Walk-Through Guide

DocuSign Paperless Enrollment

Table of Contents

Walk-Through Guide

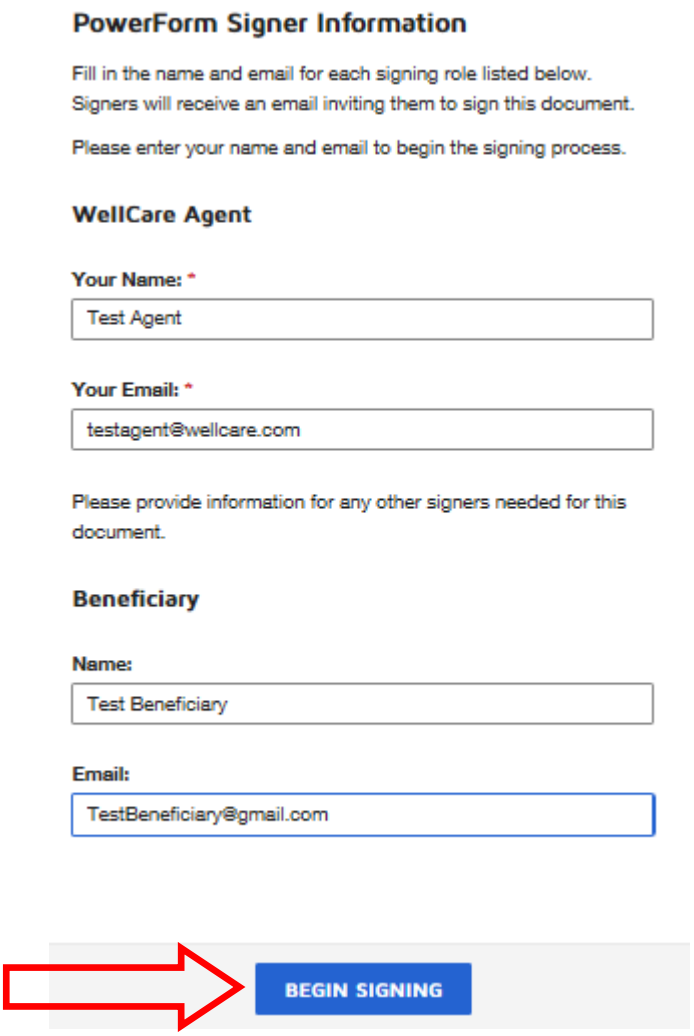
Powerform Signer Page

Prior to beginning the all applications you must complete the following:

1. Call the SPOP line if you believe the beneficiary may have Medicaid or LIS (866-211-0544)
2. Complete an SOA via DocuSign or the AVL Line (877-780-3920)
3. Email the beneficiary the Summary of Benefits, Star Ratings Document and Comprehensive Formulary for the plan they intend to enroll in. You can find copies of these documents at https://wellcare-ipc.destinationrx.com/PlanCompare/2020/consumer/type3/Compare/Home. You MUST keep a record of any/all email correspondence with the beneficiary for compliance purposes. Please ensure all records are kept secure and under password protection.

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

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***.



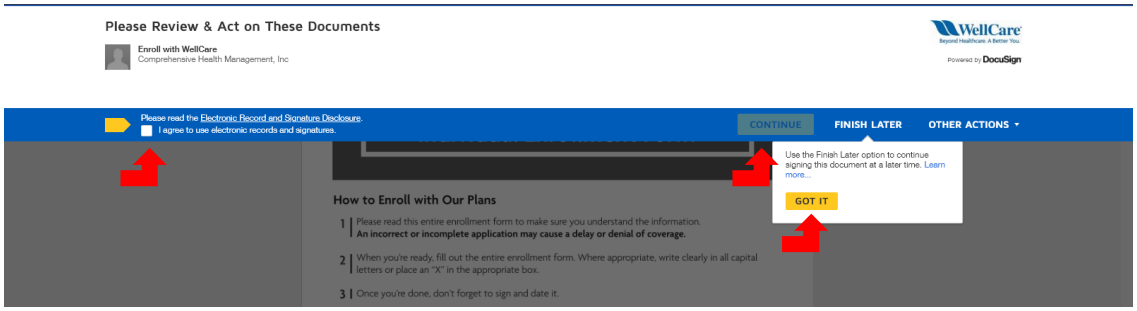
NOTE: You will be responsible for filling out all required and applicable sections prior to sending to the beneficiary. Once the beneficiary reviews and signs the application it will automatically be sent back to you for final review and signature. At this time the field "date application received" will also be auto populated with the current date.

****YOU MUST DOWNLOAD ALL PDF'S AFTER EACH STEP OF THE PROCESS AND SAVE FOR YOUR RECORDS AND CONFIRMATION IN THE EVENT YOU DO NOT RECEIVE A FINAL EMAIL. THIS INCLUDES AFTER YOU COMPLETE THE APPLICATION PRIOR TO SENDING TO THE BENEFICIARY, AFTER YOU RECEIVE THE SIGNED APPLICATION BACK FORM THE**

