

2024 Wellcare ACT – Summary of Changes

The Wellcare logo consists of the word "wellcare" in a white, lowercase, sans-serif font, positioned inside a teal circle. A small "TM" trademark symbol is located at the bottom right of the circle.

2024 Wellcare ACT – Summary of Changes

Purpose:

This resource is to provide a high-level overview of content changes within the **2024 Wellcare ACT Journey to a Successful Season – Broker and Employee** and **Know Your Product** training modules. All changes are reflected in **teal** bold font.

2024 Wellcare ACT Journey to a Successful Season – Broker & Employee

How to be Successful Section

- **Sales Support Model – Online tab**
 - Centene Workbench is your self-service broker/agent portal. It is designed to support your sales efforts.
 - You can do things like:
 - Submit a support ticket
 - Locate various points of contact
 - View your book of business, commission statements, pending applications, and so much more...
 - The portal is available 24/7!
 - **For step-by-step instructions of all available portal features, select the following link and choose Broker Portal User Guide: <https://1b3050-423b.icpage.net/centene-workbench-video-resources>.**
- **Sales Support Model – Local tab**
 - Local support at the health plan level is available to help you be successful in your partnership with Wellcare. This includes developing marketing strategies, campaigns and sales materials, and so much more.
 - **For a list of the Wellcare Sales Leadership Contacts, select the following link and choose Sales Leader Contact Guide: <https://1b3050-423b.icpage.net/wellcare-broker-resources>.**

Marketing and Materials Section

- **Pre-Annual Enrollment Period Guidelines**
 - From October 1 to October 14, there are certain activities that are/are not permitted **for 2024 sales and enrollments**.

- Select the two buttons to reveal the permissible and non-permissible activities. You must review them both before continuing training.
- Oct. 1 to Oct. 14 Permissible Activities:
 - Use CMS-approved 2024 sales materials.
 - Host events/1:1 appointments and discuss 2024 plan benefits.
 - Leave a 2024 application and BRE with only your broker/agent information populated with the beneficiary.
 - Leave your business card with the address to your personalized URL (PURL), if applicable, with the beneficiary for completion on Oct. 15 or later.
- Oct. 1 to Oct. 14 Non-Permissible Activities:
 - Assist with completing a 2024 application.
 - Collect a completed 2024 application.
 - Advise the beneficiary to complete a 2024 application prior to Oct. 15.

Enrollment Processes Section

- **Scope of Appointment Guidance Updates**

- A Scope of Appointment must be obtained at least 48 hours prior to a scheduled personal marketing appointment or meeting, except in two situations:
 - 1. When a beneficiary requests an appointment within four days of the end of a valid election period (AEP, OEP, SEP, ICEP, IEP, etc.).
 - 2. When a beneficiary initiates an unscheduled in-person meeting **or** inbound call.
- Contacting a beneficiary at the individual's home without an appointment, even with a signed Scope of Appointment, is unsolicited door-to-door contact.
- **Select the 48-Hour Waiting Period button to view additional details related to this guidance.**

NOTE: The Scope of Appointment is valid for 12 months following the beneficiary's signature date.

48-Hour Waiting Period

The 48-hour waiting period is applicable, as seen below.

- **Applicable:**
 - **Scheduled sales events (formal presentations) when the appointment is initiated by the agent/broker**
 - **Scheduled outbound phone calls**
 - **Scheduled in person/virtual/telephonic meetings**
- **Not Applicable:**

