

Walk-Through Guide



DocuSign Paperless Enrollment Scope of Appointment (SOA)

Begin by clicking on the WellCare SOA DocuSign link. If you already have a paper SOA or completed the SOA via the AVL line you can skip this section and go straight to the CCP or PDP DocuSign link.

Important: The beneficiary MUST have an email AND a device that can access the internet to sign the form electronically (i.e. smart phone, tablet or computer).

SOA DocuSign Link:

<https://na3.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=360009ab-d22a-4b9a-bb94-7fdf2627c7d6&env=na3-eu1&acct=0a9bbdb0-fd9f-42b3-acef-82ce707860db&v=2>

Enter your name and email address and the beneficiary's name and email address. Double check that information you entered is correct. Next, click begin signing.

PowerForm Signer Information

Fill in the name and email for each signing role listed below. Signers will receive an email inviting them to sign this document. Please enter your name and email to begin the signing process.

WellCare Agent

Your Name: *

Test Agent

Your Email: *

Testagent@test.com

Please provide information for any other signers needed for this document.

Beneficiary

Name:

Test Beneficiary

Email:

Testbeneficiary@test.com



BEGIN SIGNING

The first time you use the DocuSign form you will be prompted to agree to use an electronic signature. You will need to also click continue once you agree to the electronic signature disclosure.

Please Review & Act on These Documents

Enroll with WellCare
Comprehensive Health Management, Inc.

WellCare
Beyond Healthcare. A Better You.
Powered by DocuSign

Please read the Electronic Record and Signature Disclosure.
☐ I agree to use electronic records and signatures.

CONTINUE FINISH LATER OTHER ACTIONS

Confirmation Form

The Centers for Medicare & 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 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.

Use the Finish Later option to continue signing this document at a later time. [Learn more...](#)

GOT IT

Walk-Through Guide



You can begin entering information into the SOA form by either clicking the **yellow** start button or scrolling down to the red highlighted boxes. All boxes that are highlighted in **red** must be filled out by the agent first prior to sending to the beneficiary. **Grey** boxes are optional.

Please review the documents below.

DocuSign Envelope ID: 5BA08FDC-5A5F-42AE-AF5A-6F1C3E4F6BC2

WellCare Beyond Healthcare. A Better You. **WellCare | TexanPlus** **OHANA** HEALTH PLAN

2020 Scope of Sales Appointment Confirmation Form

The Centers for Medicare & 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 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.

You will find instructions in the upper left hand corner of the screen. If you are unsure of which field to fill in next simply click the **yellow** next button on the left side of the screen.

Enter number

above: Please note, the person who will discuss the products is either employed or contracted by a Medicare Advantage plan. They do not work directly for the federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment, or automatically enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature: _____ Signature Date: _____
If you are the authorized representative, please sign above and print below:
Representative's Name: _____
Your Relationship to the Beneficiary: _____

To be Completed by Agent:

Agent Name: **Test Agent** Agent Phone: _____
Beneficiary Name: **Test Agent** Beneficiary Phone: _____
Beneficiary Address: _____
Initial Method of Contact (Indicate here if beneficiary was a walk-in): _____
Agent's Signature: _____
Plan(s) the Agent Represented During this Meeting: _____
Date Appointment Completed: _____ Appointment ID: _____

Scope of Appointment documentation is subject to CMS record retention requirements.

Agent: if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc. WellCare Health Plans, Inc., is an HMO, PPO, PFFS plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNPs have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. WellCare Health Plans Inc., complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-877-374-4056 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-374-4056 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-374-4056 (TTY: 711)。 - PAIINAWA: Kimo naacalita ka ne Taeloe, maaari kane eumamit ne mea serhivoe ne tulone sa wika.

Walk-Through Guide



Once you have filled out all of the **red** boxes, click the **yellow** sign button



FINISH FINISH

above. Please note, the person who will discuss the products is either employed or contracted by a Medicare Advantage plan. They do not work directly for the federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment, or automatically enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature: _____ Signature Date: _____

If you are the authorized representative, please sign above and print below:

Representative's Name: _____

Your Relationship to the Beneficiary: _____

To be Completed by Agent:

Agent Name: Test Agent Agent Phone: 9999999999

Beneficiary Name: Test Agent Beneficiary Phone: 9999999999

Beneficiary Address: 123 Test Street

Initial Method of Contact (Indicate here if beneficiary was a walk-in.): phone call

Agent's Signature: _____

Plan(s) the Agent Represents During this Meeting: WellCare Essential HMO

Date Appointment Completed: 04012019 Appointment ID: _____

Scope of Appointment documentation is subject to CMS record retention requirements.

Agent: if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

*Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc. WellCare Health Plans, Inc., is an HMO, PPO, PPF, plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNPs have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. WellCare Health Plans Inc., complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-877-374-4056 (TTY: 711) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-374-4056 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言協助服務。請致電 1-877-374-4056 (TTY: 711)。

Next, you will need to adopt a signature. You can either use a computer generated signature by selecting "select style" or you can use your finger or cursor to draw a signature by selecting "draw". Once your signature is complete click the **yellow** "adopt and sign" button.