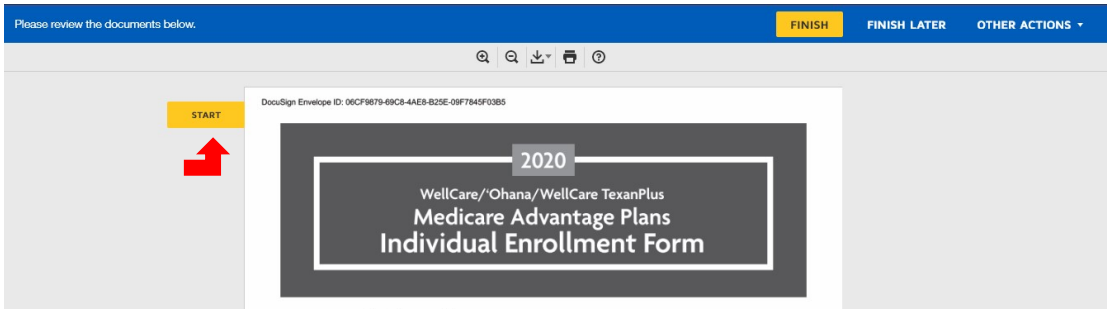
Walk-Through Guide

CCP Application

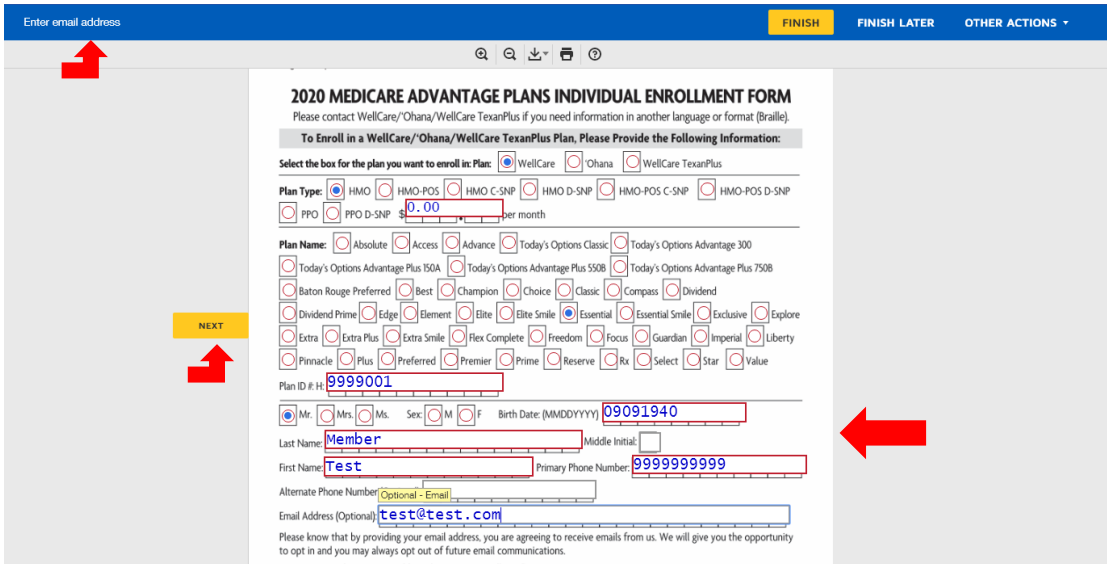
The first time you use the DocuSign form you will be prompted to agree to use an electronic signature. You will need to also click continue once you agree to the electronic signature disclosure.



You can begin entering information into the CCP application 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.



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.



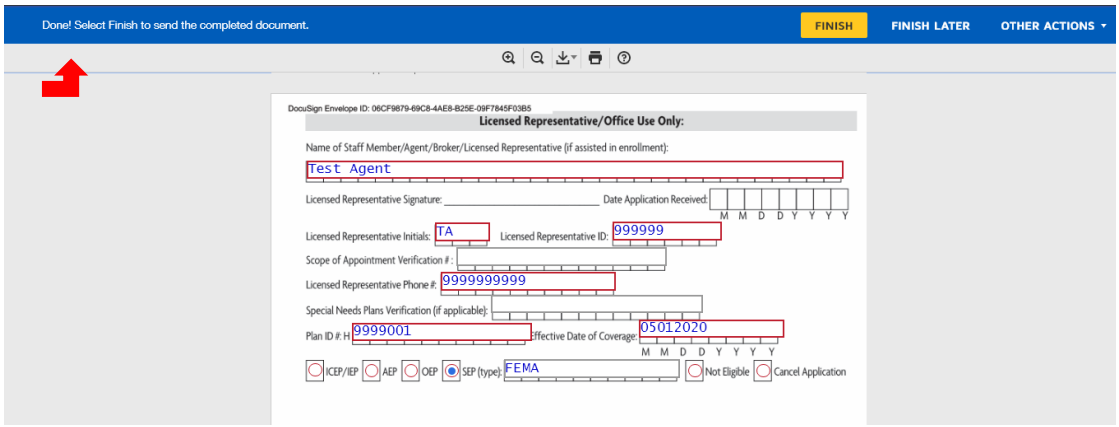
Walk-Through Guide

CCP Application (Continued)

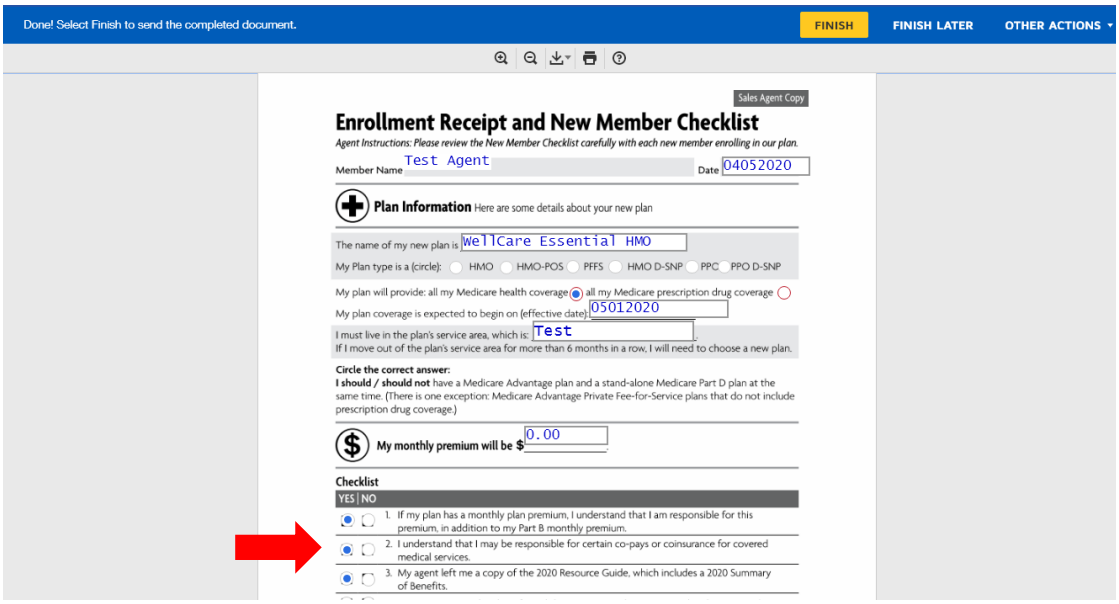
You MUST complete the application in full, including all **red** boxes and applicable grey boxes for the application to be sent to the beneficiary for review and signature.

In the Licensed Representative section of the application you will fill out all sections except for your signature and date. Once the beneficiary reviews and signs the application it will be automatically sent back to you for final review and signature of the application.

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”.



Prior to clicking finish you have the option to fill out the New Member Checklist. This is not required but strongly encouraged, as it will provide extra protection if there is a complaint or CTM. If you choose to utilize the checklist you will need to fill out each question/section on the form prior to sending to the beneficiary.

