

CCP WellCare Application DocuSign Job Aid

Prior to beginning the CCP application 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)

CCP Application DocuSign Link:

<https://na3.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=72214321-f9ba-4134-b7cf-a34957e5ac8c&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. You will need to enter your information twice. 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 Member

Email:

testmember@test.com

WellCare Agent Review

Name:

Test Agent

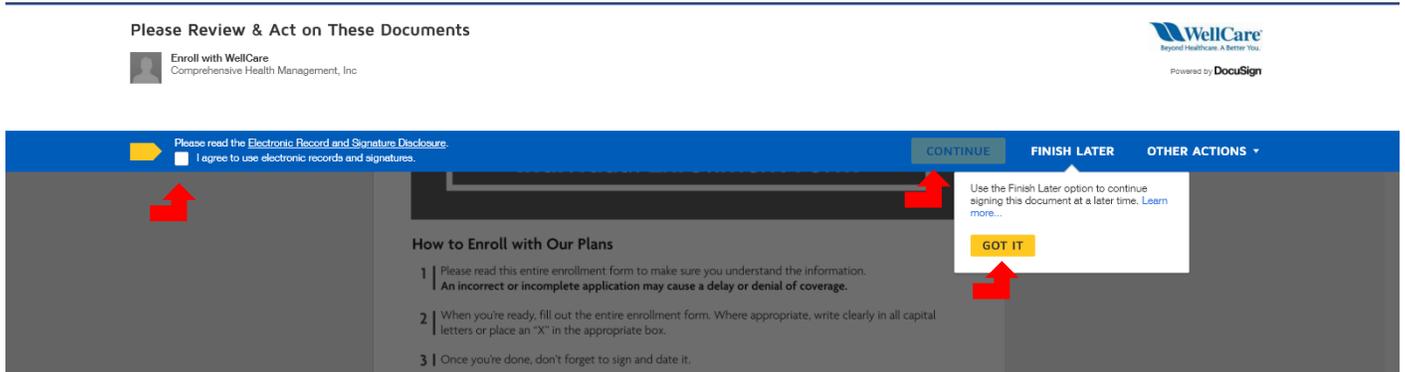
Email:

testagent@test.com

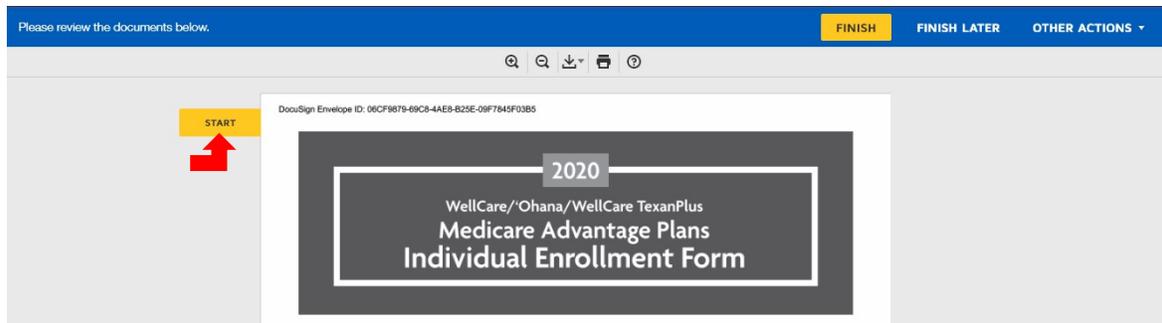
BEGIN SIGNING

NOTE: The information you enter into the "WellCare Agent" and "WellCare Agent Review" sections should match exactly. 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.

