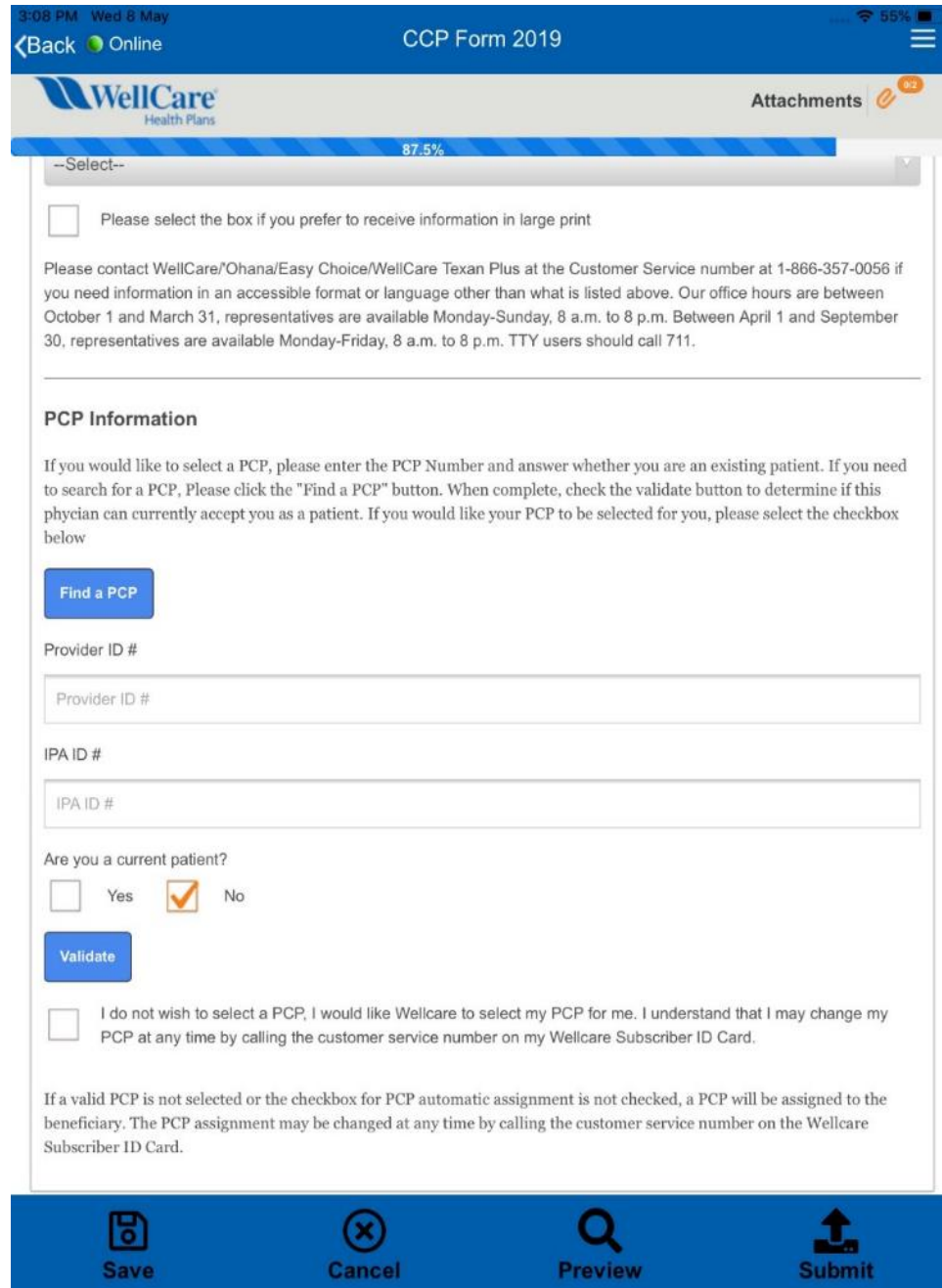
Provider ID #\*

ID #

Save Preview Cancel Submit

Other important details of beneficiary are completed in the "Other Important Details" Section

# Mobile Enrollment – CCP Enrollment Form



3:08 PM Wed 8 May  
Back Online CCP Form 2019

WellCare Health Plans Attachments 9/2

--Select-- 87.5%

☐ Please select the box if you prefer to receive information in large print

Please contact WellCare/Ohana/Easy Choice/WellCare Texan Plus at the Customer Service number at 1-866-357-0056 if you need information in an accessible format or language other than what is listed above. Our office hours are between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. TTY users should call 711.

**PCP Information**

If you would like to select a PCP, please enter the PCP Number and answer whether you are an existing patient. If you need to search for a PCP, Please click the "Find a PCP" button. When complete, check the validate button to determine if this physician can currently accept you as a patient. If you would like your PCP to be selected for you, please select the checkbox below

[Find a PCP](#)

Provider ID #

Provider ID #

IPA ID #

IPA ID #

Are you a current patient?

☐ Yes ☒ No

[Validate](#)

☐ I do not wish to select a PCP, I would like Wellcare to select my PCP for me. I understand that I may change my PCP at any time by calling the customer service number on my Wellcare Subscriber ID Card.

If a valid PCP is not selected or the checkbox for PCP automatic assignment is not checked, a PCP will be assigned to the beneficiary. The PCP assignment may be changed at any time by calling the customer service number on the Wellcare Subscriber ID Card.

Save Cancel Preview Submit

“Find a PCP” link directs agents to the Find a Producer tool to confirm in-network PCPs. Agents to enter Provider ID or IPA ID information and validate. Agents can select to have WellCare assign a PCP.



# WellCare Enrollment Platform – CCP Enrollment Form

CCP Form 2019

WellCare Health Plans

Attachments

89%

✓ Beneficiary Representative Details

☐ Are you the authorized representative?

Authorized Representative Type\*

--Select--

Last Name\*

First Name\*

Address 1\*

Address 2

Zip code\*

Search

City\*

State\*

CCP Form 2019

WellCare Health Plans

Attachments

89%

Search

City\*

State\*

County\*

--Select--

Validate Address

Phone Number\*

Relationship to Enrollee\*

--Select--

☐ Would you like all mail to be sent to the authorized representative?

⚠ Paying Your Plan Premium

⚠ Attestation of Eligibility for an Enrollment Period

⚠ Eligibility Check

Beneficiary  
Authorized  
Representative  
details completed  
in the “Beneficiary  
Representative  
Details” section

# WellCare Enrollment Platform – CCP Enrollment Form



6:18 PM Wed 6 Mar

CCP Form 2019

WellCare Health Plans

Attachments 0/2

100%

✓

Paying Your Plan Premium

**If enrolling in a health plan with a \$0 monthly premium:** If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail, credit card, pay by phone, or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month, if eligible. If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the RRB. DO NOT pay Wellcare/Ohana/Easy Choice/ Wellcare TexanPlus the Part D-IRMAA.