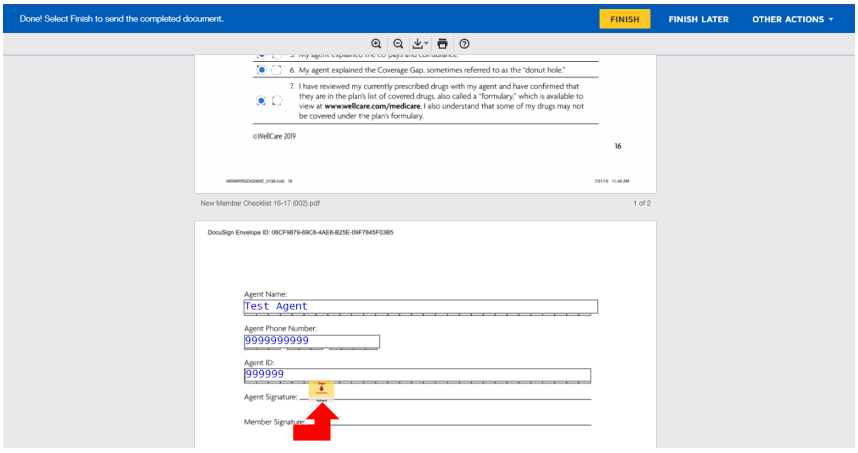


Walk-Through Guide

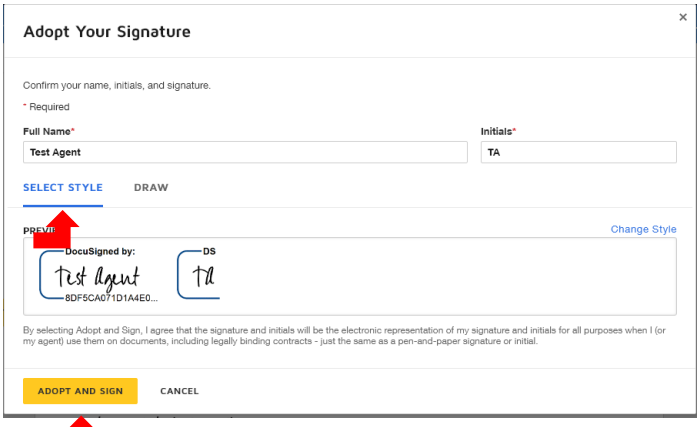
CCP Application (Continued)

After you complete the New Member Checklist, click the yellow sign button to electronically sign.

Note: During this process you are ONLY signing the New Member Checklist, you will still need to review and sign the application once the member completes their review and signature.



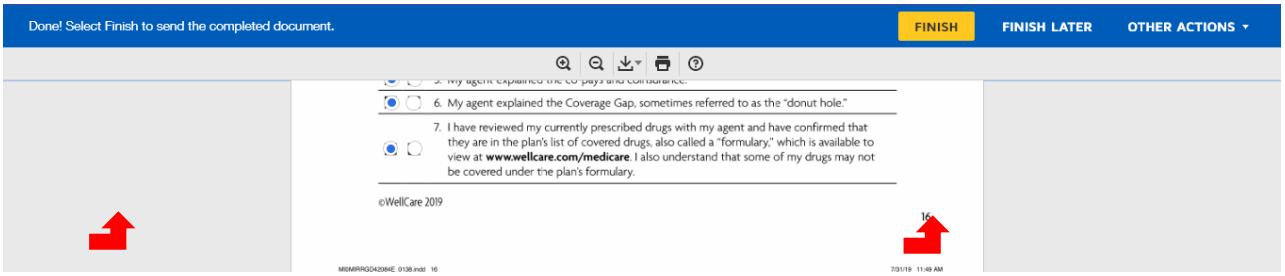
Next, you will need to adopt a signature. You can either use a computer generated signature by selecting "select style" or you can use your finger or cursor to draw a signature by selecting "draw". Once your signature is complete click the yellow "adopt and sign" button.



Walk-Through Guide

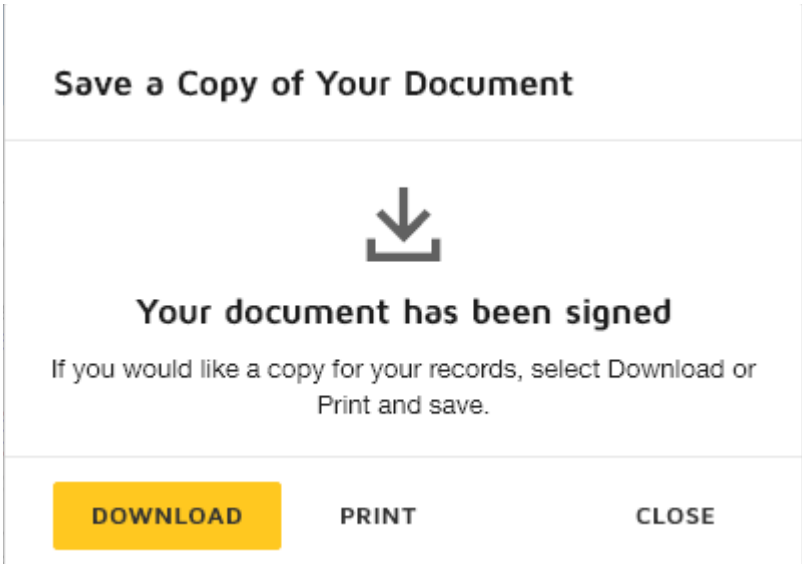
CCP Application (Continued)

Once you have signed the New Member Checklist click the yellow finish button at the top or bottom of your screen.



If you did not fill out all of the required fields you will not be able to send the application 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.

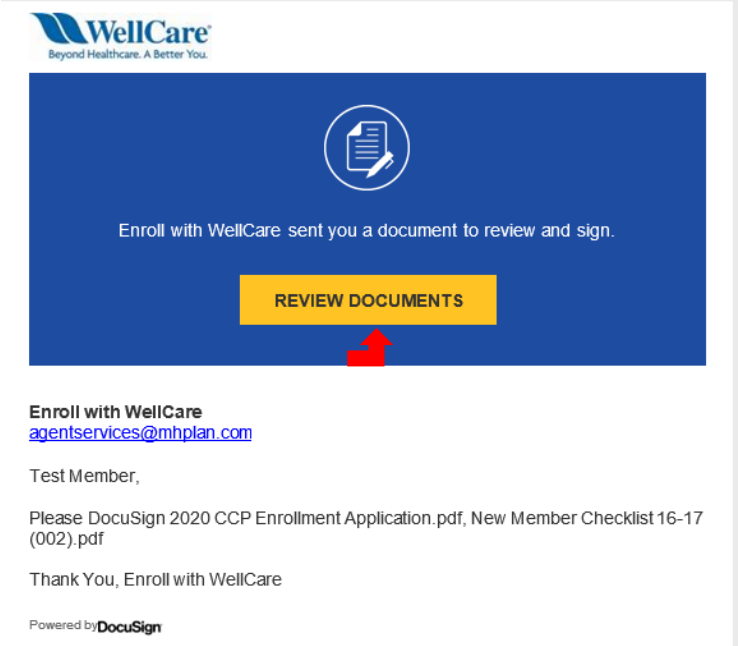
Once you click “finish” you should receive a pop up that confirms that your document has been signed. At this time you MUST download the application and save it securely. The beneficiary should receive an email shortly with a link for the application that you created.