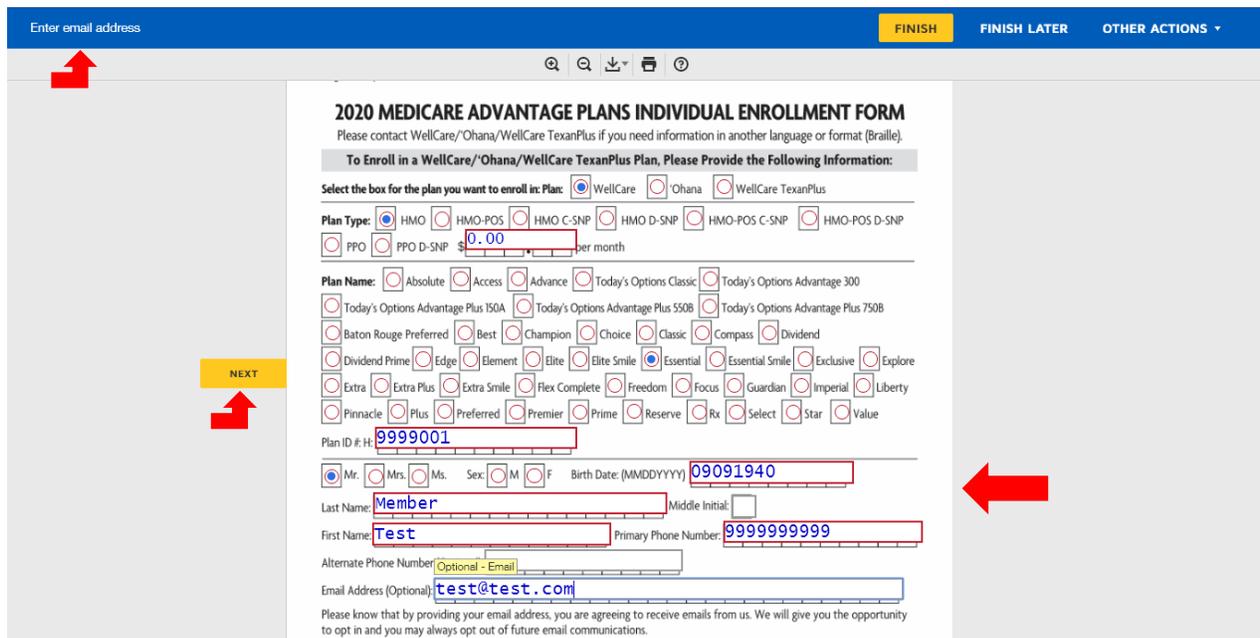
The first time you use the DocuSign form you will be prompted to agree to use an electronic signature. You will need to also click continue once you agree to the electronic signature disclosure.



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.



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".

DocuSign Envelope ID: 06CF9879-69C8-4AEB-B25E-09F7845F0385

Licensed Representative/Office Use Only:

Name of Staff Member/Agent/Broker/Licensed Representative (if assisted in enrollment):

Licensed Representative Signature: _____ Date Application Received:

Licensed Representative Initials: Licensed Representative ID:

Scope of Appointment Verification #: _____

Licensed Representative Phone #:

Special Needs Plans Verification (if applicable): _____

Plan ID #: Effective Date of Coverage:
M M D D Y Y Y Y

I/CEP/IEP AEP OEP SEP (type) Not Eligible Cancel Application

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.

Done! Select Finish to send the completed document. **FINISH** FINISH LATER OTHER ACTIONS ▾

Enrollment Receipt and New Member Checklist Sales Agent Copy

Agent Instructions: Please review the New Member Checklist carefully with each new member enrolling in our plan.

Member Name Date

+ **Plan Information** Here are some details about your new plan

The name of my new plan is

My Plan type is a (circle): HMO HMO-POS PFFS HMO D-SNP PPC PPO D-SNP

My plan will provide: all my Medicare health coverage all my Medicare prescription drug coverage

My plan coverage is expected to begin on (effective date):

I must live in the plan's service area, which is:

If I move out of the plan's service area for more than 6 months in a row, I will need to choose a new plan.

Circle the correct answer:
I should / should not have a Medicare Advantage plan and a stand-alone Medicare Part D plan at the same time. (There is one exception: Medicare Advantage Private Fee-for-Service plans that do not include prescription drug coverage.)

\$ My monthly premium will be \$

Checklist

YES	NO	
<input checked="" type="radio"/>	<input type="radio"/>	1. If my plan has a monthly plan premium, I understand that I am responsible for this premium, in addition to my Part B monthly premium.
<input checked="" type="radio"/>	<input type="radio"/>	2. I understand that I may be responsible for certain co-pays or coinsurance for covered medical services.
<input checked="" type="radio"/>	<input type="radio"/>	3. My agent left me a copy of the 2020 Resource Guide, which includes a 2020 Summary of Benefits.

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.



Done! Select Finish to send the completed document.

FINISH FINISH LATER OTHER ACTIONS ▾

6. My agent explained the Coverage Gap, sometimes referred to as the "donut hole."

7. I have reviewed my currently prescribed drugs with my agent and have confirmed that they are in the plan's list of covered drugs, also called a "formulary," which is available to view at www.wellcare.com/medicare. I also understand that some of my drugs may not be covered under the plan's formulary.

