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Centene Learning Center Training Site Access Instructions

Presentation for All Users

Welcome!



Wellcare Annual Certification Training (ACT) Instructions:

Wellcare encourages all Sales Agents to certify prior to **10/1** so you can begin discussing benefits with your clients!



Important Reminders:

- Sales Agents and Brokers are required to certify/recertify annually to sell Medicare Advantage plans and be eligible to receive commissions.
- Annual certification requirements must be met prior to marketing and/or selling Wellcare Medicare Advantage plans.

Get Medicare Certified!

To complete the Wellcare Annual Certification Training (ACT), follow these simple steps:

- Go to our Training Site at <u>https://wellcare.cmpsystem.com</u> to access the Wellcare Annual Certification Training (ACT).
- Once you are on the Centene Learning Center training site's main Login Page follow these steps:
- → 1. Returning Users: Enter your Username and Password and select Login.
 - 2. First Time Visitors: Navigate to the webpage's First Time Visitor? section and select on the
 Create a New Account link.

	You are not logg	ed in. (<u>Log</u>
uellcare ⁻	earning Center	E [°] ralion
Returning User Login	First Time Visitor?	
Username (NPN or Email)	All first time visitors, please click here to register an account.	
Password	Create a New Account	
Login		
<u>Forgot your username?</u> Forgot your password?		

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Returning Users Only

If you are a Returning User, follow these simple steps to begin training:

- 1. All Agents/Brokers/Employees: Enter your National Producer Number ID (NPN).
- 2. Select **Submit** to continue.

=		You are not logged in. (Log in)
	Centene Learning Center	
wellcare		CENTENE Corporation
User ID Number		
NPN		
User ID		
	All Agents/Brokers/Employees: Enter your National Producer Number ID (NPN) above and click Submit.	
	If unable to proceed, please contact Medicare Broker Support for assistance.	
	2 Submit	
There are required fields in this form marked 🄇		

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Returning Users Only

Follow these simple steps to begin training:

- In the My Certifications section, you will find your assigned training. Select the 2024
 Wellcare ACT Journey to a Successful Season Training link to access AHIP/ACT. Once you have successfully completed your required
 AHIP Medicare Training (2024) the 2024
 Wellcare ACT will be unlocked when training becomes available.
- In the Welcome to the 2024 Wellcare ACT
 Journey to a Successful Season section, select
 the 2024 Wellcare ACT Journey to a Successful
 Season Training link to begin.
- After you have completed the assigned course modules, the **Mastery Exam** will be unlocked.





First Time Visitors



- 1. All Agents/Brokers/Employees: Enter your National Producer Number ID (NPN).
- 2. Select **Submit** to continue.

=		You are not logged in. (Log in)
	Centene Learning Center	
wellcare		CENTENE [®] Corporation
User ID Number		
NPN		
User ID		
	All Agents/Brokers/Employees: Enter your National Producer Number ID (NPN) above and click Submit.	
	If unable to proceed, please contact Medicare Broker Support for assistance.	
	2 Submit	
There are required fields in this form marked ()		

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Registration Step 1 of 3

As a First Time User, you must register to begin:

- In Begin Step 1 of 3 of the registration process by verifying the information populated in the Last name field is accurate.
- Continue by filling in the highlighted fields and select **Submit** to proceed.



Note: All fields marked with **(**) are required.



Registration Step 2 of 3

Continue to registration process:

- Verify the information that has been pre-populated in the following fields:
 - Personal Information
 - o Name
 - National Producer Number (NPN)
- Provide a password in the highlighted field to access the training site. The password must have at least 12 characters.
- If the information in any of these fields appear inaccurate, update accordingly.

Frst name	0 Test	
/iddle name		
ast name	0 broker	
luffix	•	
Designation	8	
dditional information		
Company name		
ob title		
Phone number		
Vational Broducer Number		
ber 0.010 f you	have one. Your NPN will serve as your username.	
(PN	0 6536325250	
	DWD MY NDV	
	Provide the second s	
Confirm NBN	• #52020050	
Confirm NBN		
Confirm NPN	George Annual State (1) (1997) George Annual State (1) (1997)	um sar of sacurity
Confirm NBN Password Password to access the system. The password mus	established establish	om set of security

Note: All fields marked with **0** are required.



Registration Step 2 of 3 (cont.)

Continue the registration process:

- Provide an email address. This email address will be used for password recovery, system notifications, and as your username should you not have an assigned National Producer Number (NPN).
- Continue verifying the information that has been pre-populated data in the following field:
 - Mailing Address
- If the information in the any of these fields appear inaccurate, update accordingly.
- Select the **Register** button.