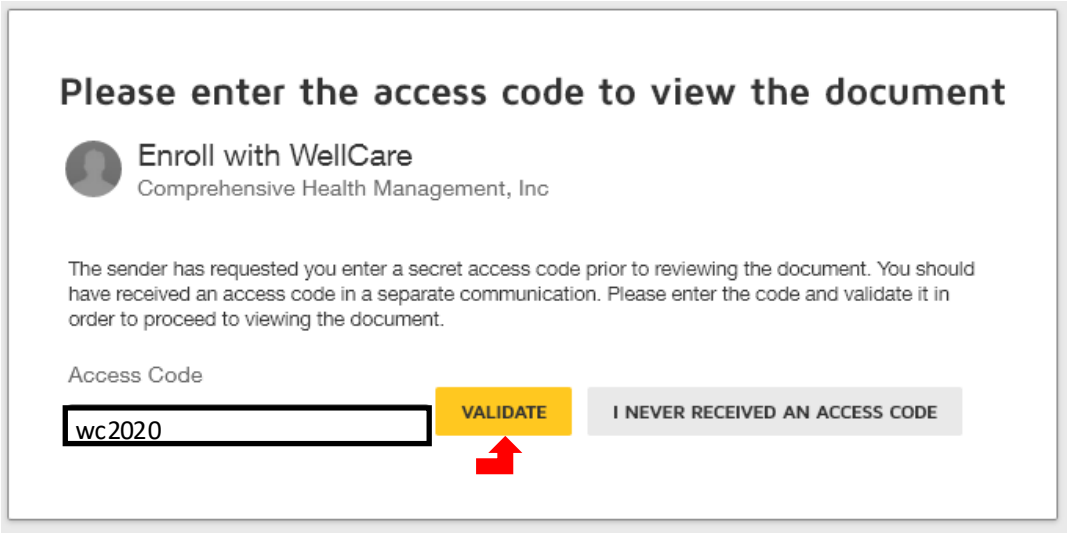
Walk-Through Guide

CCP Application (Continued)

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.



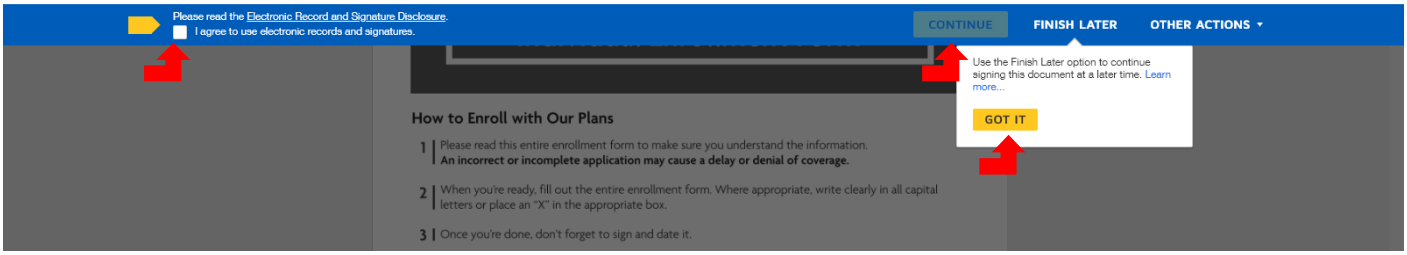
Next, they will need to enter in the access code "wc2020" to access the application. This step will ensure that their information is protected if the email that was entered is wrong or if their email has been compromised. They will not receive a secondary email with the password, you will need to give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



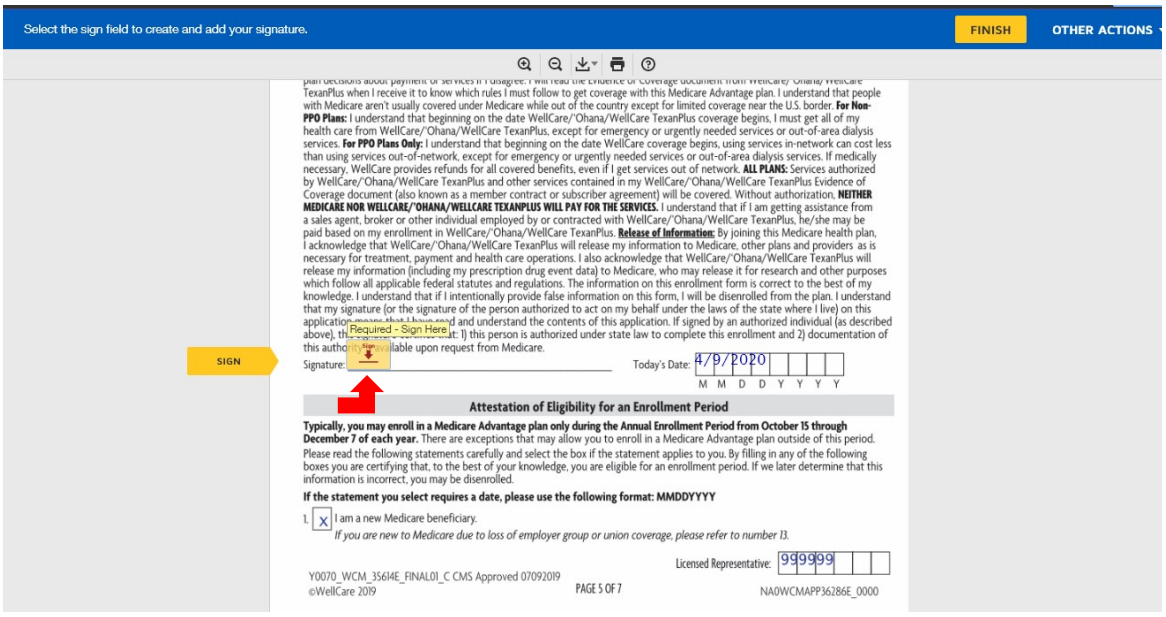
Walk-Through Guide

CCP Application (Continued)

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.



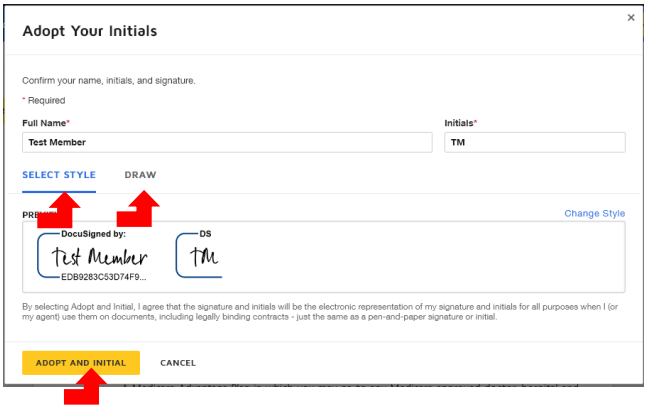
Once the beneficiary has accepted electronic signature you should begin by reviewing the application in full with the beneficiary to ensure that they agree to and understand all of the selections and information. Once the beneficiary agrees to enroll, instruct them to scroll to the signature section of the application or click the **yellow** next button on the left side of the screen to sign the document.