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New Member Checklist 16-17 (002).pdf 1 of 2

DocuSign Envelope ID: 06CF9879-69C8-4AE8-B25E-09F7845F03B5

Agent Name:

Agent Phone Number:

Agent ID:

Agent Signature:

Member 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.

Adopt Your Signature

Confirm your name, initials, and signature.

* Required

Full Name* Initials*

SELECT STYLE DRAW

SELECT STYLE DRAW

DocuSigned by:  TA

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*

SELECT STYLE DRAW

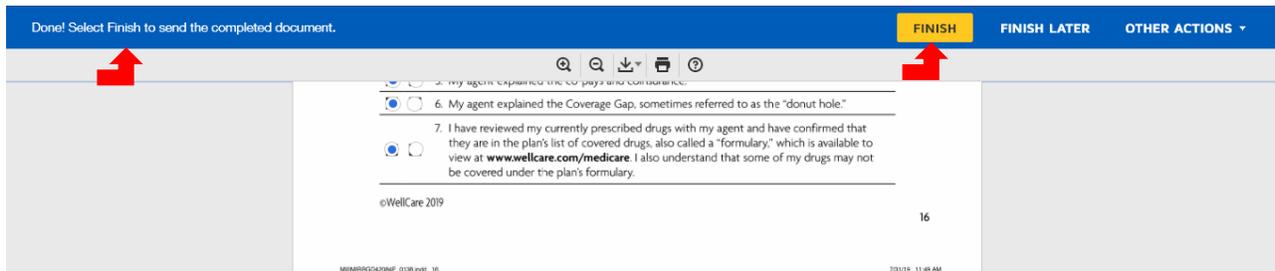
SELECT STYLE **DRAW**

DRAW YOUR SIGNATURE 

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.