Adopt Your Signature

Confirm your name, initials, and signature.

* Required

Full Name* Initials*

Test Agent TA

SELECT STYLE DRAW

PREVIEW

DocuSigned by: Test Agent DS

80F5CA071D1A4E0...

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN CANCEL

Adopt Your Signature

Confirm your name, initials, and signature.

* Required

Full Name* Initials*

Test Agent TA

SELECT STYLE DRAW

DRAW YOUR SIGNATURE

Test Agent

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN CANCEL

Walk-Through Guide



Once you have filled out all of the **red** boxes and signed the document you should see a message at the top left of your screen that says “Done! Select Finish to send the completed document”. You are now ready to send the SOA to the beneficiary for signature. Click the **yellow** finish button at the top or bottom of your screen.

Done! Select Finish to send the completed document.

representative's name: _____

Your Relationship to the Beneficiary: _____

To be Completed by Agent:

Agent Name: Test Agent Agent Phone: 9999999999

Beneficiary Name: _____ Beneficiary Phone: 9999999999

Beneficiary Address: 123 Test Street

Initial Method of Contact (Indicate here if beneficiary was a walk-in.): phone call

Agent's Signature: [Signature]

Plan(s) the Agent Represented During this Meeting: WellCare Essential HMO

Date Appointment Completed: 04012019 Appointment ID: _____

Scope of Appointment documentation is subject to CMS record retention requirements.

Agent: if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

*Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc. WellCare Health Plans, Inc. is an HMO, PPO, PDP, PFFS plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNPs have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. WellCare Health Plans Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-877-374-4056 (TTY: 711) ATENCION: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-374-4056 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-374-4056 (TTY: 711)。 PAUNAWA: Kung nagkasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-374-4056 (TTY: 711).


2020 Scope of Appointment Form.pdf 2 of 2

FINISH

If you did not fill out all of the required fields you will not be able to send the SOA to the beneficiary. If you click finish and do not see the confirmation message, read the instructions at the top left of the screen for next steps.

Once you click “finish” you should receive a pop up that confirms that your document has been signed. At this you **MUST** download the SOA and save for your records. The beneficiary should receive an email shortly with a link for the SOA that you created.

Save a Copy of Your Document



Your document has been signed

If you would like a copy for your records, select Download or Print and save.

DOWNLOAD **PRINT** **CLOSE**

Walk-Through Guide



The beneficiary will receive an email with the following instructions and link. Instruct the member to click the **yellow** “review document” link within the email.



Enroll with WellCare sent you a document to review and sign.

REVIEW DOCUMENT

Enroll with WellCare
agentservices@mhplan.com

Test Member,

Please DocuSign 2020 Scope of Appointment Form.pdf

Thank You, Enroll with WellCare



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Walk-Through Guide



Next, they will need to enter in the access code “wc2020” to access the application. This step will ensure that their information is protected if the email that was entered is wrong or if their email has been compromised. They will not receive a secondary email with the password, you will need to give them the password over the phone. The password is case sensitive.

Please enter the access code to view the document

**Enroll with WellCare**
Comprehensive Health Management, Inc


The sender has requested you enter a secret access code prior to reviewing the document. You should have received an access code in a separate communication. Please enter the code and validate it in order to proceed to viewing the document.


Access Code


VALIDATE**I NEVER RECEIVED AN ACCESS CODE**

Once the beneficiary has entered in the access code and clicked “validate” they should be able to access the application. Explain to the beneficiary that in order to complete the application electronically they will need to agree to use an electronic signature. They will need to also click continue once they agree to the electronic signature disclosure.

Please Review & Act on These Documents

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Comprehensive Health Management, Inc


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**Please read the Electronic Record and Signature Disclosure.**
☐ I agree to use electronic records and signatures.


CONTINUE**FINISH LATER****OTHER ACTIONS**

Confirmation Form

The Centers for Medicare & 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 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.

**Use the Finish Later option to continue signing this document at a later time. [Learn more...](#)**
GOT IT

Walk-Through Guide



Instruct the beneficiary to initial next to the plan type(s) you will be presenting by clicking the yellow “initial” button(s).



Please review the documents below.

START **FINISH** **OTHER ACTIONS**

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

Stand-alone Medicare Prescription Drug Plans (Part D)

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 Advantage Plans (Part C) and Cost 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 in which you may go to any Medicare-approved doctor, hospital A Medicare Advantage Plan that has a benefit package designed for people with special healthcare

Next, they need to adopt a signature. They can either use a computer generated signature by selecting “select style” or use their finger or cursor to draw a signature by selecting “draw”. Once they are satisfied with their signature, click the yellow “adopt and sign” button.

Adopt Your Initials

Confirm your name, initials, and signature.

