



### **Completing an Invitation for a Broker to Onboard**

Broker and Agency Guide

**Confidential and Proprietary Information** 

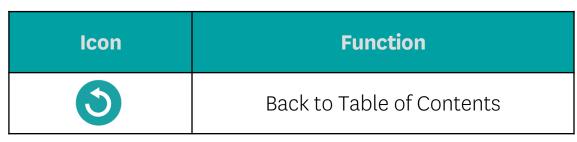
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## Purpose of this Document

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

• Fully complete an invitation and fully certify to get Centene Workbench portal access

#### Icon Use:



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#### **Onboarding Completed**

#### Agency Onboarding Additional Requirements



1. An email invitation will be sent from **<u>centene@evolvenxt.com</u>**, which also includes instructions for PingOne set up

Dear Broker,

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.

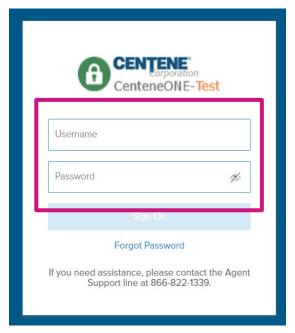
Thank you for your interest in WellCare!

Regards,

Sales Support



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



**Confidential and Proprietary Information** 

 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 (Please see below for password requirements)

| Change Password<br>Your password must be changed. F<br>a new one. | rd |                                    |
|---|----|------------------------------------|
| Current Password  | Þ  | Minimum Password Requirements:     |
| New Password  | Ŗ  | Differs from current password      |
| Verify New Password   | Þ  | No more than 2 repeated characters |
| Sure  |    | 5 unique characters                |
| If you need assistance, please cont<br>Support line at 866-822-1  |    | O 8 characters                     |
|   |    | O 1 special character              |
|   |    | 1 number                           |
|   |    | 1 UPPERCASE character              |
|   |    | 1 lowercase character              |

- 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

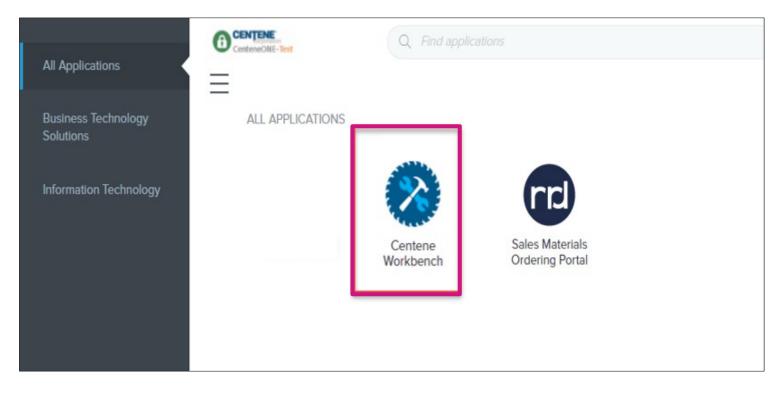
**Note:** You can select **Get Started** for a quick tutorial on using PingOne, or **Dismiss** to skip this step.

### 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.



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





## **Completing A Contract**



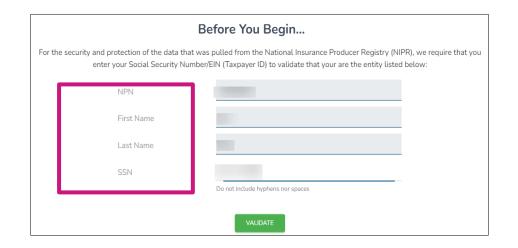
## Completing A Contract

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



 When beginning the contract, 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, and State Licenses** information before selecting the **Submit** tab.