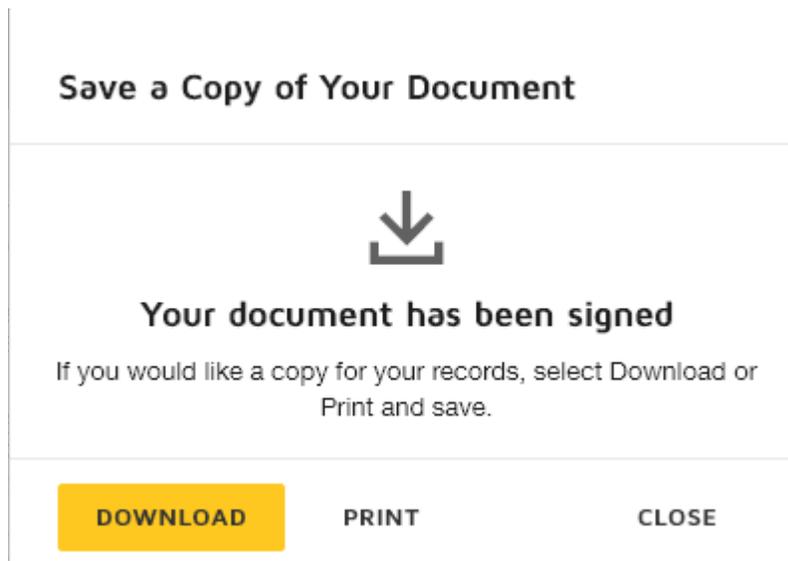
ADOPT AND SIGN CANCEL

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

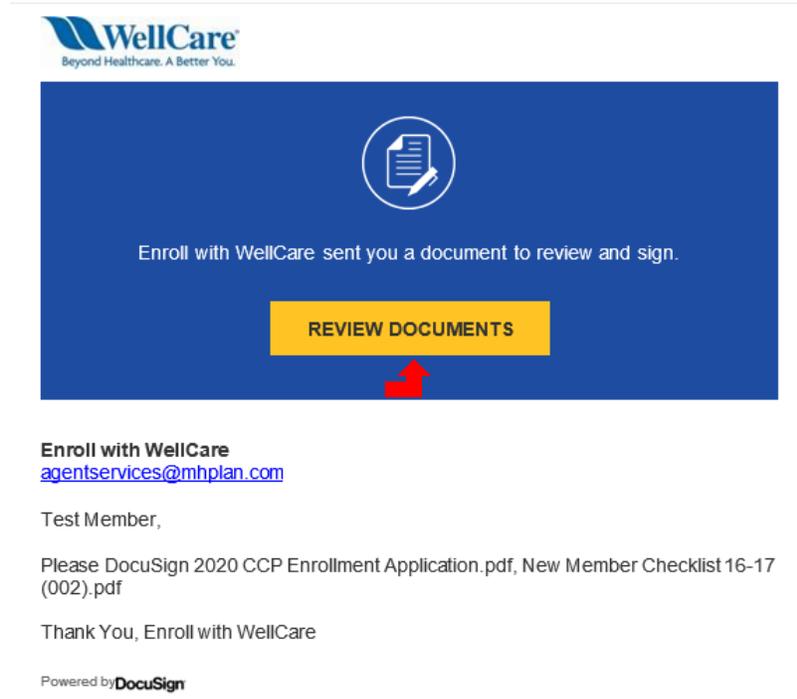


If you did not fill out all of the required fields you will not be able to send the application to the beneficiary. If you click finish and do not see the confirmation message, read the instructions at the top left of the screen for next steps.

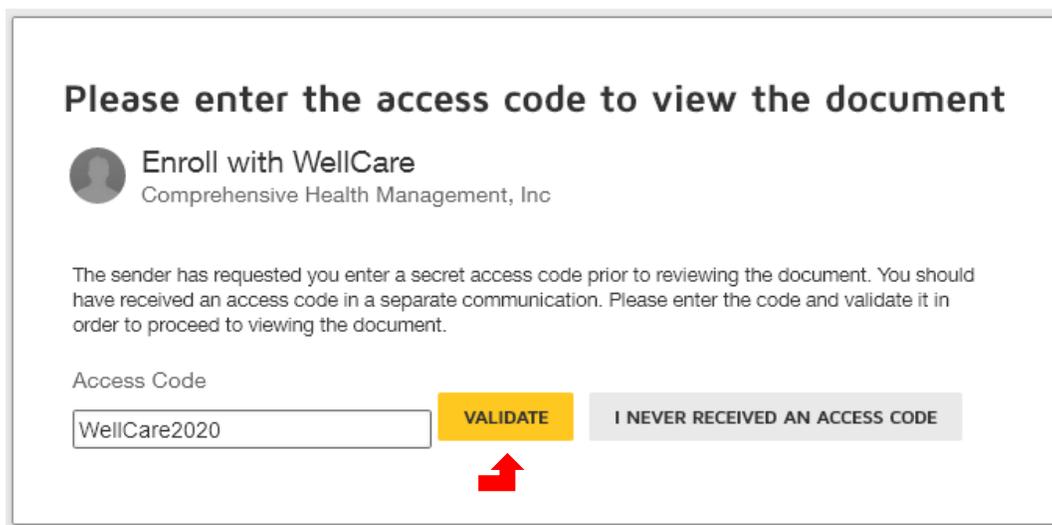
Once you click “finish” you should receive a pop up that confirms that your document has been signed. At this time you should download the application and save it securely. The beneficiary should receive an email shortly with a link for the application that you created.



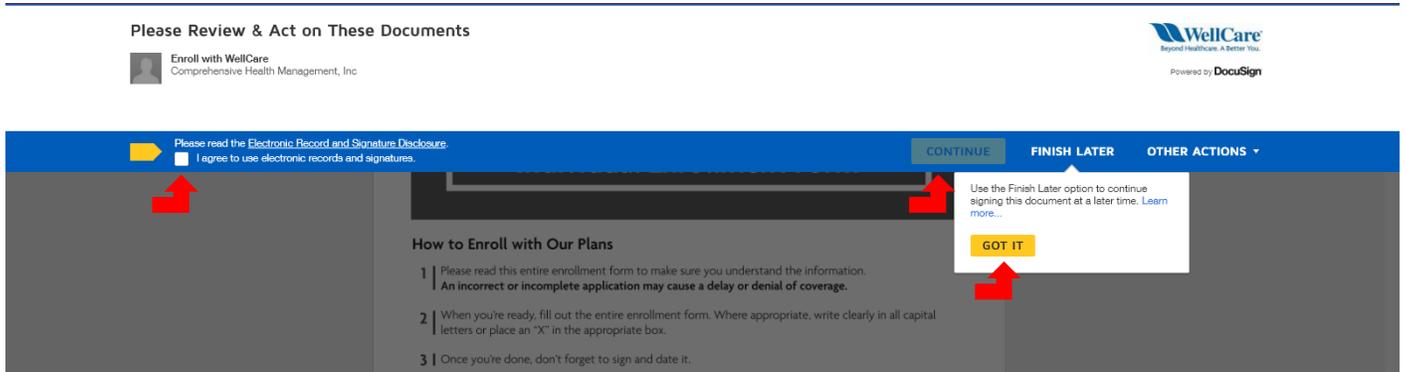
The beneficiary will receive an email with the following instructions and link. Instruct the member to click the yellow “review document” link within the email.