- **Unscheduled in person meetings (walk-ins) initiated by the beneficiary (office, etc.), including walk-ups during informal events and scheduled 1:1 appointments, and walk-ups after a formal sales event**
- **All inbound phone calls**
- **Outbound phone calls that are unscheduled (leads provided by the Plan)**
- **Outbound phone calls that are unscheduled and initiated by the beneficiary (call backs for web forms, BRC, C2C, etc.)**
- **During the last four days of a valid election period for the beneficiary**
- **Member Premium Changes**
 - Member premium charges vary, and the amount to be paid by a member is based on the following factors:
 - Plan rates approved by CMS
 - Low-Income Subsidy (LIS), which is often referred to as Extra Help
 - **NOTE: LIS does not apply to Part C and LIS may not reduce Part D plan premiums.** For example, on the Wellcare Value Script plans, LIS does not affect the member's premium obligation. In other cases, the LIS only partially reduces the amount the member pays. Members, on occasion, may submit a complaint under an inaccurate assumption that LIS eliminates plan premiums.
 - Part D Late Enrollment Penalty (LEP)
 - An LEP is assessed by CMS when a member goes 63 days or more without creditable prescription drug coverage after they become Medicare eligible.
 - When applying for a plan, individuals are expected to attest to prior coverage.
 - The plan is expected to bill and collect the LEP amounts.
 - An LEP may be appealed within 90 days of enrollment.
 - LEPs apply only to MAPD and PDP plans.
 - Members eligible for LIS are not required to pay an LEP.
 - **The LEP is calculated based on the number of uncovered months and the CMS annual benchmark premium for Part D coverage.** For example, if a member had 36 uncovered months the LEP will be \$11.90 (36 x 1% x \$33.00).
 - SPAP premium benefit, which may reduce the premium and/or LEP amount owed by the member.
- **Conducting a Successful Appointment**
 - Follow basic guidelines to ensure a compliant and thorough sales appointment.
 - During an appointment, it is highly recommended that topics noted in **the Wellcare – Helpful Tips for Conducting a Successful Sales Appointment** document be used to ensure all applicable information is reviewed with the beneficiary.

- **Select the Resources button in the top-right corner of the screen and download the Wellcare Helpful Tips Appointment PDF.**
- **Provider Search**
 - **Prior to completing the enrollment form, always confirm the beneficiary’s primary care provider (PCP) and/or specialists.**
 - **PCPs and specialists may be looked up through the Ascend Provider Lookup tool or through the health plan website.**
 - **It is strongly recommended that you use the health plan’s provider search tool to verify preferred specialists, pharmacies, and other medical professionals.**
 - Ensure the correct provider network (based on the selected health plan) is viewed.
 - Plan enrollments that require a provider assignment (e.g., Health Maintenance Organization [HMO]) must include PCP information on the enrollment application. Provider information must match the information located within the health plan website’s provider search tool.
 - Select the Video Walk-Throughs button to go to the Broker Resources - Video Walk-Throughs page for details on how to use each health plan’s provider search tool.
Link: <https://1b3050-423b.icpage.net/wellcare-fap-formulary-video-walkthroughs>
- **Enrollment Application Reminders**
 - When completing an enrollment, be sure to use the correct enrollment application for the desired plan year. **For example: If, during the Annual Enrollment Period (AEP), the beneficiary has another valid period to enroll and wishes to enroll effective November 1 or December 1, 2023, use the 2023 enrollment form rather than the 2024 form.**
 - Enrollment applications must be received no later than the calendar day following receipt from the beneficiary.
 - Enrollment applications must be filled out correctly and completely. Write clearly in large print.
 - Ensure the beneficiary’s permanent residence is within the county where the plan is offered (no P.O. boxes allowed).
NOTE: For beneficiaries without a permanent address (e.g., unhoused), a P.O. box, address of a shelter or clinic, or the address where the beneficiary receives mail may be considered in place of a permanent residence.

Quality and Compliance

- **Health Risk Assessment - All Other Enrollments tab**
 - Enrollment applications are completed in another agency tool or via paper.
 - Broker/Agents can complete the HRA for designated plan enrollments in the external Ascend VBE tool as follows:
 - For 2023 effective enrollments, use this link: <https://wellcare.isf.io/2023/vbe/addmember>

- For 2024 effective enrollments, use this link: <https://wellcare.isf.io/2024/vbe/addmember>

- **Important things to know when completing a VBE:**

- VBEs may only be completed after an enrollment is completed.
- Review each HRA question and answer with the member.
- You must select **Submit** on the VBE page and receive a VBE confirmation number. If you do not reach the VBE confirmation number page, then your VBE was not submitted and the HRA will not be received by the health plan for eligible members.
- **When asked for an Enrollment ID using the external Ascend VBE tool, agent must input the confirmation ID or type in PAPER if submitted via paper.**

NOTE: Any changes to the process will be communicated via email.

- **Health Risk Assessment - Sunfire Enrollments tab**

- Enrollment can be completed through the Sunfire enrollment tool.
- Agents can complete HRAs following the submission of the enrollment or prior to the member's effective date in the agent portal.