**If enrolling in a plan with a monthly premium:** You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, credit card, pay by phone, or through Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month, if eligible. If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay Wellcare/Ohana/Easy Choice/ Wellcare TexanPlus the Part D-IRMAA.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and do not even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at [www.socialsecurity.gov/prescriptionhelp](http://www.socialsecurity.gov/prescriptionhelp).

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. Even if you have Extra Help now, you may need to reapply for it later. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover. If you don't select a payment option, you will get a coupon book to pay your monthly premiums.

Please select a premium payment option:

☐ Get a coupon book for monthly premium payments.

**Note:** You may also pay your plan premiums by credit card or by deduction from your bank account (checking/savings) instead of using the monthly coupons. To set up your payment, visit our website at [www.wellcare.com/medicare](http://www.wellcare.com/medicare) or [www.ohanahealthplan.com/medicare](http://www.ohanahealthplan.com/medicare) or call Customer Service at 1-866-527-0056.

Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check (if eligible).

I get monthly benefits from:

Save

Cancel

Preview

Submit

6:18 PM Wed 6 Mar

CCP Form 2019

WellCare Health Plans

Attachments 0/2

100%

**Note:** You may also pay your plan premiums by credit card or by deduction from your bank account (checking/savings) instead of using the monthly coupons. To set up your payment, visit our website at [www.wellcare.com/medicare](http://www.wellcare.com/medicare) or [www.ohanahealthplan.com/medicare](http://www.ohanahealthplan.com/medicare) or call Customer Service at 1-866-527-0056.

Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check (if eligible).

I get monthly benefits from:

☐ Social Security

☐ Railroad Retirement Board

(The Social Security/Railroad Retirement Board deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security/the Railroad Retirement Board accepts your request for automatic deduction, the first deduction from your Social Security/Railroad Retirement Board benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security/the Railroad Retirement Board does not approve your request for automatic deduction, or approves deductions to begin after the enrollment effective date, we will send you a paper bill for your monthly premiums.)

☐ Electronic Funds Transfer (EFT) from your bank account each month.

To set up EFT you will need to send us a signed authorization form with a voided check or a letter from your bank if the account is a savings account. If you select this method, we will send you the EFT form with instructions on how to complete and return to us.

✓

Attestation of Eligibility for an Enrollment Period

✓

Eligibility Check

Y0070\_WCM\_31613E\_C

Last Modified: 02/27/2019

Save

Cancel

Preview

Submit

Agents select the premium payment option in the “Paying Your Plan Premium” section

# WellCare Enrollment Platform – CCP Enrollment Form

**Attestation of Eligibility for an Enrollment Period**

Typically, you may enroll in a Medicare Advantage Plan only during the Annual Enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage Plan outside of this period.

Please read the following statements carefully and select the box if the statement applies to you. By filling in any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.  
If you are new to Medicare due to loss of employer group or union coverage, please refer to number 13.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on:
- ☐ I recently was released from incarceration. I was released on:

**Save Preview Cancel Submit**

CCP Form 2019

**WellCare**  
Health Plans

Attachments

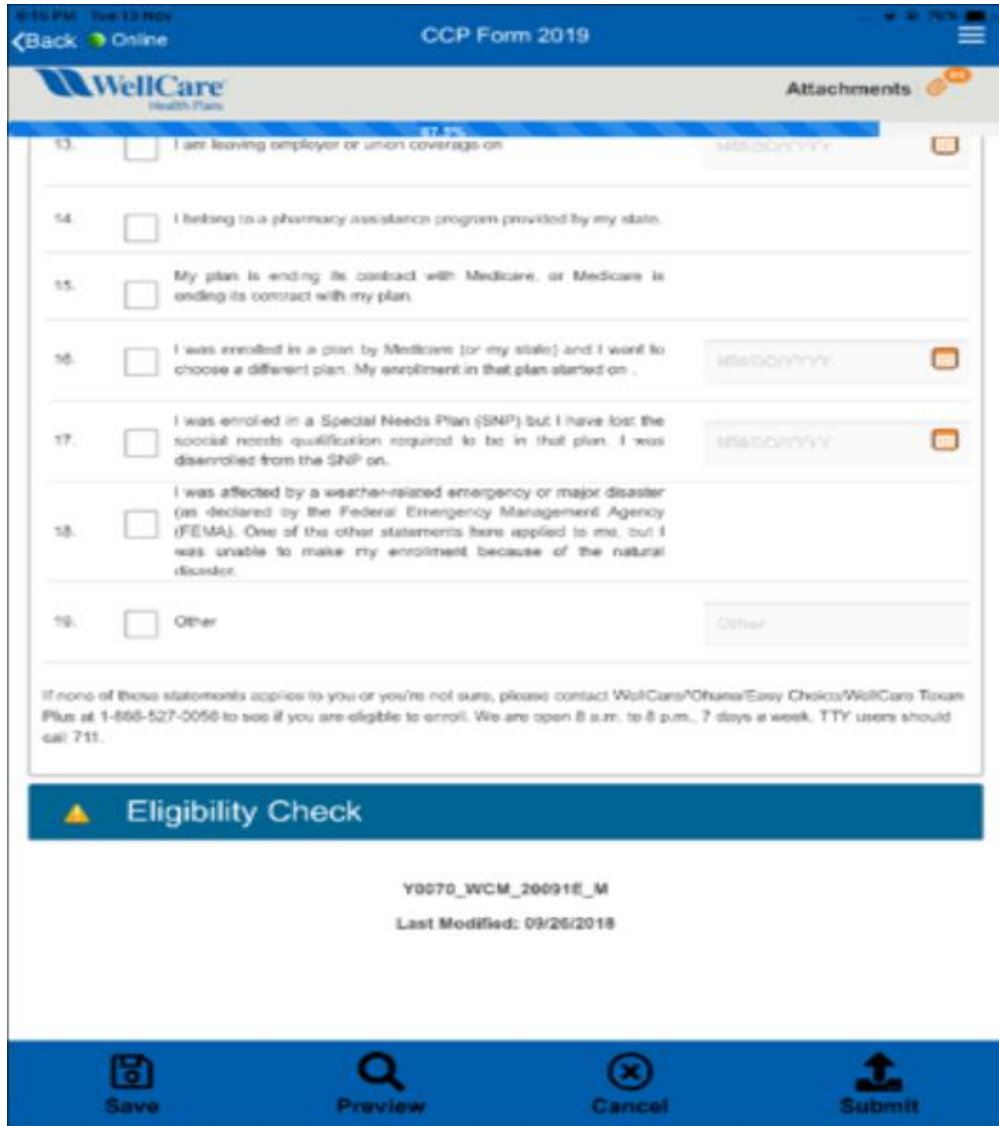
87.5%

- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on:
- ☐ I recently obtained lawful presence status in the United States. I got this status on:
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on:
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on:
- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- ☐ I am moving into, live in, or recently moved out of a long-term care facility (for example, a nursing home or long-term care facility). I moved/will move in/out of the facility on:
- ☐ I recently left a PACE program on:
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on:
- ☐ I am leaving employer or union coverage on:
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on:

**Save Preview Cancel Submit**

Agent to select the correct Special Election Periods (SEP) in the “Attestation of Eligibility for an Enrollment Period” section

# WellCare Enrollment Platform – CCP Enrollment Form



CCP Form 2019

WellCare Health Plans

Attachments

13. ☐ I am leaving employer or union coverage on: MM/DD/YYYY

14. ☐ I belong to a pharmacy assistance program provided by my state.

15. ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.

16. ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on: MM/DD/YYYY

17. ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on: MM/DD/YYYY

18. ☐ I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

19. ☐ Other: Other

If none of these statements applies to you or you're not sure, please contact WellCare/Ohana/Easy Choice/WellCare Texas Plus at 1-866-527-0056 to see if you are eligible to enroll. We are open 8 a.m. to 8 p.m., 7 days a week. TTY users should call 711.

Eligibility Check

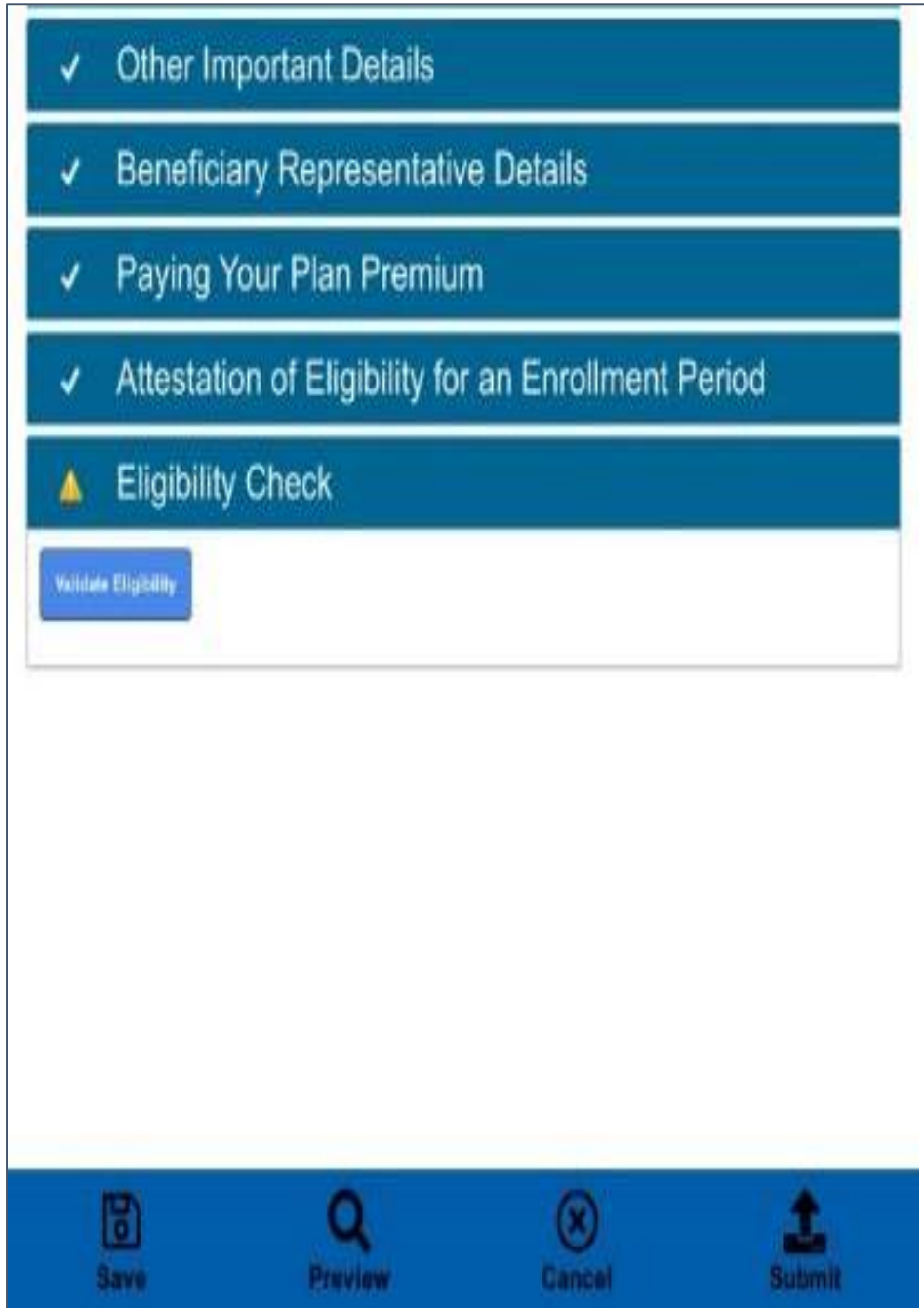
Y0070\_WCM\_20091E\_M  
Last Modified: 09/26/2018

Save Preview Cancel Submit

Agent to select the correct Special Election Periods (SEP) in the “Attestation of Eligibility for an Enrollment Period” section



