



## **Onboarding - Broker Guide**

Confidential and Proprietary Information

Last updated: Sept. 4, 2024, AJ

## Purpose of this Document

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

- Fully complete an invitation and fully certify to gain Centene Workbench portal access
- Understand the differences in broker Sub-Types

### Icon Use:



## **Table of Contents**

**Initiating a Producer Agreement** 

**Receiving Email Invitation and Logging into PingOne** 

#### **Completing Onboarding**

**Demographics Information** 

<u>Payment</u>

Direct and Downline Only Sub Type Payment Steps

Licensed Only Agent and Dual Assignment Sub Type Payment Steps

#### State Licenses

<u>Submit</u>

**Onboarding Completed** 

### Sub Type Definitions



Brokers who wish to contract direct to Wellcare can initiate their onboarding directly from the Wellcare website.

- 1. Navigate to <a href="https://www.wellcare.com/">https://www.wellcare.com/</a>
- 2. Scroll down to Become a Broker.
- 3. Select Broker Resources.



### 4. Select New Broker.

| Wello        | care Bi    | roker Re         | sour             | ce Center                  |
|--------------|------------|------------------|------------------|----------------------------|
| Why Wellcare | New Broker | Broker Resources | <u>Materials</u> | Application and Enrollment |

## 5. Select the link under Contract Today!

#### Contract Today!

Brokers interested in partnering with Wellcare can complete the contract here. Brokers interested in contracting with a hierarchy level broker or agency need to contact them directly for assistance with receiving an onboarding invitation.

**Note:** If you are wishing to be associated with an agency, you must contact that agency for onboarding.



6. Once you are ready to self-onboard as a Direct to Wellcare broker, you will need to have the following information ready to enter:

- NPN
- Email Address
- SSN

7. Select Submit.

|   | Welcome                                    |  |
|---|--|--|
| Complete the field  | ds below to request a Direct to W          | ellcare sales broker contracting invitation.         |
| Please note:  |  |  |
| <ul> <li>This sign-up form is<br/>hierarchy.</li> </ul>         | to contract as a Direct to Wellcare broker | only. You will not be part of an agency's downline   |
| To contract under a   | n agency, contact the agency so they can   | invite you to contract as a downline broker to them. |
| <ul> <li>You're required to e<br/>HIPAA regulations.</li> </ul> | nter your NPN, email address, and SSN. /   | All the data is securely encrypted and complies with |
| For assistance, plea  | ase contact Wellcare Broker Support at (8  | 66) 822-1339   |
|   | NPN  |  |
|   |  |  |
|   | Email                                      |  |
|   |  |  |
|   |  |  |
|   | SSN  |  |
|   |  |  |
|   |  |  |

If all information provided is valid, you will see a message confirming the onboarding invitation has been initiated.

Please locate the email within your inbox and follow the instructions to complete the onboarding process. If you are unable to locate the email, be sure to check your trash/spam folder for the invitation.



# Receiving Email Invitation and Logging into PingOne



## **Receiving Email Invitation and Logging into** PingOne Dear Broker,

An email invitation will be sent from 1 **centene@evolvenxt.com**, which also includes instructions for PingOne Single Sign-on set up.

You have been invited to onboard as a 1099 Broker with Wellcare.

To login and complete your contract you will need to create a PingOne Single Sign-On portal. Please access the URL below and utilize the following login credentials to complete your registration.

Username: [NPN]

Password []

Portal URL: https://desktop.pingone.com/cnc-workbench-brk



Once you have registered click on the Workbench icon to begin contracting.

Note: All mandatory fields must be completed prior to submission.

If you are unable to access the registration website or have any questions regarding the process, please contact your local Sales Leader or call Broker Services at 866-822-1339.

Thank you for your interest in WellCare!

Regards,

Sales Support

# Receiving Email Invitation and Logging into PingOne

- 2. Select the portal URL link in the email, which will redirect to Ping One Single Sign-On page.
- 3. Type your Username (this will be your National Provider Number (NPN)) and temporary password provided in the invite email.

| 4. | Select Sign On. |   |
|----|-----------------|---|
|    |                 | CENTENE<br>CenteneONE-Test  |
|    |                 | Username  |
|    |                 | Password 95   |
|    |                 | Forgot Password   |
|    |                 | If you need assistance, please contact the Agent<br>Support line at 866-822-1339. |
|    |                 |   |

 The following screen will populate. Enter the provided temporary password in the Current Password field and then update your password in the New Password and Verify Password fields (see below for password requirements).



# Receiving Email Invitation and Logging into PingOne

- 6. Select **Save** once new password is entered.
- 7. You will receive an authentication code by email after updating your password.
- 8. Enter the Authentication code and select Sign On.



9. The following screen will appear. You are now successfully registered to use PingOne.

**Note:** You can select **Get Started** for a quick tutorial on using PingOne or **Dismiss** to skip this step.

## Welcome To PingOne

We'll show you a few quick reference points to start using the tool. Once you have familiarized yourself with the dock you are good to go.