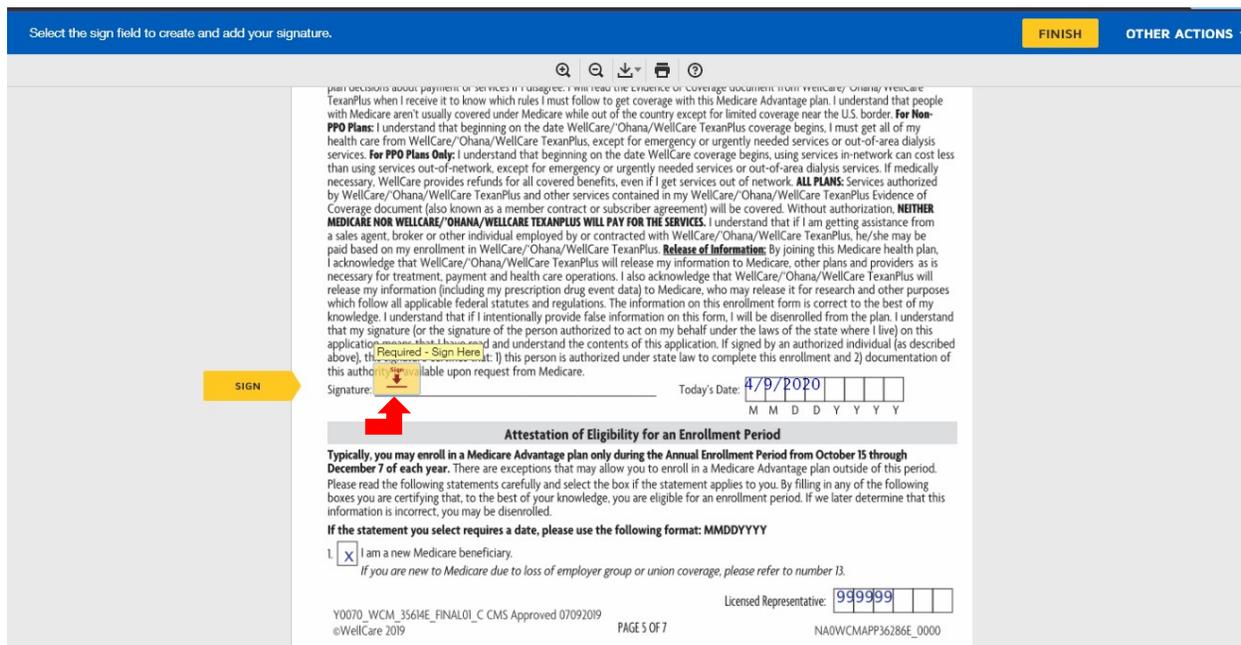
Next, they will need to enter in the access code “WellCare2020” to access the application. This step will ensure that their information is protected if the email that was entered is wrong or if their email has been compromised. They will not receive a secondary email with the password, you will need to give them the password over the phone. The password is case sensitive.



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.