# WellCare Enrollment Platform – CCP Enrollment Form



✓ Other Important Details

✓ Beneficiary Representative Details

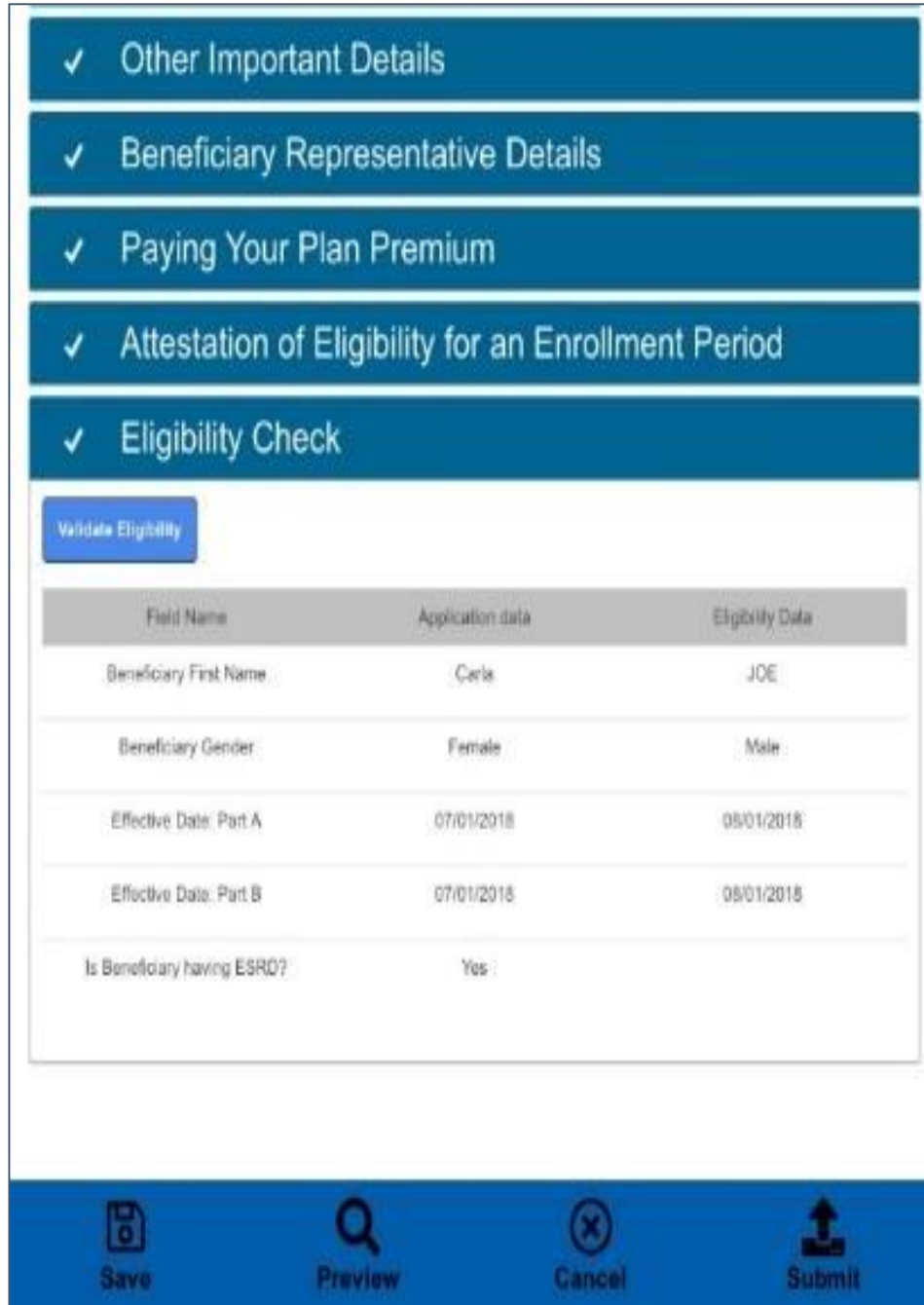
✓ Paying Your Plan Premium

✓ Attestation of Eligibility for an Enrollment Period

▲ Eligibility Check

Validate Eligibility

Save Preview Cancel Submit



✓ Other Important Details

✓ Beneficiary Representative Details

✓ Paying Your Plan Premium

✓ Attestation of Eligibility for an Enrollment Period

✓ Eligibility Check

Validate Eligibility

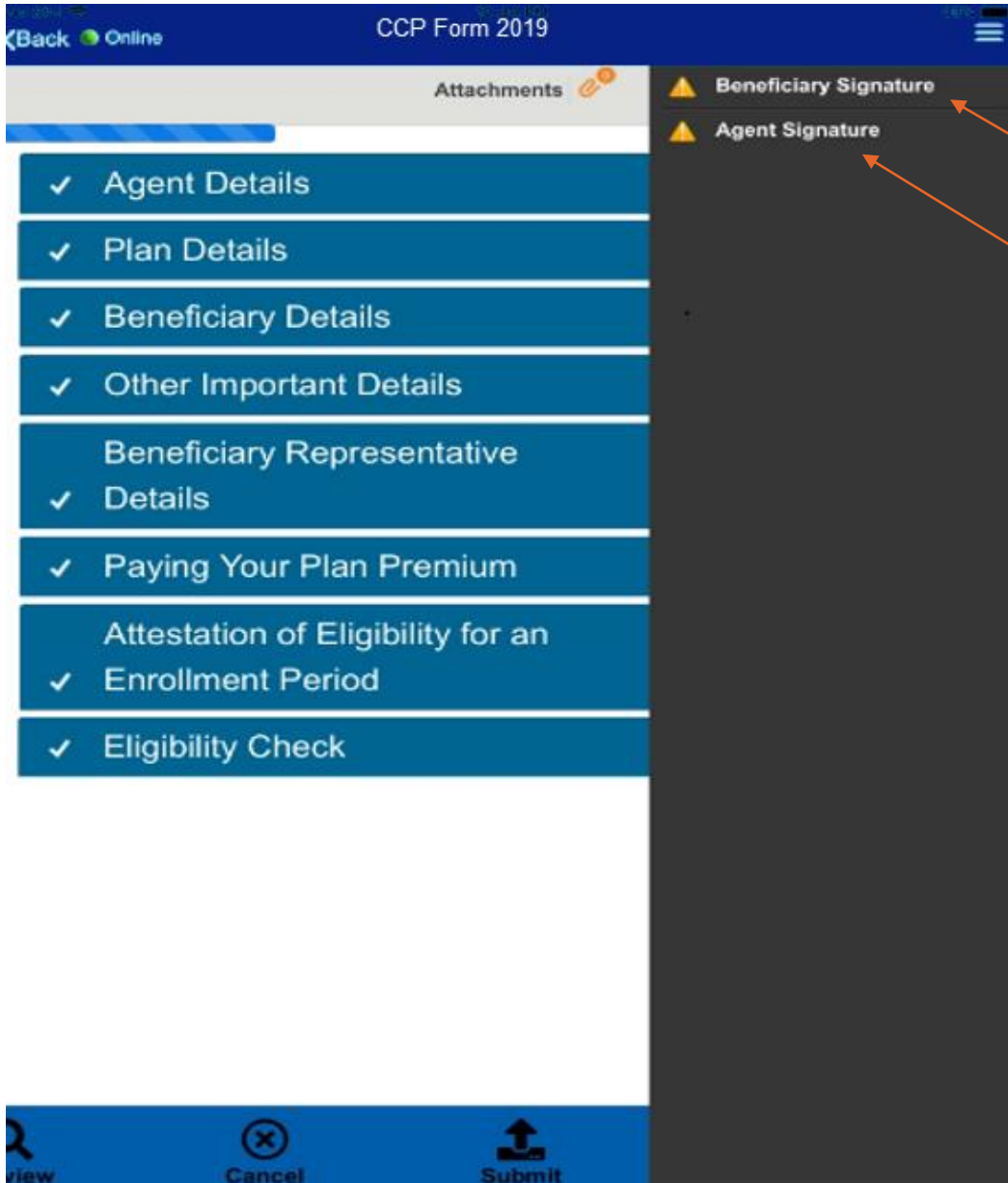
Field Name	Application data	Eligibility Data
Beneficiary First Name	Celia	JOE
Beneficiary Gender	Female	Male
Effective Date: Part A	07/01/2018	08/01/2018
Effective Date: Part B	07/01/2018	08/01/2018
Is Beneficiary having ESRD?	Yes	

