

Attention Valued Partner,

We believe great partnerships are built on a foundation of trust and confidence.

You can trust that we will protect your interests and not create barriers when offering Wellcare Medicare Advantage Plans (MAPD or MA) and Prescription Drug Plans (PDP). You can have confidence that when you speak, we listen. Our **Agent of Record Promise (AOR)** commitment recognizes that you work hard, deserve the commissions you earn, and we promise to protect your commissions for members you have enrolled.

Agent of Record Promise:

You can rest assured, when an existing client makes a plan change by calling Wellcare directly, **your AOR status will remain unchanged**. This means, you will remain the AOR and continue to receive renewal commissions on plan changes. This even applies to plan changes from PDP to MAPD, where applicable. The **Agent of Record Promise** benefits your book of business year-round.

The Agent of Record Promise Applies to:

- Active Certified, 1099 contracted agents at the time of the member's plan change.
- All current and future Wellcare MA, MAPD, or PDP members in your book of business.
- Plan changes facilitated through external, Wellcare appointed call center agent/agency.

Examples of the **AOR remaining the same** and renewal commissions will be paid for the new plan as long as the member remains active:

1. An existing member calls Wellcare directly and changes from a MAPD plan to a different MAPD plan
2. An existing member calls Wellcare directly and changes from a PDP plan to a different PDP plan
3. An existing member calls Wellcare directly and changes from a PDP plan to a MAPD plan
4. A Wellcare appointed call center calls a member to facilitate a plan change that benefits the member
5. A Wellcare appointed call center calls a member who is impacted by a service area or benefit reduction, and they select a new plan

The Agent of Record Promise does NOT Apply to:

- Another Active Certified, 1099 contracted agent facilitates a plan change.

Examples of the **AOR NOT remaining the same** and renewal commissions will be paid to the new AOR for the new plan as long as the member remains active:

1. An existing member changes from a MAPD plan to a different MAPD plan facilitated by another active certified 1099 contracted agent.
2. An existing member changes from a PDP plan to a different PDP plan facilitated by another active certified 1099 contracted agent.
3. An existing member changes from a PDP plan to a MAPD plan facilitated by another active certified 1099 contracted agent.

Resources:

- [AOR Promise FAQ](#)
- [Broker Commission Process & FAQ](#)

As always, we thank you for your continued partnership.



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Agent of Record Promise – Frequently Asked Questions (FAQ)

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

Q: When does the Agent of Record Promise take effect?

A: The Agent of Record Promise went into effect April 1, 2020, and is ongoing.

Q: Will my commissions change?

A: Since Wellcare plans are paid out at the CMS Maximum Fair Market Value for unlike MAPD commission with lifetime MAPD renewals, members who change from a PDP plan to a MAPD plan will cause an increase in your commissions. Members who make a plan change from a like to like plan will cause no change in commissions.

Q: Will payout dates be affected?

A: No. Renewals will still payout monthly, as scheduled.

Q: Will the way I get paid change?

A: No. The Agent of Record Promise will not cause any method of payment to change.

Q: Will the Member ID change?

A: Yes. When a member changes from a PDP plan to a MAPD plan, the member will receive a new sequence and subscriber ID. As a result, members will no longer be tracked under their previous PDP member ID. The member can be found by searching in Centene Workbench using their Medicare Beneficiary Identifier (MBI).

Q: Will I receive a New-to-Medicare Advantage payment?

A: No. When a member makes a plan change from a PDP plan to MAPD plan, the agent is eligible for the Earned-member renewal payment but not the New-to-Medicare (true-up) payment.

Broker Commissions Process and FAQ

Click on the appropriate link below to direct you to your question!

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Broker Commissions Process and FAQ

What are the requirements to receive any type of payment from Wellcare?

1. Broker must be Active/Certified during the time the application is written and paid. This includes but not limited to:
 - a. Completion of all required training modules
 - b. Completion of appropriate forms (Broker contract, etc.)
 - c. Active Resident License
2. Hierarchy (GA, SGA, MGA, FMO, and NMO) must also be Active/Certified at the time of payout in order to receive commission/overrides. (Hierarchy needs to be in good standing by the first of the month to be eligible for renewals.)
3. Broker must have a National Producer Number (NPN).
4. Broker must have a documented scope of appointment (SOA) via a compliant method.
5. Broker must submit applications within 24 hours of receiving enrollee's signature.
6. Enrollment must be CMS approved:
 - a. CMS will confirm beneficiary eligibility after enrollment application is submitted.
 - b. It is generally the responsibility of the organization/broker to determine whether the individual is eligible for a SEP. The exception to this determination requirement would be enrollment and disenrollment requests completed or approved by CMS staff.
 - c. Incomplete or inaccurate applications causing a Request for Information (RFI) from the beneficiary will be delayed in processing until the RFI is satisfied.
7. Broker must also maintain Active/Certified status to receive renewals. (Broker needs to be in good standing by the first of the month.)