Walk-Through Guide

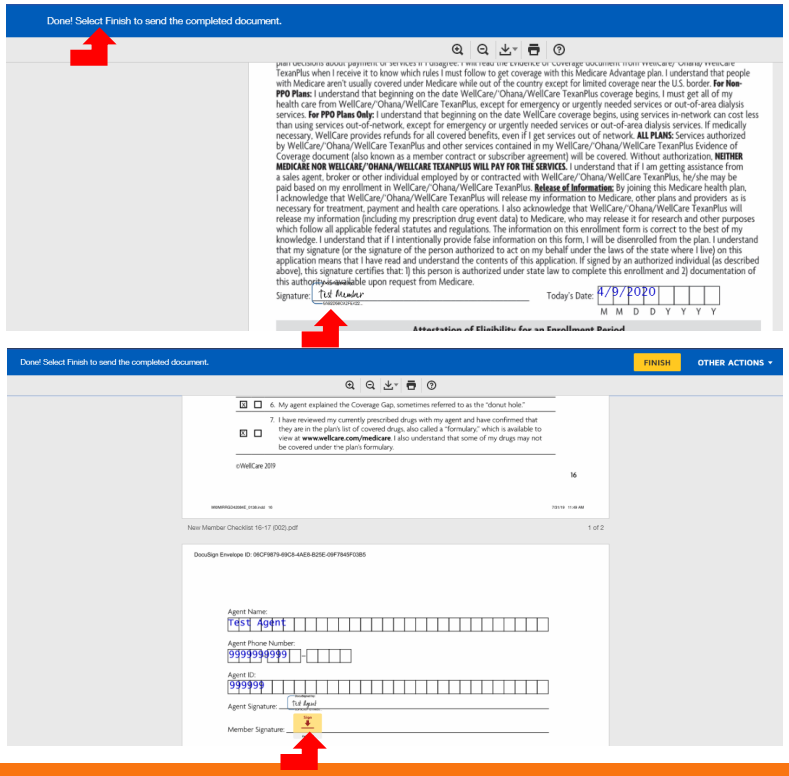
CCP Application (Continued)

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.



Once the signature is accepted they will see it appear in the signature section. At this time they should see a message at the top left of the screen that says “Done! Select Finish to send the completed document.”

IMPORTANT: If you filled out the New Member Checklist you will need to instruct the member to scroll down so you can review the checklist with them. They will need click the **yellow** sign button on the checklist once complete.



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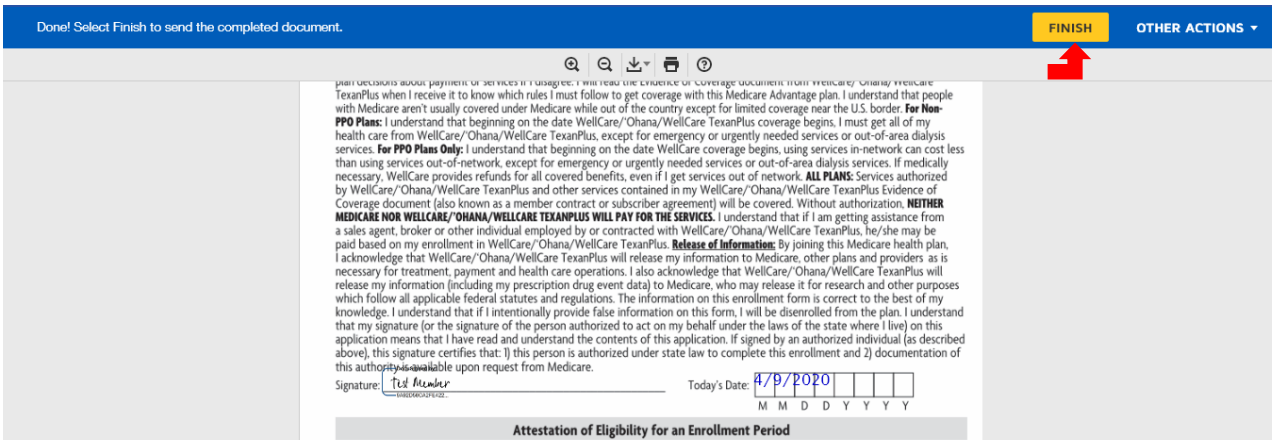
Beyond Healthcare. A Better You.

Walk-Through Guide

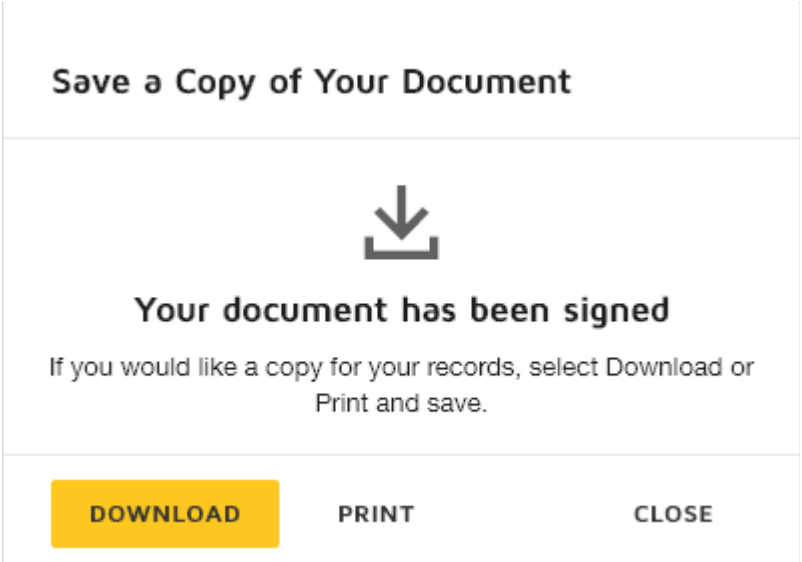
CCP Application (Continued)

Once the beneficiary is satisfied with the application, instruct them to click the yellow finish button at the top or bottom of their screen.



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

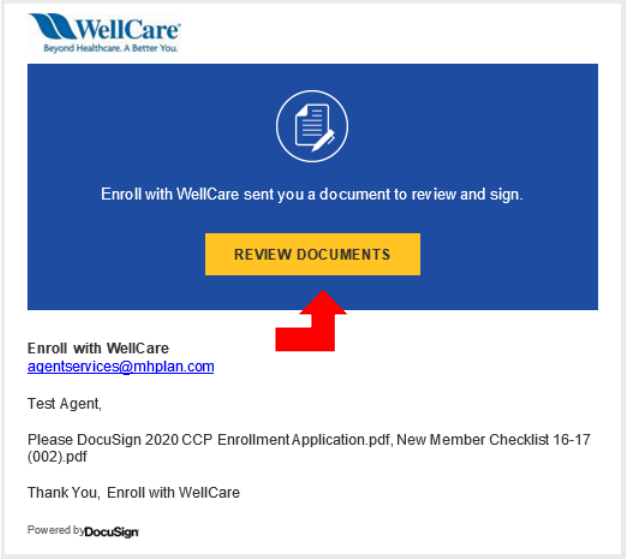
Once they click “finish” they should receive a pop up that confirms that the document has been signed. At this time they also have the opportunity to download the application.