Save Preview Cancel Submit

Agents can check the eligibility of the beneficiary against BEQ Integration. Allows agents to make corrections if BEQ comes back with discrepancies. Reduces Request for Information (RFIs)



# WellCare Enrollment Platform – CCP Enrollment Form



CCP Form 2019

Back Online

Attachments

- ✓ Agent Details
- ✓ Plan Details
- ✓ Beneficiary Details
- ✓ Other Important Details
- Beneficiary Representative Details
- ✓ Paying Your Plan Premium
- Attestation of Eligibility for an Enrollment Period
- ✓ Eligibility Check

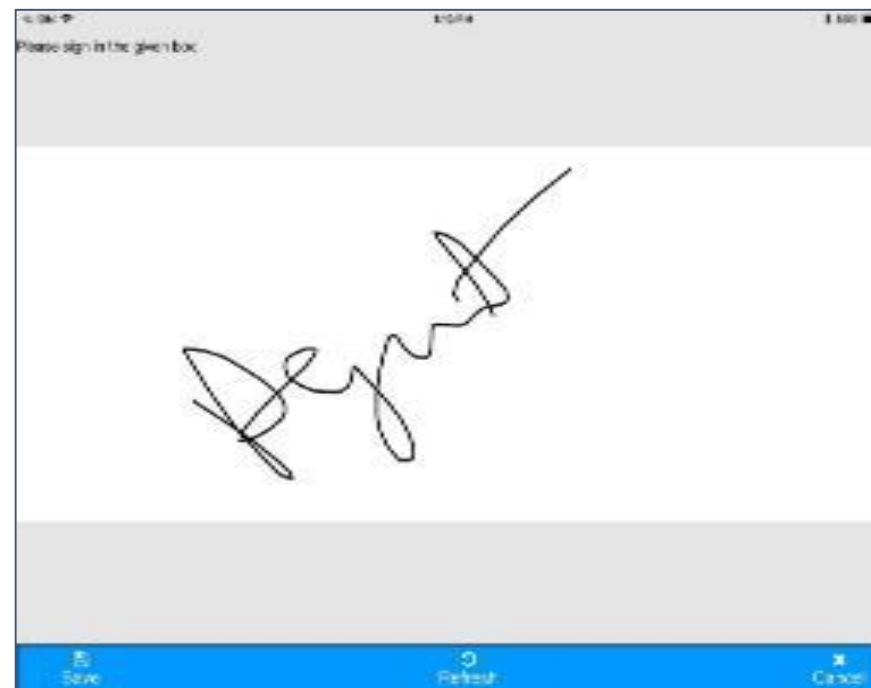
Beneficiary Signature

Agent Signature

view Cancel Submit

The Agent's and Beneficiary's signatures are captured in the WellCare Enrollment Platform

# WellCare Enrollment Platform – CCP Enrollment Form



Application allows the agent and beneficiary to sign their names and capture the signature on the enrollment form

# WellCare Enrollment Platform – CCP Enrollment Form



6:18 PM Wed 6 Mar

Back Online

Declaration

you of any prescription drug coverage that I have or may get in the future. ( **MA only plans:**I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future.) Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available, (Example: October 15–December 7 of every year) or under certain special circumstances.

Wellcare/Ohana/Easy Choice/ Wellcare TexanPlus Health Plan serves a specific service area. **If I move out of the area that Wellcare/Ohana/Easy Choice/ Wellcare TexanPlus serves, I need to notify the plan so I can disenroll and find a new plan in my new area.**Once I am a member of Wellcare/Ohana/Easy Choice/ Wellcare TexanPlus, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Wellcare/Ohana/Easy Choice/ Wellcare TexanPlus when I receive it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

**For Non-PPO Plans :** I understand that beginning on the date Wellcare/Ohana/Easy Choice/ Wellcare TexanPlus coverage begins, I must get all of my health care from WellCare, except for emergency or urgently needed services or out-of-area dialysis services.

**For PPO Plans Only :** I understand that beginning on the date WellCare coverage begins, using services in-network can costless than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. Ifmedically necessary, WellCare provides refunds for all covered benefits, even if I get services out of network.

**ALL PLANS :** Services authorized by WellCare/Ohana/Easy Choice and other services contained in my Wellcare/Ohana/Easy Choice/ Wellcare TexanPlus Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, NEITHER MEDICARE NOR WELLCARE WILL PAY FOR THE SERVICES.

I understand that if I am getting assistance from a sales agent, broker or other individual employed by or contracted with Wellcare/Ohana/Easy Choice/ Wellcare TexanPlus, he/she may be paid based on my enrollment in Wellcare/Ohana/Easy Choice/ Wellcare TexanPlus.

**Release of Information:**  
By joining this Medicare health plan, I acknowledge that Wellcare/Ohana/Easy Choice/ Wellcare TexanPlus will release my information to Medicare, other plans and providers as is necessary for treatment, payment and health care operations. I also acknowledge that Wellcare/Ohana/Easy Choice/ Wellcare TexanPlus will release my information (including my prescription drug event data) to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