Email address	0			
	Erner	email address		
Confirm email address	0			
20	Verify	email address		
Mailing Address				
Provide the maining address you can be reached at.				
Address 1	0			
Address 2				
City	0			
State / Territory	0	2.4		
Zip code	0			
	Enter	your five digit zip code		
Country	Unit	ed States	•	
Centene				

Note: All fields marked with **()** are required.

Registration Step 3 of 3

Continue the registration process:

- Your **Username** will be displayed. This will be your National Producer Number (NPN), used to access the site.
- Select Continue to Home which will route you to the home page of the Learning Center.





Helpful Hint!

Remember to store your username and password in a secure location.

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Wellcare ACT Assignment

Follow these simple steps to begin training:

- In the My Certifications section, you will find your assigned training. Select the 2024
 Wellcare ACT Journey to a Successful Season Training link to access AHIP/ACT. Once you have successfully completed your required
 AHIP Medicare Training (2024) the 2024
 Wellcare ACT will be unlocked when training becomes available.
- In the Welcome to the 2024 Wellcare ACT
 Journey to a Successful Season section, select
 the 2024 Wellcare ACT Journey to a Successful
 Season Training link to begin.
- After you have completed the assigned course modules, the **Mastery Exam** will be unlocked.











Centene Workbench: Contract Re-Certification Process

External Guide

Last Updated: EMT 07/07/2023

Purpose of this Document

With this guide, all brokers and agencies will be able to:

- Complete Contract Re-Certification in their Centene Workbench Portal.
- Steps will include verifying Demographic and Payment Information, Selling States, signing the 2024 Third-Party Marketing Entity (TPME) Agreement and W9.

Please Note: Licensed-Only Agents and Dual-Assignment Agents will not be prompted to update payment information.

• Print Contract and W-9 documents once completed

Icon Use:



Table of Contents

Logging into Ping-One

Verifying Notifications on Broker Portal

Complete the Contract Re-certification Case

Contract Re-Certification Completed

NEW Enhancement Profile RTS Widget

Logging into PingOne



Logging into PingOne

To access the Contract Re-Certification, please log into your Broker Portal, through your PingOne access in Centene Workbench.

Note: For assistance with accessing PingOne, please follow the link to the PingOne Guide.



Verifying Notifications in Broker Portal



Accessing My Certification Cases from Navigation Menu

- Access the Contract Re-Certification by selecting from the Navigation Menu:
- **Workbench** DASHBOARD **STATEMENTS** ^{↑↓} Name LOB Year Type Sales Level Affliated Agency/Team Submitted By Creation Date Status BOOK OF BUSINESS PAYMENT HISTOR Medicare Advantage 2024 Contract Recertification Broker Loader, File 06/29/2023 Created - New APPLICATION STATUS Showing 1 to 1 of 1 entries DOCUMENTS & RESOURCES FIRST PREVIOUS NEXT LAST MY CREDENTIALS Recertification My Certification Case: Manage My Licenses The 2024 Contract Recertification case is available for you to complete. You will be prompted to (1) verify Demographic, Payment Information, and Selling My Status & Credentials States and (2) sign the 2024 TPME Agreement and W9. MY ACCOUNT Please Note: Licensed Only brokers and Dual Assignment brokers will not be prompted to update payment information. SUPPORT TICKETS IMPORTANT! This is part of the annual certification requirements and must be completed by September 30, 2023 to avoid suspension from marketing / WORKFLOWS selling Wellcare products. CLOSE
- My Credentials > My Certification Cases > Start.

• You can view the status of the case on the right-hand side under **STATUS**.

Completing The Contract Re-Certification Case



Completing The Contract Re-Certification

- 1. Once logged into **Centene Workbench**, you will see the pending contract re-certification to complete.
- 2. Select Start.



Completing The Contract Re-Certification: Demographics

- 1. Select the **Demographics** tab under **My Certification Cases.**
- 2. Your Demographics information will automatically load in from your account profile.

Note: Name, Tax ID, NPN, Email, Business Address information is pulled from NIPR and cannot be edited.

- 3. Ensure to review and/or update the following information in your Demographics:
 - Mobile Number: Required
 - **Business Number:** Required
 - Marketing Number: Optional
 - Secondary Email: Optional
 - Shipping Address: Required

Note: Please do not use a PO Box for Shipping Address.