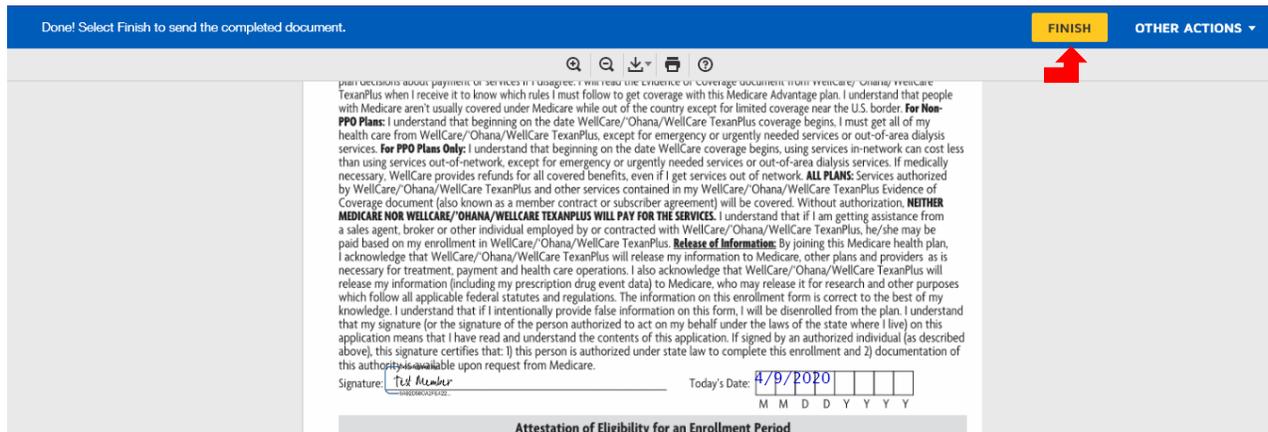


Next, they need to adopt a signature. They can either use a computer generated signature by selecting “select style” or use their finger or cursor to draw a signature by selecting “draw”. Once they are satisfied with their signature, click the yellow “adopt and sign” button.

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.”

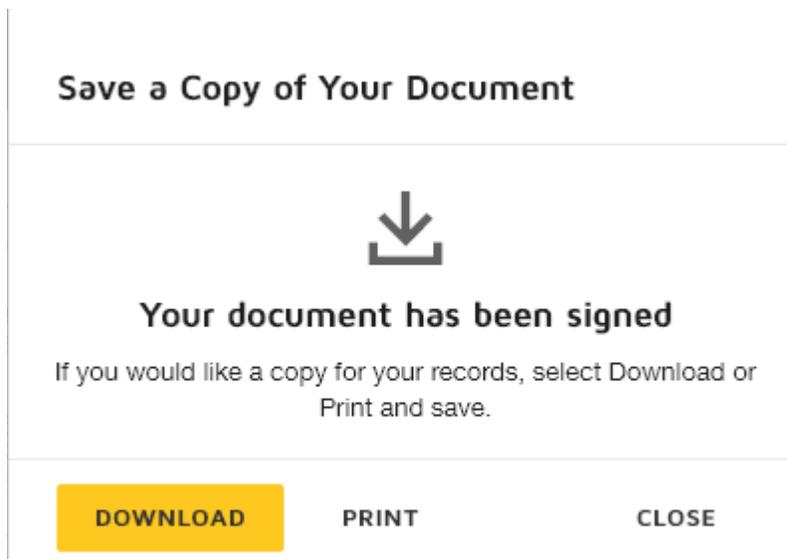
IMPORTANT: If you filled out the New Member Checklist you will need to instruct the member to scroll down so you can review the checklist with them. They will need click the yellow sign button on the checklist once complete.

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

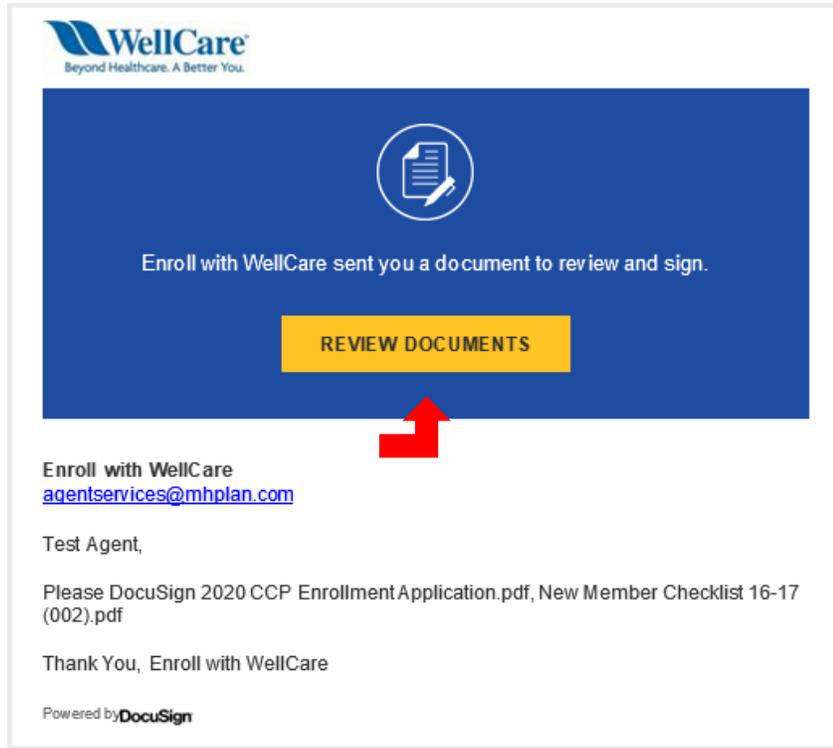


If the beneficiary did not sign the document they will not be able to submit the application. If they click finish and do not see the confirmation message, read the instructions at the top left of the screen for next steps.