## Completing A Contract: 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.

| ertification Cases                    |             |                | <b>.</b> |
|---------------------------------------|-------------|----------------|----------|
| DEMOGRAPHICS                          | PAYMENT     | STATE LICENSES | SUBMIT   |
| Fields marked with an asterisk (*) ar | e required. |                |          |
| Personal Information                  |             |                |          |
| First Name*                           |             |                |          |
| Middle Initial                        |             |                |          |
| Last Name*                            |             |                |          |
| SSN*                                  |             |                |          |
| NPN*                                  |             |                |          |
| DOB*                                  |             |                |          |
| Mobile Phone*                         |             |                |          |
| Business Phone*                       |             |                |          |
| Marketing Phone                       |             |                |          |
| Email*                                |             |                |          |
| Secondary Email                       |             |                |          |
| Job Title                             |             |                |          |

| DEMOGRAPHICS          |                 |    | STATE LICENSI | ES X |  |
|-----------------------|-----------------|----|---------------|------|--|
| Shipping Address In   | formation       |    |               |      |  |
| Shipping Address Same | as Residence? * | No |               |      |  |
| Address 1*            |                 |    |               |      |  |
| Address 2             |                 |    |               |      |  |
| City*                 |                 |    |               |      |  |
| State*                |                 |    | •             |      |  |
| Zip Code *            |                 |    |               |      |  |
| Broker Information    |                 |    |               |      |  |

## Completing A Contract: Demographics

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

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

### Completing A Contract: 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

| DEMOGRAPHICS                                  | PAYMENT   | STATE LICENSES  | SUBMIT                             |
|---|---|---|------------------------------------|
| Fields marked with an asterisk (*) are req    | juired.   |   |                                    |
| Payee   |   |   |                                    |
| also means that the 1099 tax form issued to y | rou will be in the name and Tax ID of t<br>not declare a company as your payee,<br>mpted to sign a W9 form with your in | e your payee. This means that any money earned is p<br>his company. If you chose to declare a payee, you wil<br>then you will be the payee on record. This means th<br>formation. | l be prompted to sign a W9 form fo |
| Banking Information                           |   |   |                                    |
| Payment Method                                |   |   |                                    |
|   | ABORT CASE  | CONTINUE  |                                    |

### Completing A Contract: 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 Taxpayer ID Number*  |     |                     | I declare that I am legally authorized to execute contracts and of myself or the legal entity I represent. * | agreements on behalf |
| Business Name DBA*   |     | Banking Information |  |                      |
| Business City *  |     | Payment Method      |  |                      |
| Business Zip *   |     |                     | ABORT CASE   | CONTINUE             |

### Completing A Contract: 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 r | private company to be your payee? * |   | No      |  |
|----------------------------|-------------------------------------|---|---------|--|
|                            |                                     |   |         |  |
| Banking Information        |                                     |   |         |  |
|                            |                                     |   |         |  |
| Payment Method             | ACH (Direct Deposit)                |   |         |  |
| Account Type *             |                                     |   |         |  |
| [?] Account Number: *      |                                     |   | 0       |  |
| Verify Account Number *    |                                     |   | 0       |  |
| [?] Routing Number: *      |                                     |   |         |  |
| Financial Institution *    |                                     |   |         |  |
|                            | ABORT CASE                          | C | DNTINUE |  |



# Completing A Contract: 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 the information collected in previous steps, no additional c<br>to proceed. | lata needs to collected here. P | lease click on "Continue" |
|  |                                 |                           |
|  |                                 |                           |
| ABORT CASE   | CONTINUE                        |                           |



## Completing A Contract: State Licenses

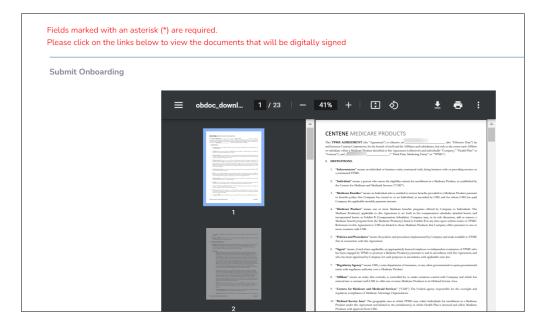
#### 1. Select the State Licenses tab under My Certification Cases