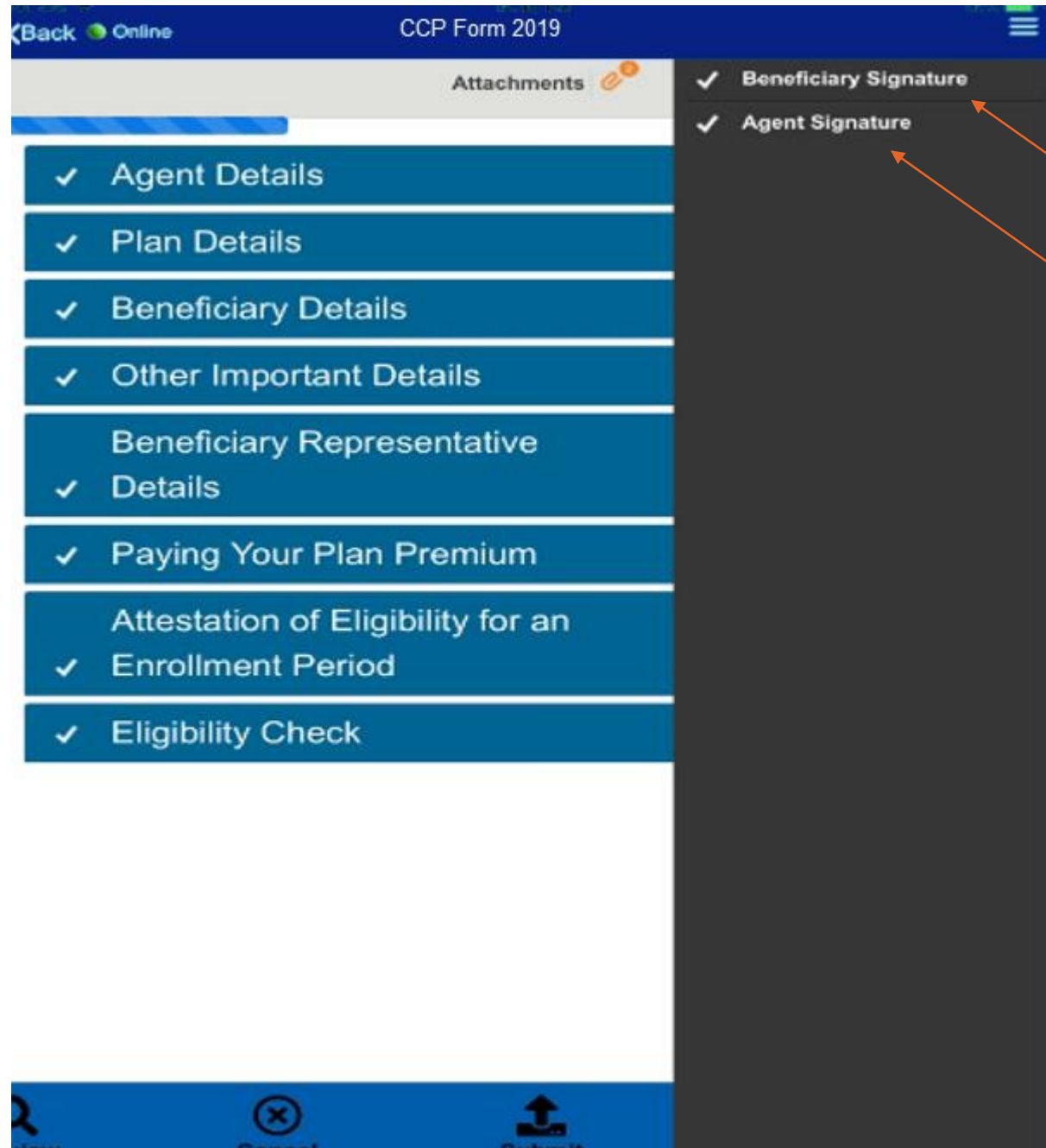
I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under state law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

☐ Agree ☐ Disagree

Proceed

Beneficiary must agree to the declaration on the “Declaration” section before submitting the enrollment

# WellCare Enrollment Platform – CCP Enrollment Form



CCP Form 2019

Attachments

- ✓ Agent Details
- ✓ Plan Details
- ✓ Beneficiary Details
- ✓ Other Important Details
- Beneficiary Representative Details
- ✓ Paying Your Plan Premium
- Attestation of Eligibility for an Enrollment Period
- ✓ Eligibility Check

✓ Beneficiary Signature

✓ Agent Signature

Application will confirm when beneficiary and agent's signatures are completed by showing a check mark

# WellCare Enrollment Platform – CCP Enrollment Form



The screenshot displays the 'Enrollment' dashboard of the WellCare Enrollment Platform. The interface includes a top navigation bar with 'Back', 'Online', and 'Dashboard' links. The main header shows the WellCare logo, the title 'Enrollment', and a 'New Form' button. Below the header, there's a 'Last Access' timestamp of '03 Jul 12:53:52'. The dashboard is divided into two tabs: 'OVERVIEW' and 'STATUS'. The 'OVERVIEW' tab is active, showing a large donut chart with a blue segment representing 'Accepted' (1) and a grey segment representing 'Pending Upload' (0). A modal dialog box is overlaid on the dashboard, displaying the message 'Your Confirmation Code is 187000366.' with an 'OK' button. Below the modal, there are three filter buttons: 'All Items', 'Accepted', and 'Pending Upload'. At the bottom, there is a 'Select Module' button.

Upon submitting the CCP enrollment, the application will produce a Confirmation ID#. Beneficiaries may use the Confirmation ID# to follow up with WellCare on their enrollment status



# WellCare Enrollment Platform – CCP Enrollment Form



10:59 AM Tue Mar 19  
Back Online CCP Form 2019

WellCare Health Plans Attachments 2/2

100%

### Agent Details

Agent ID\*  
265969

Agent First Name\*  
LAURENCE

Agent Last Name\*  
CASSAR

Agent Contact Number\*  
917-275-4517

### Beneficiary

Personal Information

Title  
--Select--

First Name\*  
Test

Middle Initial  
Middle Initial

Last Name\*

Share

Agents will have the ability to print the application upon the beneficiaries request