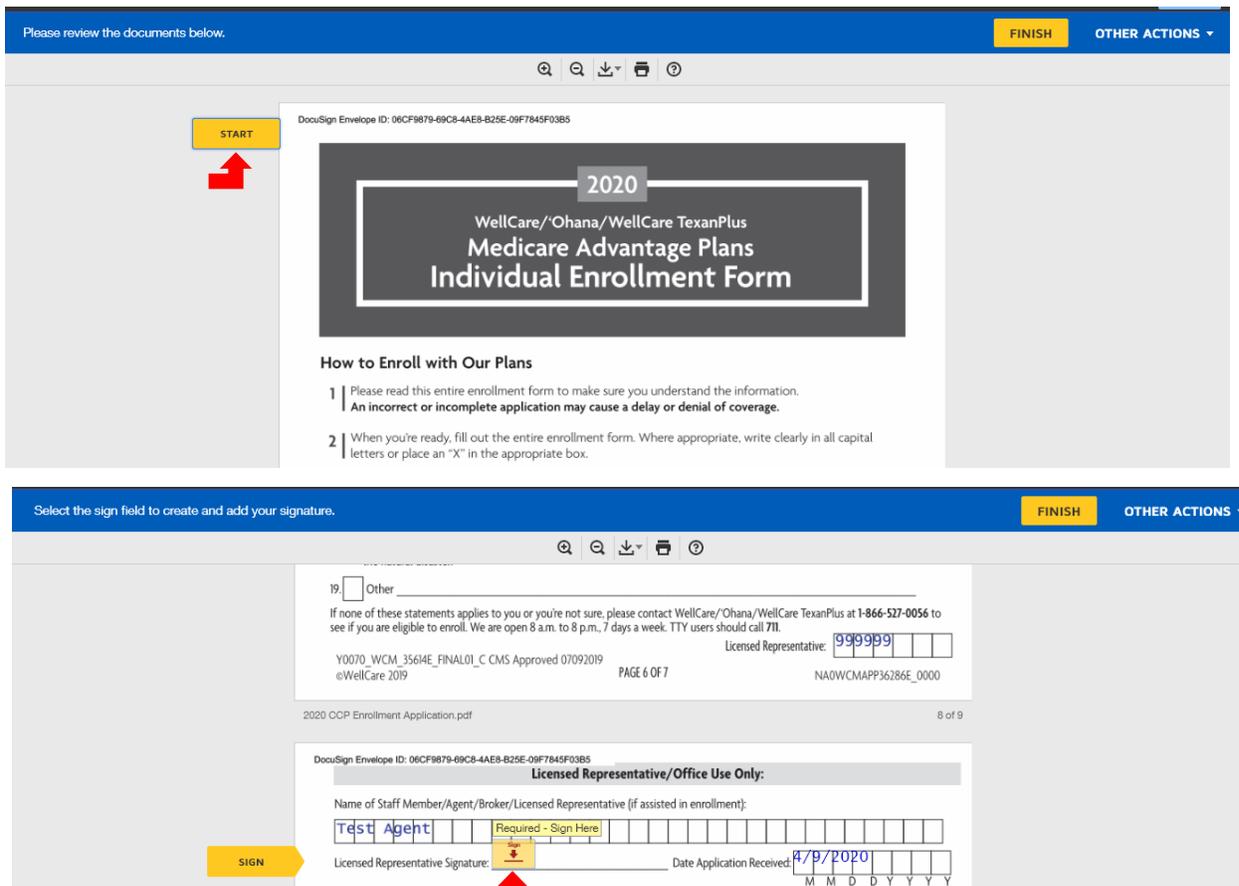
Once they click “finish” they should receive a pop up that confirms that the document has been signed. At this time they also have the opportunity to download the application.



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.



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

Done! Select Finish to send the completed document.

FINISH OTHER ACTIONS ▾

19. Other _____

If none of these statements applies to you or you're not sure, please contact WellCare/Ohana/WellCare TexanPlus 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.