- 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**

| My Certification ( | Cases               |   |   | A 3                       |
|--------------------|---------------------|---|---|---------------------------|
| DEMOGRAPI          | на                  | PAYMENT   | STATE LICENSES  | SUBMIT                    |
|                    | License Information |   |   |                           |
|                    |                     | s. Please note, you will be able to update your e | Medicare Advantage and/or Prescription Drug plans. Pl<br>lections within your portal at any time. | ease elect licenses where |
|                    | 🖌 AR - Arkansas     |   | MS - Mississippi  |                           |
|                    | LA - Louisiana      |   | TX - Texas  |                           |
|                    |                     | ABORT CASE  | CONTINUE  |                           |

## Completing A Contract: Submit

- 1. Prior to submitting this onboarding case, you will be able to review the TPME document and your W9
- 2. You can save or print these documents at this time. The documents will also load into your broker profile within the portal



3. 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 W9 and TPME contract again.

Note: If you are onboarding as an agency, continue to the next section for additional requirements.

| ubmission Successful!  |  |  |  |  |  |
|--|--|--|--|--|--|
| hank you for submitting your contract.   |  |  |  |  |  |
| Below is a copy of your signed contract and W9. Please download and/or print a copy for your records. If you complete<br>ertification requirements, you will be able to view your contract in your portal as well. |  |  |  |  |  |
| Within the next 24 hours, you will receive a communication regarding the Centene Learning Center and instructions to complete certification requirements.  |  |  |  |  |  |
| Once all certification requirements are met, you will become Active:Certified and will be ready to sell.<br>Download Contract  |  |  |  |  |  |
| Download W-9   |  |  |  |  |  |
|  |  |  |  |  |  |
| Broker Name  |  |  |  |  |  |
| Email  |  |  |  |  |  |
| NPN  |  |  |  |  |  |

### **Agency Onboarding Additional Requirements**



## Agency Onboarding Additional Requirements

- 1. If you onboarded as an Agency, you will be asked to add a principal
- 2. Enter the NPN and select **Begin** 
  - If the broker you want to be added as your principal is already contracted, a pop-up window will appear with a Principal declaration
    - If all the information is correct, select **Send Request**
    - The requested principal will receive a notification to either **approve** or **deny** the request
  - If the Broker you want to be added as your principal is not contracted, A new pop-up window will appear to create Principal Onboarding Case
    - Select **Selling** or **Non-Selling** contract type
    - Enter the principal's email
    - Once all information is entered, select **Create Case**

|                            | our application.          |  |  |
|----------------------------|---------------------------|--|--|
| You can download a copy of | your electronically sig   | gned contract below.                   |  |
|                            |                           | DOWNLOAD CONT                          | RACT   |
| Before you go              |                           |  |  |
|                            | vise your agency will not | pe certified and will remain in a "Sus | ur system and they must be declared as the pe ded" status. Please enter your principal |
|                            |                           |  |  |



## Agency Onboarding Additional Requirements

- If the Broker you want to be added as your principal is not contracted, A new pop-up window will appear to create Principal Onboarding Case
  - Select **Selling** or **Non-Selling** contract type
  - Enter the principal's email
  - Once all information is entered, select **Create Case**

**Note:** For additional information on contracting and managing Principal Brokers please reference the **Centene Workbench: Managing Principal Brokers - Agency Guide.** 

| Create Principal On | boarding Case           |                 |
|---------------------|-------------------------|-----------------|
|                     | LoB *                   |                 |
|                     | MEDICARE ADVANTAGE - N  | - AM            |
|                     | Onboarding Type *       |                 |
|                     | FIELD BROKER            | *               |
| Г                   | Sub Type 🕒              |                 |
|                     | NOTHING SELECTED        | •               |
|                     | N Principal - Selling   |                 |
|                     | Principal - Non Selling |                 |
| L                   | Email *                 | Secondary Email |
|                     |                         |                 |
|                     | Immediate Upline *      |                 |
|                     |                         |                 |
|                     | CR                      | EATE CASE       |
|                     | <u> </u>                |                 |



## **Questions?**