# Section IV

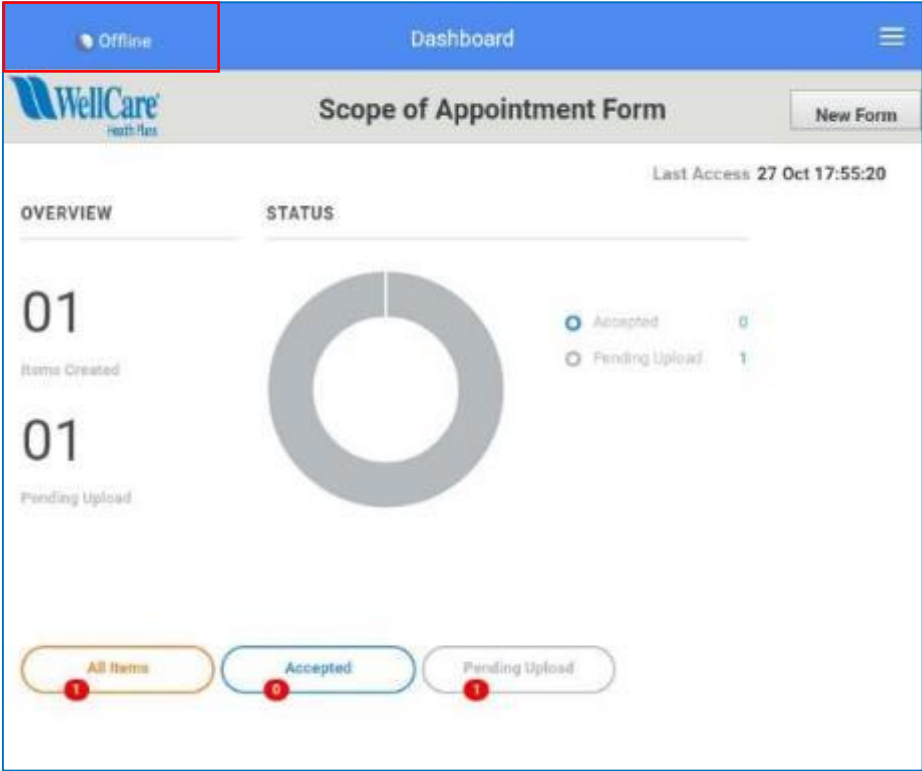
## Offline Mode

# What is Offline Mode?

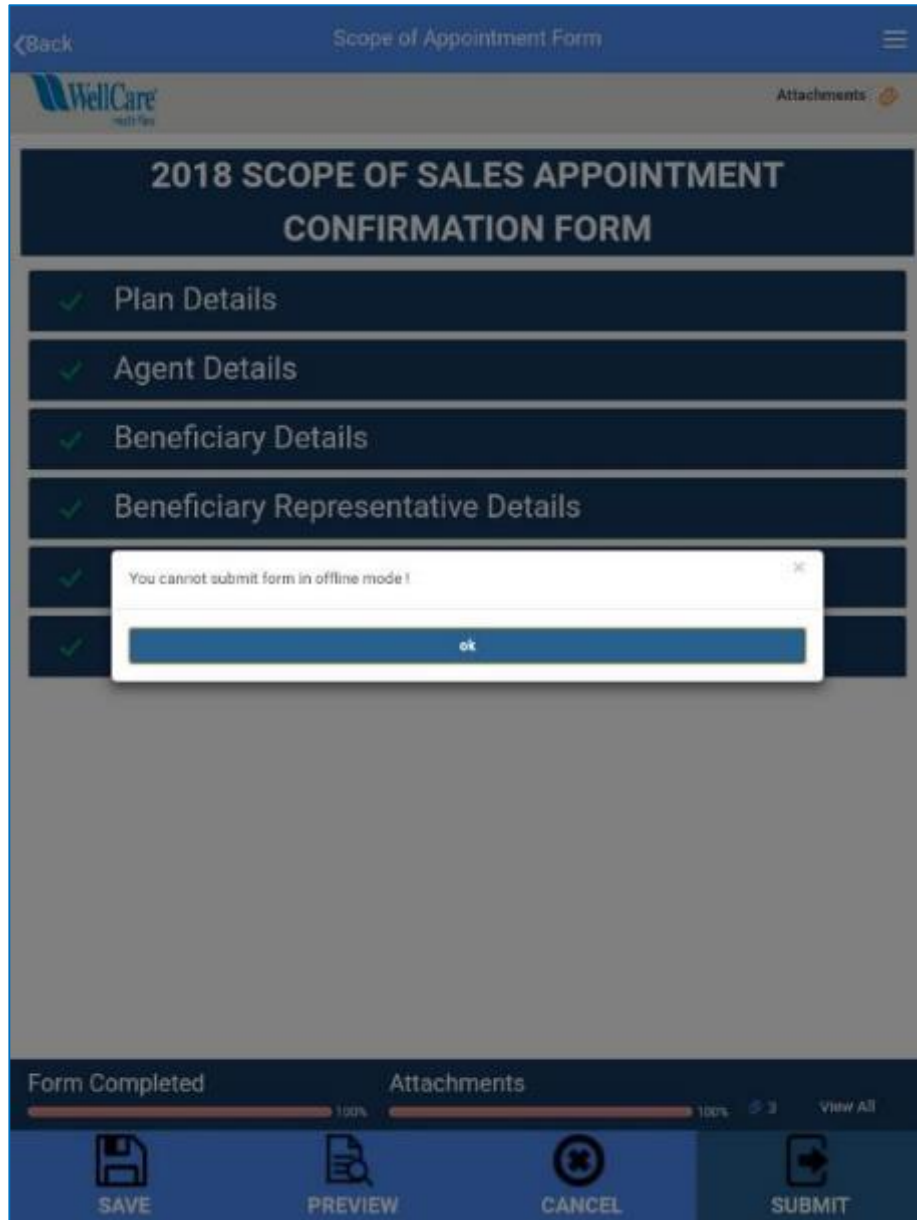
Agents can utilize Offline Mode in the WellCare Enrollment Platform module areas when access to an internet connection is intermittent or unavailable. Situations where this may occur include:

- Inside buildings
- Rural locations
- Weak cellular signals
- Switching between Wi-Fi to Cellular for internet access

Agent will be able to access application in offline mode.



# Offline Mode



2018 SCOPE OF SALES APPOINTMENT  
CONFIRMATION FORM

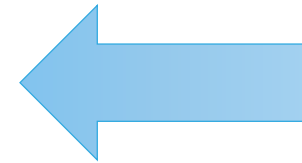
- ✓ Plan Details
- ✓ Agent Details
- ✓ Beneficiary Details
- ✓ Beneficiary Representative Details

You cannot submit form in offline mode!

ok

Form Completed 100% Attachments 100% View All

SAVE PREVIEW CANCEL SUBMIT



Agent will be not be able to submit SOA Form or Enrollment Form in offline mode, but it will be available in pending bucket. Agent can submit the SOA or Enrollment Forms when the agent joins internet network.



1. Can I submit a form from Pending while in Offline Mode?
2. What causes the WellCare Enrollment Platform to go into Offline Mode?



# Section V

## FAQs

## Question

- I clicked on Back twice by mistake and was logged out of the application, Will I be able to retrieve my form on which I was working?
- I am in a no internet network zone. I am able to create a form along with Beneficiary Signatures but I am facing issues while submitting the form. What should I do?
- Can I delete a non submitted form?

## Answer

- Yes. The form you were working has been saved in Pending Bucket.
- Since you are in no internet network zone, the app must be running in offline mode. While in Offline mode agents cannot submit a form into the WellCare system. Submit the form when you reach an internet network in online mode.
- Yes. The form can be deleted from the Pending bucket on home screen. Long Press the form you want to delete, Press Ok on the popup to delete the form.

## Question

- Is it mandatory to take beneficiary's electronic signature?
- Can I review all the fields without accessing all the sections one by one?
- Can I edit the form in Preview mode?
- I received an error "Server Taking Too Long" during login. What should I do?
- How do I download the App?

## Answer

- Yes. You cannot submit a form until you have completed all the mandatory fields.
- Yes. Click on the Preview button on the Form Screen to review all section in one go. To return to edit mode, Click on Edit Button.
- No, to edit fields, click the edit button. In preview mode the application would be visible in read only mode.
- This might be due to network issues in your area. Kindly try again. If problem persists contact Wellcare IT Team
- You can download it from the Android Google Play Store or Apple Store, search for application name "WellCare Enrollment Platform."