What types of payments are being offered?

Wellcare provides five different commission payments:

- 1) Advanced commission payments- New/Initial Enrollment/Uplines/Overrides
- 2) New to Medicare Advantage payments (True-Up)
- 3) Earned member renewal payments
- 4) Captive Broker stipend and bonus
- 5) HRA/VBE payments

1. Advanced Commission Payments - New to Wellcare/Initial enrollments will be prorated for the first calendar year for brokers. The prorated payment is based on the number of months the member is expected to be on the plan from the effective date through the remainder of the calendar year. **Upline/Overrides** will not be prorated.



Broker Commissions Process and FAQ

- 2. **New to Medicare Advantage payment (true-up)** is payment that is based on the monthly CMS compensation report. If the member is determined to be within their initial year for Medicare Advantage, an additional true up payment will be made.
- 3. **Earned member renewal payments** are paid to brokers and hierarchies for continuing to service our members. This payment is for brokers and hierarchies who have retained membership from one calendar year to the next. Brokers and hierarchies must complete required annual training each year to be eligible for payment.
- 4. **Captive Broker Stipends/Bonuses** – Stipends are paid monthly. Bonuses are paid quarterly and must meet CAP level requirements.
- 5. **HRA/VBE payments** are made based on completion of the Health Risk Assessment immediately after completion of application but not before.

What is the frequency of these commission payments?

The table below outlines the payment cycle for each payment type:

Payment Type	Pay Cycle
Advanced Payment (Initial/ New to MA)	Weekly
New to Medicare Advantage Payments (True-up)	After CMS provides the Cycle Year
Member Termination Chargebacks	Chargebacks are processed after CMS confirmation of the term date
Renewals	Monthly*
Stipends For Captive Brokers	Monthly*
HRA/VBE	Weekly

* Refer to 2023 Commission Payment Schedule.

NOTE: Enrollments are paid in the effective year, i.e., January 1 effectives.

What is the payment schedule/timeline?

Assuming the Broker has met all requirements for payment, new enrollments are paid the next pay cycle immediately following approval by CMS.

Prorated amounts are based on the assumption the member will remain enrolled in their plan until the end of the plan year. Wellcare receives information from CMS for New to Medicare Advantage (MA) compensation/cycle year and will pay the true-up amount to fair market value.



Broker Commissions Process and FAQ

What are the 2023 Commission Rates?

Reference the 2023 commission rates for your state.

2023



Broker Commission Rates

MAPD States	New to MA (2X)	"Like" Enrollments and Renewals (Lifetime)
California, New Jersey	\$750	\$375
Connecticut, Pennsylvania District of Columbia	\$678	\$339
All Other States	\$601	\$301

PDP	New to MA (2X)	"Like" Enrollments and Renewals (Lifetime)
	\$92	\$46

*Puerto Rico and U.S. Virgin Islands not included in rate chart.

What is the process for new to Medicare Advantage payments?

At the time an application is received, Wellcare does not know the CMS classification of the potential enrollee.

Wellcare utilizes the monthly CMS compensation report to determine whether the enrollee is in the initial year or a renewal year.

Wellcare assumes the enrollment should receive annual renewal rate until New to Medicare Advantage is confirmed by CMS. These payments will be paid weekly and prorated based off the remaining active months.

If New to Medicare Advantage is confirmed by CMS, a true-up payment to the initial full amount will be paid.

Current Code of Federal Regulations (CFR): **Initial enrollment year compensation.** For each enrollment in an initial enrollment year, MA Organizations may pay compensation at or below FMV.





Broker Commissions Process and FAQ

MA organizations may pay either a full or pro-rated initial enrollment year compensation for:

- A beneficiary’s first year of enrollment in any plan; or
- A beneficiary’s moves from an employer group plan to a non-employer group plan (either within the same parent organization or between parent organizations).