- **Important things to know when completing a VBE:**

- VBEs may only be completed after an enrollment is completed.
- Review each HRA question and answer with the member.
- The HRA must be completed fully for the HRA to be complete.
- **When asked for an Enrollment ID using the external Ascend VBE tool, agent must input the confirmation ID or type in PAPER if submitted via paper.**

NOTE: Any changes to the process will be communicated via email.

- **Filing Grievances - Contact Info tab**

- **Ascension Complete was removed. Grievances should be filed through Wellcare By Allwell.**

- **Disciplinary Actions**

- Written Warning
- **Ascension Complete was removed from this statement:**
- Recommended when a broker/agent knowingly violates rules or regulations, engages in sales and marketing activities after being notified that their status has been suspended, or has repeatedly violated Medicare Advantage policies and procedures that apply to marketing and selling Wellcare plans.

- **Reporting a Concern - Reporting Contact Information tab**

- Wellcare
- Wellcare By 'Ohana
- Report Inappropriate Conduct within the Health Plan
- Phone: 866-364-1350

- Online: iCare Web Portal
- icare@wellcare.com
- **Ascension Complete was removed. Concerns should be reported through Wellcare By Allwell.**
- Wellcare By Allwell
- Wellcare By Health Net
- Wellcare By Trillium Advantage
- Report Inappropriate Conduct Within the Health Plan
- Phone: 800-345-1642
- Online: www.centene.ethicspoint.com

Course Review Section

• Marketing and Materials - Review question updated

- Multiple Choice: From Oct. 1 to Oct. 14, certain activities are Non-Permissible Activities. These include:
 - Assist with completing a 2024 application.
 - Collect a completed 2024 application.
 - Advise the beneficiary to complete a 2024 application prior to Oct. 15.
 - All of these.

Answer is all of these. From Oct. 1 to Oct. 14, the Non-Permissible Activities are: assist with completing a 2024 application, collect a completed 2024 application, and advise the beneficiary to complete a 2024 application prior to Oct. 15.

• Enrollment Processes - Review question answer updated

- True or False: When completing an enrollment, be sure to use the correct enrollment application for the desired plan year.

Answer is True. When completing an enrollment, be sure to use the correct enrollment application for the desired plan year. **For example, If, during the Annual Enrollment Period (AEP), the beneficiary has another valid period to enroll and wishes to enroll effective November 1 or December 1, 2023, use the 2023 enrollment form rather than the 2024 form.**

Resources Section

- [Medicare Health Plan Reference Guide](#)– document updated to 2024.
- [Ascend Application and Enrollment Resource](#) – document updated to 2024.

Know Your Product

• PDP Product Portfolio - Value Script

- Target population: non-dual-eligible chooser
- Copay highlight: \$0 Tier 1 copay at preferred cost-share pharmacies

- Premium: low
 - Deductible: Tiers 3-6 only, **\$400-\$545**
 - Formulary: 6 Tiers: Most adherence generics on Tier 1, 6th tier features drugs that treat common chronic conditions.
 - **Key Medicare Advantage (MA) Plan Design Highlights, (Continued)**
 - Expanded products include:
 - Many D-SNPs and select other plans offer Value-Based Insurance Design (VBID) with Part D cost-share reduction, **healthy foods**, utilities, rent assistance, and pay-at-the-pump gasoline.
 - New all-dual plans offered in select markets available for all approved Medicare Savings Program (MSP) levels (varies by state).
 - Wellcare Mutual of Omaha co-branded plans offered in 5 states.
- Always use the appropriate resources to verify current plan benefits.

State-Specific Section

- **Various content changes occurred in the following state-specific market sections.**
 - [2024 Wellcare ACT Know Your Product - Arkansas](#)
 - [2024 Wellcare ACT Know Your Product - California](#)
 - [2024 Wellcare ACT Know Your Product - Illinois](#)
 - [2024 Wellcare ACT Know Your Product - Indiana](#)
 - [2024 Wellcare ACT Know Your Product - Michigan](#)
 - [2024 Wellcare ACT Know Your Product - Mississippi](#)
 - [2024 Wellcare ACT Know Your Product - Missouri](#)
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