## Question

- I received an error "Unable to download masters" during login. What should I do?
- Mobile SOA App taking too long to login when logged in for first time.
- Is it mandatory to take a picture of the Paper SOA?
- What information do I need to sign-on to the app?

## Answer

- This might be due to network issues in your area. Kindly try again. If problem persists contact Wellcare IT Team
- Mobile Application take some time to download additional files during first time login. Kindly wait for some time.
- Yes. If beneficiary has filled out paper SOA then take a picture of the SOA and keep the paper SOA for your records.
- You need to have your National Producer Number (NPN) and you WellCare Producer ID available to sign in to the App. If the credentials are valid the application will allow to login & if the credentials are not valid then application will not allow the user to login.



## Question

- Can I edit appointment details in a submitted form?
- I submitted a form with wrong details. What should I do?
- While submitting a form I was redirected to the login page. Am I facing an issue?
- How many attempts can be made in the WellCare Enrollment Platform when logging in?
- Does the app lockout users if they reach a max amount of failed logins?

## Answer

- No. Once submitted, a form cannot be edited
- Once submitted, a form cannot be edited. Create a new form in the SOA App. To discard incorrect form, contact Wellcare IT Team for assistance.
- No. The app is working fine. You have been logged out because The app might be open for too long. You can retrieve the updated form from the Pending Bucket.
- There is no limit in login attempts. Once the credentials are validated the application login will be successful.
- No lockout period for failed attempts.

## Question

- Should I delete the app from my device?
- What should I do if I accidentally deleted the app from my device?
- The application timed out on me during my presentation to the beneficiary, why?
- I do not know my National Producer Number, how can I find it?

## Answer

- No. Deleting the app will remove/delete any history contained in the application.
- Follow the steps for installation.
- For security purposes the application will close after 30 minutes of being Idle. You will need to go back and sign in again with valid user credentials.
- You can click on the link “Click here to look up your NPN” just below the login button that will direct you to the NPN website to look up your NPN number.

# Frequently Asked Questions (FAQs)



## Question

- I received an error "Unable to search master data" What should I do?
- I received an error upon login "Oops the app could not communicate with the server. Please email [#Enrollment-IT@wellcare.com](mailto:Enrollment-IT@wellcare.com)". What causes this?
- I do not know my WellCare Producer ID number, how can I find it?
- I do not have a WellCare Producer ID, can I still sign in?

## Answer

- Please delete the app and re-install it. The app will download the masters again on first time login.
- An interruption occurred between servers attempting to communicate. Emailing the Support Team will make them aware to address the issue promptly.
- For assistance with your WellCare Identification number you can call Producer Services at 866-822-1339. You can also find it on Agent Connect under Agent information.
- No, you need to be certified with WellCare before you can use the WellCare Enrollment Platform.

## Question

- The Agent Information that is prepopulated in the app is incorrect, how do I fix it?
- I was waiting for information on a form I had started, now it's gone!
- Spanish is my primary language, will it be available in any other languages?

## Answer

- Your Agent information is pulled from the information you have mentioned while certifying with WellCare. Go to Agent Workflow and make sure that the information is correct. If the information is not correct then update the same in Agent Workflow and save.

Steps to login to Agent Workflow:

<https://social.webcomserver.com/wpm/index.jsp?logoff=true>

1. From your Agent Connect homepage, select Agent Workflow from the left menu

2. Enter your credentials to login:

- Username: PROVIDE EMAIL ADDRESS ON FILE

- Temp. Password: WellCare1

- SOA and Enrollment forms that are left in the Pending bucket for more than 10 days will be purged and deleted for PHI reasons. Purged forms cannot be retrieved.
- SOA *Form* will have English, Spanish, Mandarin, and Creole. *Enrollment Form* will have English. Additional languages (just like SOA Form) will be added to the Enrollment Form as CMS approves them and released in later versions of the app.

## Question

- Can I complete the enrollment form before the SOA?
- I need a paper copy of the completed application, can I print a copy from the app?
- Why doesn't the plan I am looking for appear in the drop down box on the Enrollment Form?
- Is it mandatory to take the beneficiary's electronic signature?

## Answer

- You will need to complete the Scope of Appointment in order to get the AVL number, it will then auto populate some of the AVL and beneficiary information on the enrollment application form.
- Yes, you will have the option to print a copy of the enrollment application. The printer should be configured with the mobile device prior to printing.
- If a plan does not appear it usually means it is not available in that zip code.
- Yes. You cannot submit an application (or SOA) until all the mandatory fields are completed & mandatory documents are attached.



## Question

- I do not have access to internet or bad connection at beneficiary home, can I compete SOA and Application offline?
- What devices can I use the Mobile Application?

## Answer

- You can complete the SOA prior to you going on appointment to get the AVL number or you can work offline and complete both the SOA and Enrollment and manually input the AVL once you get it. Once you have the AVL on the enrollment you can submit the enrollment when back online.
- You can use any IOS or Android device. Forked or modified operating system devices are not supported for this application. For e.g.: FIRE OS tablet device, One Plus Mobile device etc. Before buying the device make sure that the operating system of device is not the forked version of android or IOS.

## Question

- I do not have an iPad, only a laptop, can I use it on my laptop.
- I have a first generation iPad and I cannot download the Application, what is the problem?
- How much storage space needs to be available on a device in order to successfully install it w/o issue?
- How much RAM is required for the mobile device to successfully install the application w/o any issue?

## Answer

- As of now the application is available only on mobile devices however in near future we have a plan to release the application on Windows 10 laptops.
- The App can only be downloaded to devices that support “iOS 10.1 and above” & “Android 7.0 and above”. If the application is downloaded on devices having OS below the suggested version it will not work.
- Minimum 2 GB of free space is required for the application to work fine.
- Minimum 2 GB of RAM is required to successfully install the application w/o any issue.

## Question

- What is the camera requirements for the application to work w/o any issue?
- What is the minimum screen size required for the application?
- What is the processor requirements for the application to work w/o any issue?
- Is there any known limitations for the application?

## Answer

- 5 MP Autofocus camera is recommended for the application to work w/o any issue.
- Minimum 4.7 inches & above screen size is required for the application.
- Minimum Dual Core processor is required for the application to work w/o any issue.
- Camera is not working on the Motorola Nexus 6 device & application crashes while launching on Samsung Galaxy S9+ device.



# Section VI

## Support

## 1. App Login Issues

Open a Support Ticket in Agent Connect Portal

## 2. App Navigation Issues

Follow below:

- 1099 Agents can contact their District Sales Manager
- W2 Agents can contact their Sales Manager



Agents can contact the Sales Support Team to report technical/performance issues related to the functionality of the WellCare Enrollment Platform App:

1. Open a Support Ticket in Agent Connect Portal
2. Call 1-866-822-1339





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