Y0070_WCM_3564E_FINAL01_C_CMS Approved 07092019
eWellCare 2019

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Licensed Representative: 999999

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DocuSign Envelope ID: 06CF9879-69C8-4AEB-B25E-09F7845F03B5

Licensed Representative/Office Use Only:

Name of Staff Member/Agent/Broker/Licensed Representative (if assisted in enrollment):
Test Agent Required - Signature Applied

Licensed Representative Signature: *Test Agent* Date Application Received: 8/9/2020
M M D D Y Y Y Y

Licensed Representative Initials: TA Licensed Representative ID: 999999

Scope of Appointment Verification #: _____

Licensed Representative Phone #: 9999999999

Special Needs Plans Verification (if applicable): _____

Plan ID #: H 9999001 Effective Date of Coverage: 05012020
M M D D Y Y Y Y

ICEP/IEP AEP OEP SEP (type: FEMA) Not Eligible Cancel Application

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

Save a Copy of Your Document



Your document has been signed

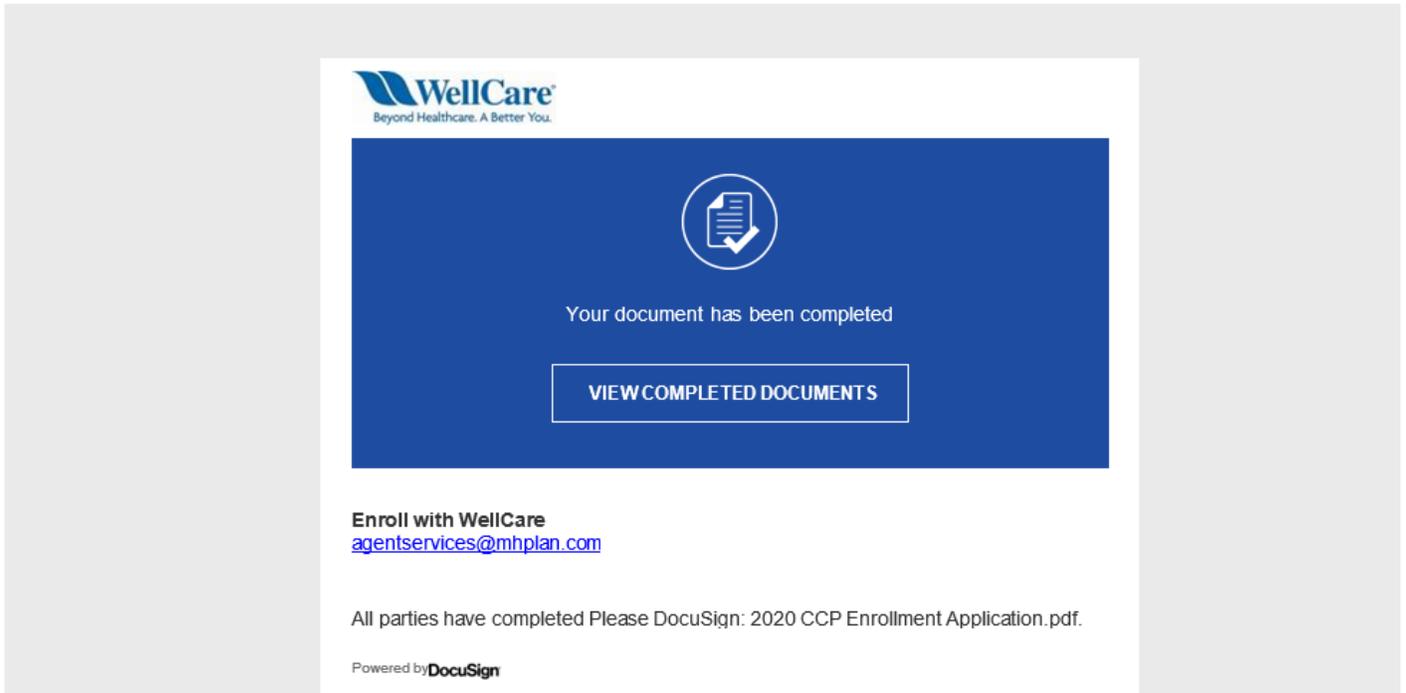
If you would like a copy for your records, select Download or Print and save.

DOWNLOAD **PRINT** **CLOSE**

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.

 2020 CCP Enrollment Application.pdf 794 KB	 New Member Checklist 16-17 (002).pdf 278 KB	 Summary.pdf 280 KB
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Enroll with WellCare
agentservices@mhplan.com

All parties have completed Please DocuSign: 2020 CCP Enrollment Application.pdf.

Powered by **DocuSign**

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.