

SOA DocuSign Job Aid

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

 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.

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.

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

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

GOT IT

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.

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.

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: 999999999
 Beneficiary Name: Test Agent Beneficiary Phone: 999999999
 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, 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協助服務。 請致電 1-877-374-4056 (TTY: 711) .

NEXT

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

DocuSigned by:

 8DF5CA07D1A4E0...

DS


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**

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 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: 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: 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) 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, maari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-374-4056 (TTY: 711).

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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 should download the SOA. The beneficiary should receive an email shortly with a link for the SOA that you created.

Save a Copy of Your Document

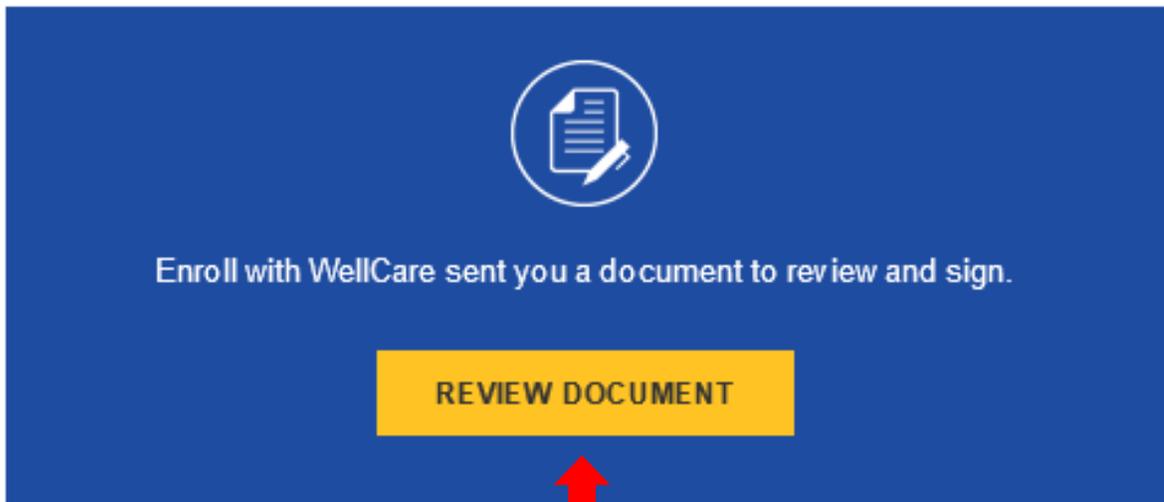


Your document has been signed

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

DOWNLOAD **PRINT** **CLOSE**

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
agentservices@mhplan.com

Test Member,

Please DocuSign 2020 Scope of Appointment Form.pdf

Thank You, Enroll with WellCare

Powered by **DocuSign**

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.

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

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

Powered by **DocuSign**

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

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

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

GOT IT

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.

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. FINISH OTHER ACTIONS ▾

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

START

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 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***

SELECT STYLE **DRAW**

PR Change Style

DocuSigned by:

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

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

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

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: 999999999

Beneficiary Name: Test Agent Beneficiary Phone: 999999999

Beneficiary Address: 123 Test Street

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

Agent's Signature: [Initials] WellCare Essential HMO

Plan(s) the Agent Represented During this Meeting: _____

Date Appointment Completed: 04012020 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:

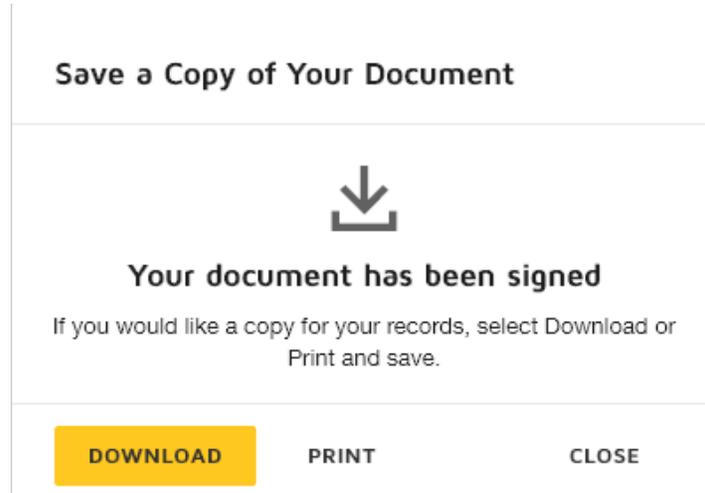
Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc. WellCare Health Plans, Inc. is an HMO, PPO, PDP, PFFS plan with a Medicare contract and is an approved Part D Sponsor. Our D-SHPs have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. 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, maari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-374-4056 (TTY: 711).

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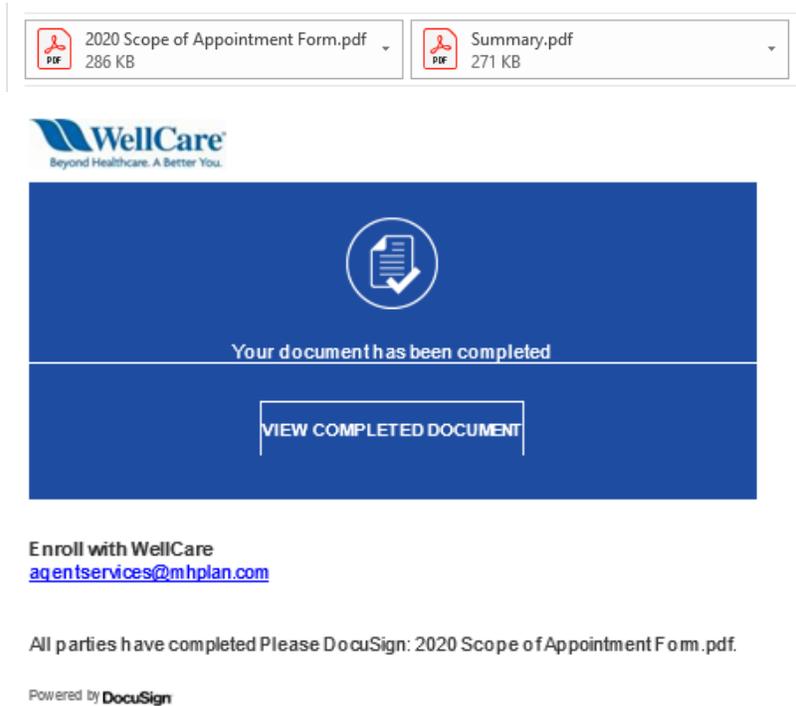
FINISH

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.



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.



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.