* Required

Full Name* **Initials***

Test Member TM

SELECT STYLE **DRAW**

PRI **DS**

DocuSigned by:
Test Member
EDB9283C53D74F9...

By selecting Adopt and Initial, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND INITIAL **CANCEL**

Walk-Through Guide



Once the initials are accepted they will see them appear next to the plan type(s). Instruct the beneficiary to either click the next button on the left of the screen or scroll down to the signature at the bottom of the document. Remember that instructions are always at the top left of the screen for next steps.

Select the sign field to create and add your signature. **FINISH** OTHER ACTIONS ▾

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 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 Advantage Plans (Part C) and Cost 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.

Next, instruct the member to click the **yellow** “sign” button. Since they have already adopted their signature it will automatically appear after they click the button. At this time, if there is an authorized representative you would need to instruct them to fill out the optional grey boxes in the authorized representative section.

Once the beneficiary has initialed and signed the SOA they should see a message at the top left of their screen that says “Done! Select Finish to send the completed document.” Instruct them to click finish at the top or bottom of their screen if they are ready for their sales appointment.

Done! Select Finish to send the completed document. **FINISH**

Beneficiary or Authorized Representative Signature and Signature Date:

Test Member 4/8/2020

Signature: _____ Signature Date: _____

If you are the authorized representative, please sign above and print below:

Representative's Name: _____

Your Relationship to the Beneficiary: _____

To be Completed by Agent:

Agent Name: Test Agent Agent Phone: 9999999999

Beneficiary Name: Test Agent Beneficiary Phone: 9999999999

Beneficiary Address: 123 Test Street

Initial Method of Contact (Indicate here if beneficiary was a walk-in.): Phone Call

Agent's Signature: Test Agent

Plan(s) the Agent Represented During this Meeting: WellCare Essential HMO

Date Appointment Completed: 04/01/2020 Appointment ID: _____

Scope of Appointment documentation is subject to CMS record retention requirements.

Agent: if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc. WellCare Health Plans, Inc., is an HMO, PPO, PDP, PFFS plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNPs have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. WellCare Health Plans Inc., complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-877-374-4056 (TTY: 711) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-374-4056 (TTY: 711) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-374-4056 (TTY: 711) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-374-4056 (TTY: 711).

2020 Scope of Appointment Form.pdf 2 of 2

FINISH

Walk-Through Guide



If the beneficiary did not initial and sign the document they will not be able to submit the SOA. If they click finish and do not see the confirmation message, read the instructions at the top left of the screen for next steps.

Once they click “finish” they should receive a pop up that confirms that the document has been signed. At this time they also have the opportunity to download the SOA.

Save a Copy of Your Document



Your document has been signed

If you would like a copy for your records, select Download or Print and save.

[DOWNLOAD](#)[PRINT](#)[CLOSE](#)

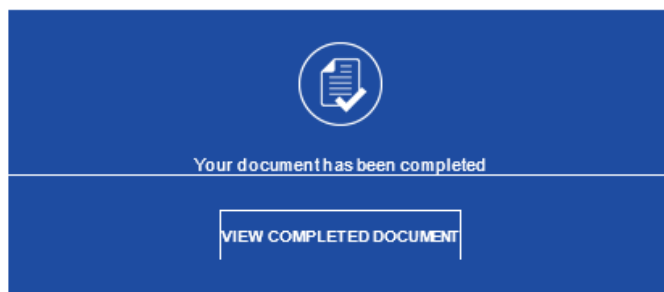
After the beneficiary completes their signature, you will receive a final copy to sign. Sign and click “finish.” You MUST download a copy of this form as above and save to your records.

	To be Completed by Agent:	
	Agent Name: <u>Test Agent</u>	Agent Phone: <u>1234567891</u>
	Beneficiary Name: <u>Test Bene</u>	Beneficiary Phone: <u>1234567890</u>
	Beneficiary Address: <u>123 Detroit Ave</u>	
	Initial Method of Contact (Indicate here if beneficiary was a walk-in.): <u>phone</u>	
	Agent's Signature:	
	Plan(s) the Agent Represented During this Meeting: <u>ATI</u>	
Date Appointment Completed: <u>04282020</u>		Appointment ID: _____

Now that both you and the beneficiary have signed the SOA you will both receive a fully executed copy via email. The email will contain a PDF of the signed SOA, a summary document with date/time stamps of each signature and a URL link to view the document via the web. You should keep all confirmation emails and PDFs in a secure location per WellCare's retention policy.

2020 Scope of Appointment Form.pdf 286 KB	Summary.pdf 271 KB
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IMPORTANT: The email account that DocuSign emails are sent from is NOT MANAGED. DO NOT email this inbox directly. For any issues or questions concerning DocuSign, please escalate through your leadership.



Enroll with WellCare
agentservices@mhplan.com

All parties have completed Please DocuSign: 2020 Scope of Appointment Form.pdf.

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