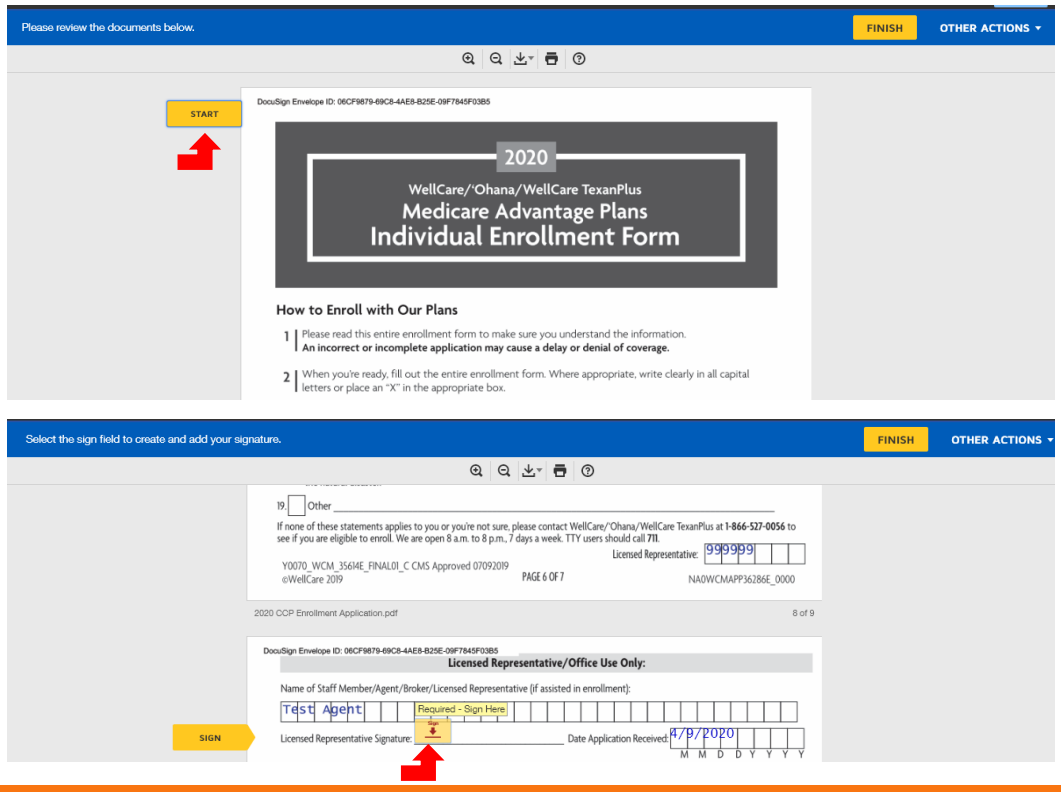
Walk-Through Guide

CCP Application (Continued)

After the beneficiary signs the application you will receive an email with the application ready for your final signature.



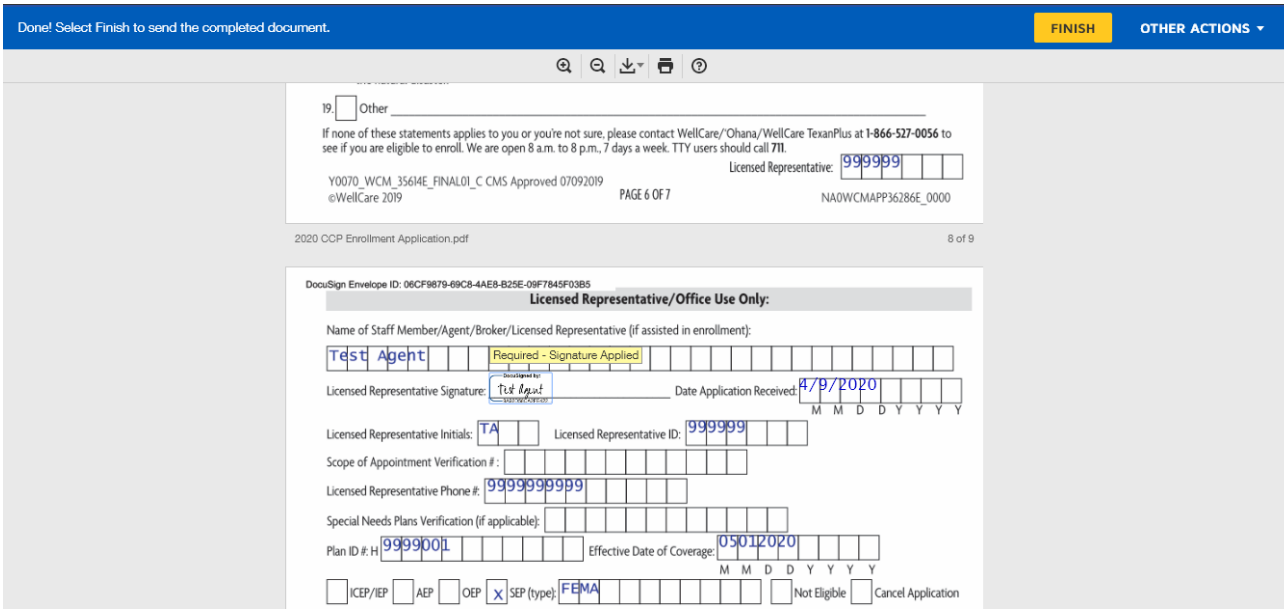
You can begin signing by clicking the start button on the left of the screen or by scrolling down to the signature box in the application.



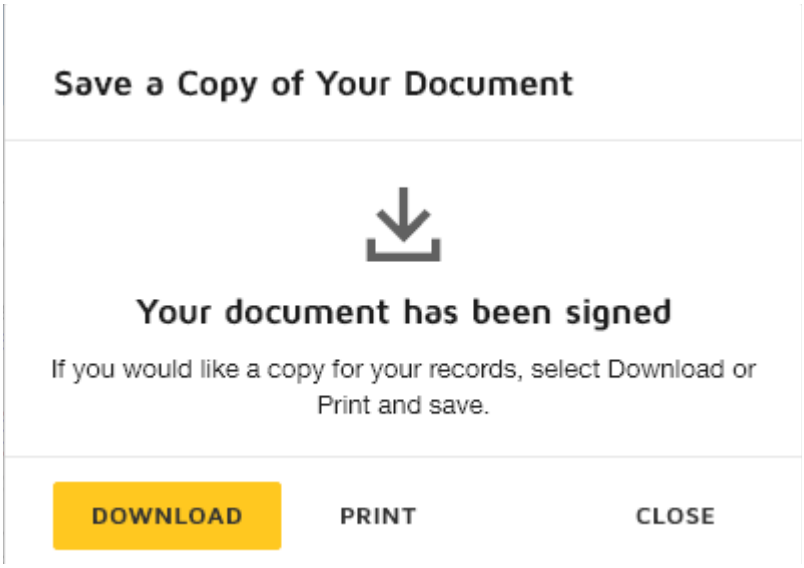
Walk-Through Guide

CCP Application (Continued)

Once you have fully reviewed and signed the document click the yellow "finish" button at the top right or bottom of the screen.