# Receiving Email Invitation and Logging into PingOne

10. In the main dashboard, select the **Centene Workbench** icon to get started.



# **Completing Onboarding**



# **Completing Onboarding**

Upon initial onboarding, you will see the pending onboarding case under My Certification Cases.

1. Select **Start** to enter the contract.



 To access the onboarding case, you will need to validate your Social Security Number (SSN)/Tax Identification Number (TIN) against the NPN provided in your initiation. The NPN will be prepopulated. Enter in your SSN/TIN and select Validate.

**Note:** After validating, you will view a dashboard with tabs to enter **Demographics**, **Payment**, **Marketing URL and State Licenses** information before selecting the **Submit** tab.

| Before You Begin   |            |                                   |  |  |  |  |  |
|--|------------|-----------------------------------|--|--|--|--|--|
| For the security and protection of the data that was pulled from the National Insurance Producer Registry (NIPR), we require that you enter your Social Security Number/EIN (Taxpayer ID) to validate that your are the entity listed below: |            |                                   |  |  |  |  |  |
| I  | NPN        |                                   |  |  |  |  |  |
|  | First Name |                                   |  |  |  |  |  |
|  | Last Name  |                                   |  |  |  |  |  |
|  | SSN        |                                   |  |  |  |  |  |
|  |            | Do not include hyphens nor spaces |  |  |  |  |  |
|  |            | VALIDATE                          |  |  |  |  |  |

# **Completing Onboarding: Demographics**

- 1. Select the **Demographics** tab under **My Certification Cases.**
- 2. Your demographics information will automatically load in from NIPR.
- 3. Ensure to add the following information in your Demographics:
  - Mobile Number: Required
  - Secondary Email: Optional
  - Shipping Address
    - Select Yes if Shipping Address is the same as Residence Address. It will then automatically populate based on Residence Address.
    - Select No if Shipping Address is different from Residence Address. You will be prompted to complete Shipping information.

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

| DEMOGRAPHICS                           |             |  |  |  |
|--|-------------|--|--|--|
| Fields marked with an asterisk (*) are | e required. |  |  |  |
| Personal Information                   |             |  |  |  |
| First Name*                            |             |  |  |  |
| Middle Initial                         |             |  |  |  |
| Last Name*                             |             |  |  |  |
| SSN*                                   |             |  |  |  |
| NPN*                                   |             |  |  |  |
| DOB*                                   |             |  |  |  |
| Mobile Phone*                          |             |  |  |  |
| Business Phone*                        |             |  |  |  |
| Marketing Phone                        |             |  |  |  |
| Email*                                 |             |  |  |  |
|  |             |  |  |  |

| DEMOGRAPHICS          |                 | PAYMENT | STATE LICENSES | SUBMIT |
|-----------------------|-----------------|---------|----------------|--------|
| Shipping Address In   | formation       |         |                |        |
| Shipping Address Same | as Residence? * | No      |                |        |
| Address 1*            |                 |         |                |        |
| Address 2             |                 |         |                |        |
| City*                 |                 |         |                |        |
| State*                |                 |         | •              |        |
| Zip Code *            |                 |         |                |        |
|                       |                 |         |                | <br>   |

# **Completing Onboarding: Demographics**

- 4. Once you have completed all demographic information, please review your **Upline** and **Sub Type** information. *Please review Sub Type Definitions slide for more information*.
- 5. When you have confirmed this information is correct, please check the box acknowledging you understand, and then select **Continue.**

| Upline Information   |  |   |
|--|--|---|
| LOB  | Medicare Advantage   |   |
| Sub Type   | Direct   |   |
| Sales Level  | 01 - Broker  |   |
| Next Upline  |  |   |
| You are onboardin<br>assigned to anoth<br>to join a hierarchy<br>invitation from you | g as a 1099, Direct to Wellcare. This means that you do not have an upline and you will re<br>er contracted entity and you will have to complete banking information for payment. After<br>and assign commissions to this entity. If this is not the model you wish to onboard as, plea<br>Ir preferred hierarchy or agency. | ceive your own commissions. Your commissions cannot be<br>you are Active:Certified, you will have the ability to request<br>se click the Abort option below and request a new |
|  | ABORT CASE   | CONTINUE  |

## Completing Onboarding: Payment Direct and Downline Only Sub Type Payment Steps

- 1. Select the **Payment** tab under **My Certification Cases.** 
  - Select **Yes** if you have a private company that you would like to assign as the Payee.
  - Select **No** if you do not wish to declare a private company to be the Payee.

| Certification Cases   |   |   |  |
|---|---|---|--|
| DEMOGRAPHICS  | PAYMENT   | STATE LICENSES  | SUBMIT   |
| Fields marked with an asterisk (*) are req  | uired.  |   |  |
| Payee   |   |   |  |
| You are eligible to declare a private company,<br>also means that the 1099 tax form issued to y<br>your declared company payee. If you chose to<br>will be in your name and SSN. You will be pro<br>Do you want to declare a private company to | that you legally represent or own, to be<br>ou will be in the name and Tax ID of this<br>not declare a company as your payee, th<br>mpted to sign a W9 form with your infor<br>be your payee? * | vour payee. This means that any money<br>company. If you chose to declare a paye<br>en you will be the payee on record. This<br>mation. | earned is paid to the Tax ID of this company. It<br>ee, you will be prompted to sign a W9 form for<br>s means that the 1099 tax form issued to you |
| Banking Information   |   |   |  |
| Payment Method  |   |   |  |
|   | ABORT CASE  | CONTINUE  |  |
|   |   |   |  |
|   |   |   |  |