MA organizations must pay pro-rated initial enrollment year compensation for:

- A beneficiary’s plan change(s) during their initial enrollment year.
- A beneficiary’s selection of an “unlike plan type” change. In that case, the new plan would only pay the months that the beneficiary is enrolled, and the previous plan would recoup the months that the beneficiary was not in the plan.”

NOTE: For details on commission rate calculations, please reference the commissions calculator located in your Broker Portal.

What is the process for earned member renewal payments?

Renewal payments will be paid on an as-earned monthly basis to the broker of record and hierarchy. Renewal payments will continue as long as the member remains active on the plan with no breaks in coverage, and the broker and hierarchy remain in Active/Certified status with Wellcare. (Broker needs to be in good standing by the first of the month.)

What is the \$0 non-commissionable plan?

CMS permits the filing of commission amounts in a range from \$0 to maximum fair market value. All Wellcare plans are currently paying maximum fair market value.

Who will receive hierarchy payments?

Hierarchies are earned at the GA, MGA, SGA, FMO, and NMO levels.

What is assigned commission?

Payment of earned commissions can be distributed to another entity. The broker can assign commissions in two ways:

1. Within the broker contract
2. Through the self-service Broker Portal

What happens if a broker assigns his/her payments?

After a broker assigns his/her commissions, all payments (future and historical business) will be paid to the broker’s commission assignment. This includes, but is not limited, to





Broker Commissions Process and FAQ

advanced commissions, new to Medicare Advantage, earned member renewals, VBE/HRA, and stipend payments.

NOTE: Legacy renewals would require a separate request for change of payee. Legacy is defined as a company who has merged with Wellcare:

- Allwell
- Easy Choice
- Fidelis
- Health Net/CNC
- Meridian
- UAM
- Windsor
- Aetna
- Etc.

NOTE: All assigned payees must be active/certified to receive payment.

What happens if a broker changes hierarchy?

Override commission is applied to the hierarchy at the time the application was written.

E.g., A broker changes his/her hierarchy on June 16th. All overrides for applications written on or before June 15th will be paid to the original hierarchy. All overrides for applications written June 16th and forward will be paid to the new hierarchy.

Probation Period: Hierarchy change requests will not be approved during the period October 1st through December 7th each year. Changes must be submitted through your Broker Portal.

How are chargebacks applied?

1. Member has dis-enrolled from plan within the same calendar year as the enrollment.
 - a. Chargebacks will be applied the month following the member’s disenrollment. For example, membership terms on June 30th, the chargeback will be applied within the July commission processes.
 - b. If the member dis-enrolls during the rapid disenrollment period (first 3 months), then all commissions associated with that membership will be charged back. OR if the enrollment has not been paid out, it is determined to be “non-payable.”
 - c. If the member dis-enrolls after the rapid disenrollment period but prior to the end of the calendar year, then a prorated chargeback will apply. CMS mandates that commission payments must correspond to the number of months the member is on a Wellcare plan.



Broker Commissions Process and FAQ

2. Payment correction. E.g., A broker submitted an application with the incorrect National Producer Number (NPN).
 - a. Once identified, chargebacks where amount and/or payee were found to be incorrect, or retroactive adjustment was requested, will be adjusted on the next available payment.
3. First Year Plan changes. When an existing client in their first year with Wellcare facilitates a plan change through another active broker:
 - a. The initial BOR will receive a prorated chargeback Payment correction.
 - b. New BOR will receive a prorated payment, then picks up renewals beginning in January.

What actions do I need to take to set up direct deposit?