Once you click "finish" you should receive a pop up that confirms that the document has been signed. At this you MUST download all PDFs for a copy of the application in the even t you do not receive a final confirma-

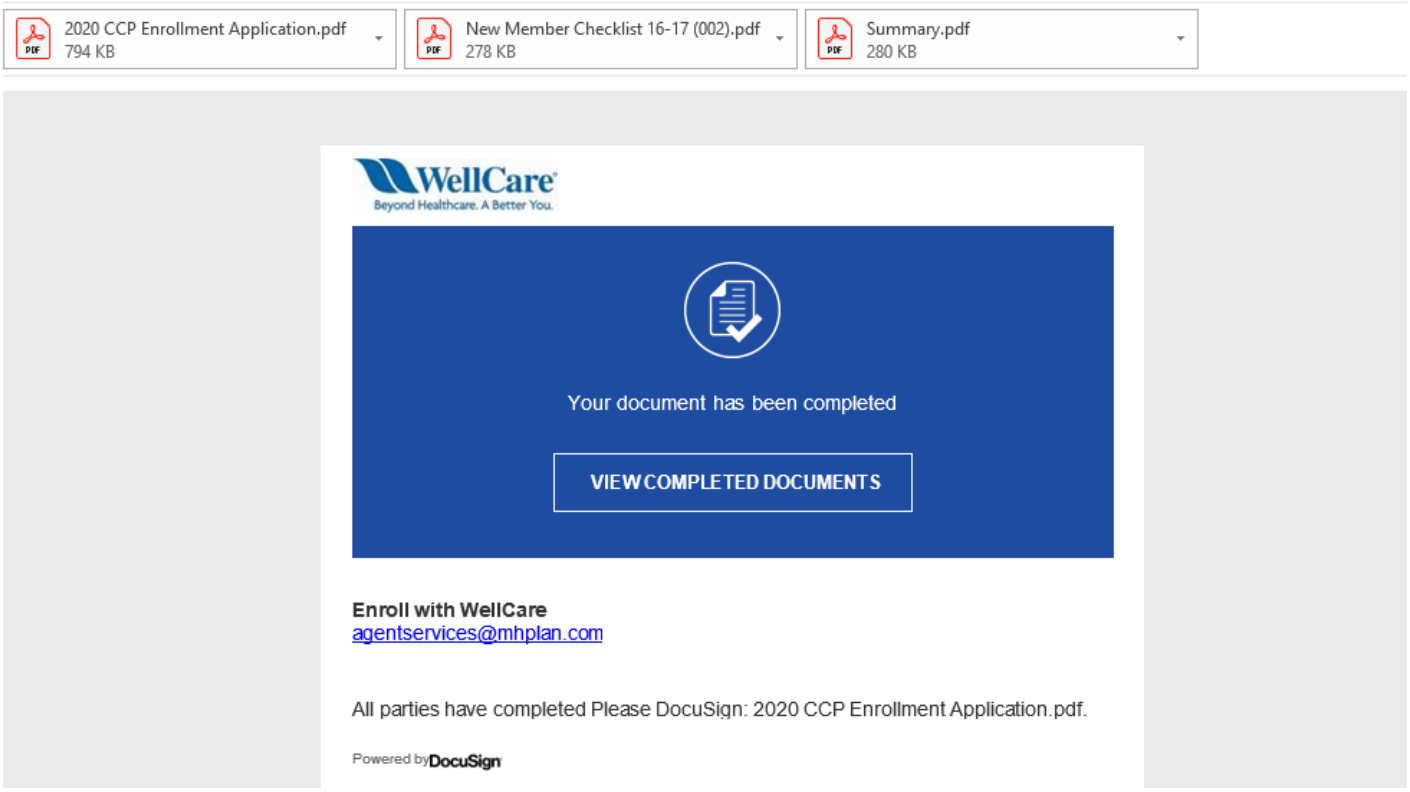


Walk-Through Guide

CCP Application (Continued)

Now that both you and the beneficiary have signed the application you will both receive a fully executed copy via email. In addition, WellCare's enrollment department will receive a fully executed copy and will begin processing the enrollment. The email will contain a PDF of the signed application, 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 and password protected per WellCare's retention policy.

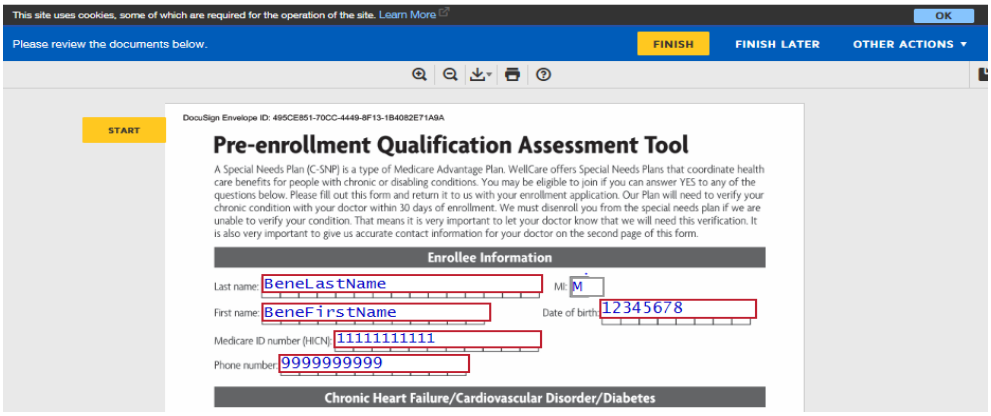


IMPORTANT: The email account that DocuSign emails are sent from is NOT MANAGED. DO NOT email this inbox directly. For any issues or questions concerning DocuSign, please escalate through your leadership.

Walk-Through Guide

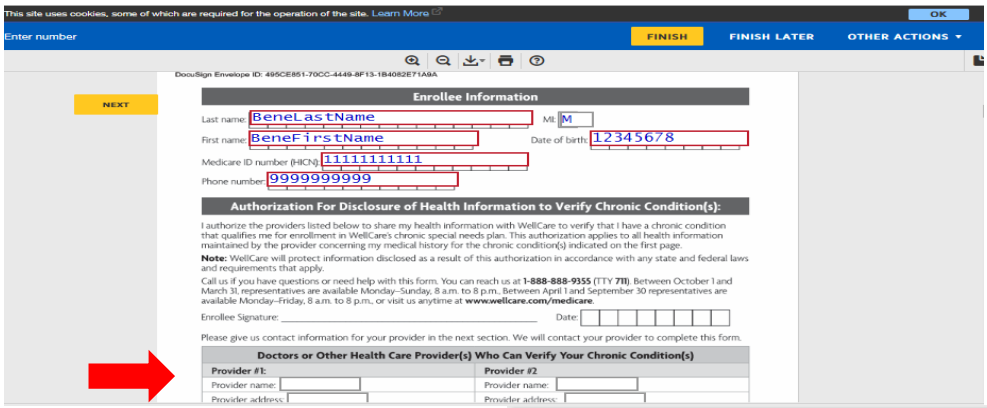
C-SNP CCP Application

The CSNP Prequalification assessment tool is the first 2 pages prior to the CCP application. You will need to follow all steps for the CCP application ,as listed above, in the CSNP application.