4. Select continue to move on to the Payment section.

ertification Cases			A	
DEMOGRAPHICS	PAYMENT	STATE LICENSES	SUBMIT	
Fields marked with an asterisk (*) a	re required.			
Personal Information				
First Name*				
Middle Initial				
Last Name*				
SSN*				
NPN*				
DOB*				
Mobile Phone*				
Business Phone*				
Marketing Phone				
Email*				
Secondary Email				
Job Title				

ly Certification Cas	ses			*	2
DEMOGRAPHICS		PAYMENT	STATE LICENSES	SUBMIT	
Shipping Address Inform	nation				^
Shipping Address Same as I	Residence? *	No			
Address 1*					
Address 2					
City*					
State*			•		
Zip Code *					
Broker Information					
Broker Type	Field Broker				

Completing The Contract Re-Certification: Payment Direct and Downline Only Sub Type Payment Steps

- 1. Review your current payment information and update, as necessary.
 - Select **Yes** if you own an Agency and you wish to assign the Agency as the Payee.
 - Select **No** if you do not wish to declare the Agency as the Payee.

ertification Cases				
DEMOGRAPHICS	PAYMENT	STATE LICENSES		SUBMIT
Fields marked with an asterisk (*) are rec	quired.			
Payee				
You are eligible to declare a private company, also means that the 1090 tax form issued to your declared company payee. If you chose to will be in your name and SSN. You will be pro-	that you legally represent or own, to b you will be in the name and Tax ID of th not declare a company as your payee, empted to sign a W9 form with your inf	e your payee. This means that any m his company. If you chose to declare a then you will be the payee on record formation.	oney earned is paid to the payee, you will be prore. This means that the 10	he Tax ID of this company. I repted to sign a W9 form fo 299 tax form issued to you
You are eligible to declare a private company, also means that the 1099 tax form issued to your declared company payee. If you chose to will be in your name and SSN. You will be pro	that you legally represent or own, to b you will be in the name and Tax ID of th not declare a company as your payee, empted to sign a W9 form with your inf b be your payee? *	e your payee. This means that any m his company. If you chose to declare a then you will be the payee on record formation.	oney earned is paid to the payee, you will be proc. This means that the 10	he Tax ID of this company. I mpted to sign a W9 form fo 299 tax form issued to you
You are eligible to declare a private company, also means that the 1009 tax form issued to ' your declared company payee. If you chose to will be in your name and SSN. You will be pro Do you want to declare a private company to Banking Information	that you legally represent or own, to b you will be in the name and Tax IID of th not declare a company as your payee, empted to sign a W9 form with your inf o be your payee? *	e your payee. This means that any m his company. If you chose to declare a then you will be the payee on record formation.	oney earned is paid to the payee, you will be proc. This means that the 10	he Tax ID of this company. In mpted to sign a W9 form fo 299 tax form insued to you

Note: Declaring the Agency as a payee is not the same as an Assignment of Commissions. If you wish to update your AOC, this needs to be changed in the "My Hierarchy Info" section in Centene Workbench. If Agency is assigned as Payee, be advised that you must be listed as an Authorized Owner on the bank account.

Completing The Contract Re-Certification : Payment Direct and Downline Only Sub Type Payment Steps

Payee Entity Assignment:

- If you selected Yes, provide the required payment information for this entity as well as a W9.
 Note: If you own an Agency and assign the Agency as your payee, your 1099 will be in the name of that entity.
- Once all information is provided, select **Continue.**

	Yes]	W-9 Information		
Do you want to declare a private company to be your payee? *		-	Taxation Type *	-	
As you declared "yes", you will need to provide additional information regarding your payee in the section below. The information you enter below will be used to electronically generate a IRS W-9 Form.		_		I declare that I am legally authorized to execute contracts and agreements on behall of myself or the legal entity I represent. •	
Business Entity Information			Banking Information		
Taxpayer ID Number•	_		Payment Method	ACH (Direct Deposit)	
Business Name DBA*	_		Account Type *	Checking	
Business Address *	-		[?] Account Number: *		0
Business City •	-		Verify Account Number *		•
Business State *			[?] Routing Number: *		
Business Zip •	-		Financial Institution *		
				CONTINUE	

Completing The Contract Re-Certification : Payment Direct and Downline Only Sub Type Payment Steps

No Payee Entity Assignment:

- If you selected No, provide the required payment information for yourself.
- Once all information is provided, select **Continue.**

ACH (Direct Deposit)	
Checking	
	0
•••••	0
104913912	
PINNACLE BANK	
	ACH (Direct Deposit) Checking 104913912 PINNACLE BANK

Completing The Contract Re-Certification : Payment Licensed-Only Agent and Dual-Assignment Sub Type Payment Steps

- For the abovementioned Sub Types, commissions are assigned to the Upline, and no payment information is required.
- No actions are required during this step. Select **Continue.**

Fields marked with an asterisk (*) are required.
Banking Information
Based on your current sub-type, no additional data is needed within this section. Please click "Continue" to proceed.
CONTINUE

Completing The Contract Re-Certification : State Licenses

- 1. Review your current selected selling states.
- 2. You can also select additional licenses that you wish to market and sell Wellcare products for.
- 3. Once license section has been reviewed, select Continue.