## Completing Onboarding: Payment Direct and Downline Only Sub Type Payment Steps

## **Pay Entity Assignment**

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

| Do you want to declare a private company to be your payee? •   | Yes | W-9 Information     |  |
|--|-----|---------------------|--|
| As you declared "yes", you will need to provide additional information regarding your payee in the section below.<br>The information you enter below will be used to electronically generate a IRS W-9 Form. |     | Taxation Type *     |  |
| Business Entity Information  |     |                     | I declare that I am legally authorized to execute contracts and agreements on behalf |
| Taxpayer ID Number*  | -   |                     | of myself or the legal entity I represent. *   |
| Business Name DBA*   | -   | Banking Information |  |
| Business Address •   | -   |                     |  |
| Business City *  | _   |                     |  |
| Business State *   | -   | Payment Method      |  |
| Business Zip *   | -   |                     | ABORT CASE CONTINUE  |

## Completing Onboarding: Payment Direct and Downline Only Sub Type Payment Steps

### **No Pay Entity Assignment**

- If you selected No, provide the required payment information for yourself as well as a W9 in your name.
- Once all information is provided, select **Continue.**

| Do you want to declare a p | rivate company to be your payee? * | No       |
|----------------------------|------------------------------------|----------|
| Banking Information        |                                    |          |
| Payment Method             | ACH (Direct Deposit)               |          |
| Account Type *             |                                    |          |
| [?] Account Number: *      |                                    | o        |
| Verify Account Number *    |                                    | 0        |
| [?] Routing Number: *      |                                    |          |
| Financial Institution *    |                                    |          |
|                            | ABORT CASE                         | CONTINUE |

## Completing Onboarding: Payment

## Licensed Only Agent and Dual Assignment Sub Type Payment Steps

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



## Completing Onboarding: Marketing URL

• If you are using any websites to advertise and/or market Wellcare's business, you may enter up to 3 unique URLs in this section. If not, select **Continue** to skip this step.

| DE | EMOGRAPHICS |                                       | PAYMENT   | MARKETING  | URL  | STATE LICENSES | SUBMIT |  |
|----|-------------|---------------------------------------|---|--|--|----------------|--------|--|
|    |             | Marketing LIPI                        |   |  |  |                |        |  |
|    |             | Please enter any<br>If you do not use | marketing URLs advertising W<br>any websites to market Wellca | /ellcare's business in the section<br>are's business, then please skip a | below. You are allotted up to and continue to the next step. | 3 unique URLs. |        |  |
|    |             | 1.                                    |   |  |  |                |        |  |
|    |             | 2.<br>3.                              |   |  |  |                |        |  |
|    |             |                                       |   |  |  |                |        |  |
|    |             |                                       | _   | _  |  | -              |        |  |
|    |             |                                       | ABO   | RT CASE  | CONTINUE   |                |        |  |

## **Completing Onboarding: State Licenses**

### 1. Select the State Licenses tab under My Certification Cases.

- 2. Your Resident State License is automatically selected for you. You can also select all licenses that you wish to market and sell Wellcare products in.
- 3. Once license has been reviewed, select **Continue**.



## **Completing Onboarding: Submit**

 Prior to submitting this onboarding case, you will be able to review the Producer Agreement, corresponding Compensation Exhibits, and W9. 2. To submit your onboarding case, review and acknowledge the statements below. Use the open space to complete your signature, and then select **Submit.** 



# **Onboarding Completed**



## **Onboarding Completed**

Once you have successfully submitted your onboarding case, you will receive the following message regarding next steps. You will also be given the ability to save the signed W9, Producer Agreement and corresponding Compensation Exhibits. Copies will be saved within your Portal documents.

**Note:** Certification requirements must now be met to become Active: Certified and ready to sell. Select **Go to Training** to begin required certifications.



# Sub Type Definitions

- Downline Only: This means you have a 1099 upline and you will receive your own commissions. After you are Active: Certified, you will have the ability to change your commission assignment to your upline, request to join a new hierarchy or become Direct to Wellcare.
- Dual Assignment: This means that you have a 1099 upline and your commissions are also assigned to this entity. After you are Active: Certified, you will have the ability to request to join a new hierarchy, change your commission assignment to self or become Direct to Wellcare.
- Licensed Only Agent: This means that you have a 1099 upline and your commissions are also assigned to this entity. If you are released from this upline, the book of business will stay with the upline.
- **Direct:** This means you are Direct to Wellcare with no upline and will receive your own commissions. After you are Active: Certified, you will have the ability to make changes to your commission assignment and request to join a new hierarchy.