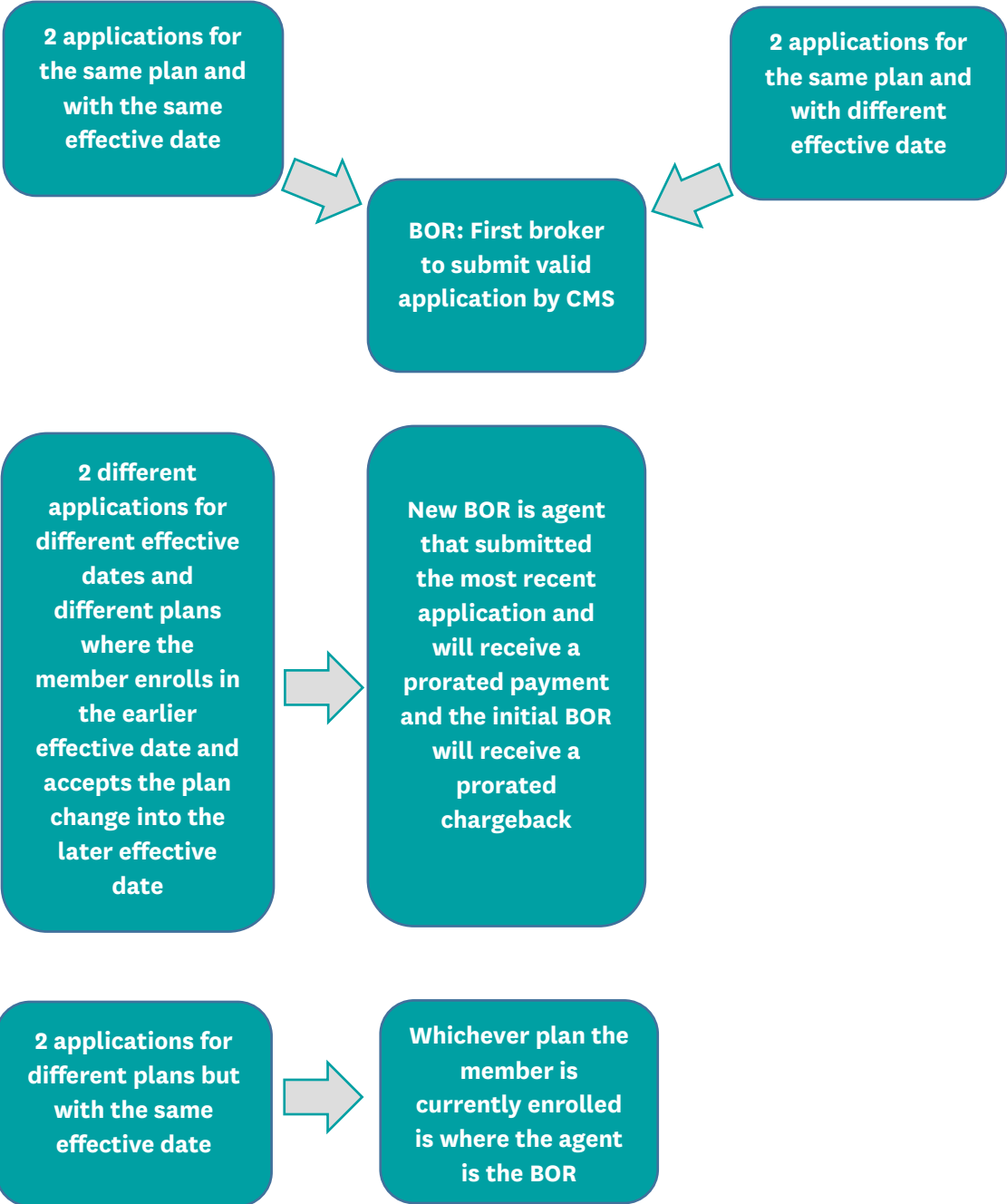
Wellcare collects ACH/EFT (Electronic Fund Transfer) information during your initial Onboarding/contracting steps. Depending on your assignment of commission selection, if you would like to update your ACH/EFT information you can log into Centene Workflow and complete all steps to make changes to your direct deposit set up.

NOTE: Brokers will be required to provide ACH/EFT banking information when contracting with Wellcare. The only reason a broker would receive a paper check is if the banking information provided was incorrect or direct deposit is not set up.

Broker Commissions Process and FAQ

What happens when two brokers submit an application for one beneficiary?

There are different outcomes that can occur when two brokers submit an application for the same beneficiary. See below each scenario that will determine the broker of record (BOR)





Broker Commissions Process and FAQ

When does the Broker of Record (BOR) change?

1. When the plan benefit package (Plan ID) changes when written by another broker.
2. A break in coverage will remove the BOR from the beneficiary.
3. When an AOR (Agent of Record) change has been requested from the Member.
4. When a BOB Transfer request has been received.

What are the guidelines on managing my Book of Business?

Brokers in Active/Certified status, and in good standing with Wellcare, receive lifetime renewal commissions for members in their Book of Business (BOB). In the event that a broker cannot service members in their BOB due to retirement or unexpected illness/death, the following may take place:

1. Submit request via Centene Workbench. Request must include:
 - a. Book of Business Transfer Form
 - b. Signed letter by both parties outlining details of transfer:
 - i. Include why they are selling
 - ii. Do they have legacy business (e.g., Allwell, Easy Choice, Fidelis, Health Net/CNC, Meridian, UAM, Aetna, Windsor, etc.)?