ME - Maine	WI - Wisconsin
MI - Michigan	WV - West Virginia
MN - Minnesota	WY - Wyoming
	CONTINUE

Completing The Contract Re-Certification: Submit

 Prior to submitting this Contract-Recertification case, you will be able to review the 2024 Third-Party Marketing Entity (TPME) Medicare Agreement (including summary of changes) and your W9.



2. To submit your Contract Re-Certification case, review and acknowledge the statements below. Use the open space to complete your signature, and then select **Submit**.

I have read and	d agree to the terms and conditions of the contract
I understand th application, an	nat m submission of this application means that I have read and understand the cor d tha I confirm that the information I have provided is accurate.
Date *	06/30/2023
IP Address *	
IP Address * Please sign your	name in the space below.
IP Address * Please sign your	name in the space below.
IP Address * Please sign your	name in the space below.

CLEAR



Contract Re-Certification Completed



Contract Re-Certification Completed

Once you have successfully submitted your Contract Re-Certification case, you will receive the following message regarding next steps. You will also be given the ability to download the Third-Party Marketing Entity (TPME) Agreement and W9. (These documents are also located in the broker profile under the Documents & Resources tab.)

Note: If you are Re-Certifying as an Agency, please ensure your Principal completes the Contract Re-Certification process as well.

 Thank you for completing your contract as part of the 2024 Annual Certification Requirement.

 Below is a copy of your signed contract and W9. Please download and/or print a copy for your records. These document will also be stored in your portal under Documents & Resources - My Documents.

 If you have not done so already, please ensure to complete the 2024 Annual Certification training prior to September 30, 2023 to ensure to avoid suspension from marketing and selling Wellcare products.

 Download Contract

 Download W-9

 Enail

 NPN

2024 NEW Profile Enhancement- Ready To Sell Widget



2024 NEW Profile Enhancement- Ready To Sell Widget

INDIVIDUAL BROKER VIEW

If you are viewing as a Broker without a direct reporting downline, the Ready To Sell Profile widget will give you a view of your current status, as well as display when you are fully Ready To Sell per the completed requirements.



2024 NEW Profile Enhancement- Ready To Sell Widget

AGENCY VIEW

If you are viewing as an Agency, the Ready To Sell profile widget will give you a view of your downline so you are able to see everyone's Ready To Sell Status. To view the downline, click the "View Details" button located in the widget window.

Workbench	Broker Credentials		¢ [©]	· · ·				
	My Cr	edentials	024 AEP Status	atus My Downline's 2024 AEP Status				
I STATEMENTS	Broker Status	Active/Certified			2024 AEP Ready Brokers 2		2	
BOOK OF BUSINESS	State Licenses 4 Active		Your agency and principal have completed all		2024 AEP Incomplete Brokers 1 View Details			
\$ PAYMENT >	Viev	V Detaits	requirements	requirements for 2024 AEP readiness!		View Details		
\equiv applications $>$		Ouick Links			New Application Status	s		
Workbench	Broker Credentials				≜ ®			
	Broker NPN			Broker Name				
				SEARCH				
BOOK OF BUSINESS		DOWNLOAD BROKER STATUS	DOWNLOAD LICENSE INFO	NLOAD TRAINING INFO DOWNLOAD CONTRACT	INFO DOWNLOAD APPOINTMENT INFO	Search:		
	ŤĴ	Broker Name †	Broker Type	Broker NPN	Broker Status	2024 AEP ↑↓ Status ↑	License ↓ Status ↑↓	
A MY DOWNLINE BROKERS >	View Details		Field Broker		Active/Certified	Ready	3 Active 0 Expired	
DOCUMENTS & RESOURCES	View Details		Field Broker		Active/Certified	Ready	15 Active 0 Expired	
MY CREDENTIALS >	View Details		Field Broker		Active/Certified	Incomplete	9 Active 0 Expired	

Questions?

We're Here to Help!

If you have any questions, concerns or need assistance with any of the instructions provided pertaining to the **Centene Learning Center**, please feel free to contact Medicare Broker Support.

Centene Learning Center: https://wellcare.cmpsystem.com

Medicare Broker Support For all health plans: **Phone:** 1-866-822-1339 **Hours:** Monday – Friday, 8:00 a.m. - 8:00 p.m. ET (excluding holidays)

If assistance is needed pertaining to the **AHIP Training Site**, please contact AHIP's Technical Support department. Centene Medicare Broker Support will be unable to assist with any AHIP site questions and/or issues.

AHIP Training Site: <u>ahipmedicaretraining.com</u> Technical Support Phone: 866-234-6909 Email: <u>Support@AHIPInsuranceEducation.org</u> wellcare