Duplicate fields will auto populate throughout the application so please verify the information/spelling you have entered is accurate.

*Note: You will need to remind the beneficiary this form must also be signed in addition to the application and/ or new member checklist if you wish to complete this. You may complete the Pre-Enrollment Assessment at that same time of the application prior to sending to the beneficiary.



The access code the beneficiary will need to enter is the same for ALL application "wc2020" to access their documents. You will need to provide this over the phone.

Walk-Through Guide

PDP Application

You will follow all of the same steps as listed above in the CCP application (pages 2-13) for the PDP Application, but utilizing the PDP Application.
The new member checklist is not included in the PDP Application as it does not apply and is not required.

DocuSign Envelope ID: 99756A36-818A-4187-8930-5D66ED8B8641

2020 WellCare Medicare Prescription Drug Plan Individual Enrollment Form

Please contact WellCare if you need information in another language or format (Braille).

To Enroll in a WellCare Prescription Insurance, Inc., Plan Please Provide the Following Information

Select the box for the plan you want to enroll in: ◯ Wellness Rx (PDP) ◯ Classic (PDP) ◯ Rx Saver (PDP)

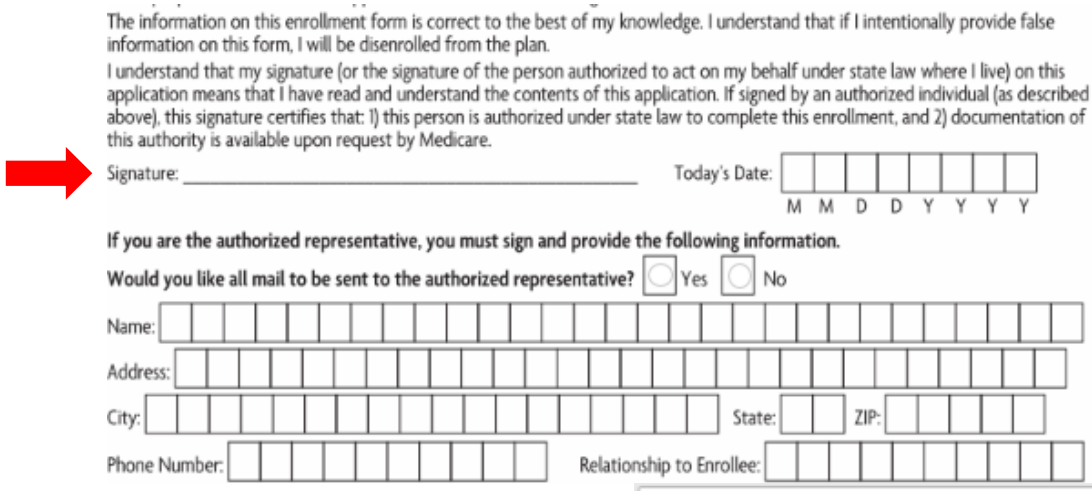
◯ Rx Select (PDP) ◯ Rx Value Plus (PDP) ◯ Value Script (PDP) $ ____ per month

◯ Mr. ◯ Mrs. ◯ Ms. Sex: ◯ M ◯ F Birth Date: (MMDDYYYY) ____

Last Name: ____ Middle Initial: ____

First Name: ____ Primary Phone Number: ____

You will need to remind the beneficiary to sign and complete the authorized representative information on



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 state law 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 by Medicare.

Signature: _____ Today's Date: ____ (M M D D Y Y Y Y)

If you are the authorized representative, you must sign and provide the following information.

Would you like all mail to be sent to the authorized representative? ◯ Yes ◯ No

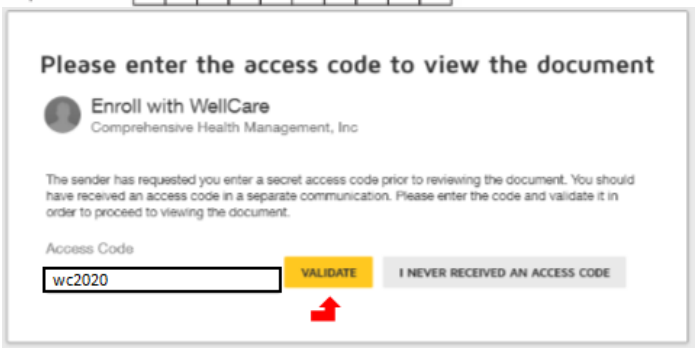
Name: ____

Address: ____

City: ____ State: ____ ZIP: ____

Phone Number: ____ Relationship to Enrollee: ____

The access code the beneficiary will need to enter is the same for ALL application "wc2020" to access their documents. You will need to provide this over the



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

wc2020 VALIDATE I NEVER RECEIVED AN ACCESS CODE

Walk-Through Guide

PFFS Application

You will follow all of the same steps as listed above in the CCP application (pages 2-13) for the PFFS Application, but utilizing the PFFS Application.
The new member checklist is not included in the PDP Application as it does not apply and is not required.

2020 WellCare PFFS Individual Enrollment Form

Please contact WellCare if you need information in another language or format (Braille).

To Enroll in WellCare's PFFS Plan, Please Provide the Following Information:

Select the box for the plan you want to enroll in: ◯ WellCare Today's Options Premier Plus 650B (MAPD)
◯ WellCare Today's Options Premier Plus 250A (MAPD) ◯ WellCare Today's Options Premier 300 (MA only)
◯ WellCare Today's Options Premier 200 (MA only) $ [ ] . [ ] [ ] per month

◯ Mr. ◯ Mrs. ◯ Ms. Sex: ◯ M ◯ F Birth Date: (MMDDYYYY) [ ]

Last Name: [ ] Middle Initial: [ ]

First Name: [ ] Primary Phone Number: [ ]

Alternate Phone Number (Optional): [ ]

Email Address (Optional): [ ]

Please know that by providing your email address, you are agreeing to receive emails from us. We will give you the opportunity

You will need to remind the beneficiary to sign on page 5.

DocuSign Envelope ID: 11586E7C-4141-4871-B3D8-83509050B172

Please Read and Sign (continued):

WellCare PFFS serves a specific service area. If I move out of the area that WellCare PFFS serves, I need to notify WellCare PFFS so I can disenroll and find a new plan in my new area. Once I am a member of WellCare PFFS, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage from WellCare PFFS when I get it to know which rules I must follow to get coverage with this Private Fee-for-Service plan. I understand that people with Medicare are not usually covered under Medicare while out of the country except for limited coverage near the U.S. border. I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with WellCare PFFS he or she may be paid based on my enrollment in WellCare PFFS. **Release of Information:** By joining this Medicare health plan, I acknowledge that WellCare 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 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.

Signature: _____ Today's Date: [ ][ ][ ][ ][ ][ ][ ][ ]
M M D D Y Y Y Y

The access code the beneficiary will need to enter is the same for ALL application "wc2020" to access their documents. You will need to provide this over the phone.