



Medicare Field Sales  
**2023 Annual Enrollment Period**  
Houston Roadshow



# Houston Team

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# Agenda

- Centene Overview and Medicare Advantage Portfolio Approach
- Supplemental Benefits
- 2023 Products
- Pharmacy
- Prescription Drug Plan
- Broker Experience Enhancements
- Marketing

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# Centene Overview and Medicare Advantage Portfolio Approach

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## WHO ARE WE?

# Centene Overview

### WHO WE ARE

Centene provides access to high-quality healthcare, innovative programs, and a wide range of health solutions that help families and individuals get well, stay well, and be well.

#### PURPOSE

Transforming the health of the community, one person at a time.

80,100

EMPLOYEES

#26

FORTUNE 500®  
(2021)

#57

FORTUNE GLOBAL 500®  
(2021)

#### BRAND PILLARS



Focus on the Individual



Whole Health



Active Local Involvement

Confidential and Proprietary Information

### WHAT WE DO



50 states

with government-sponsored healthcare programs

Centene successfully provides **high-quality, whole health solutions for our diverse membership** by recognizing the significance of the many different cultures our members represent and by forming partnerships in communities that bridge social, ethnic, and economic gaps.

26.2 million

Managed Care Members

~500

Product / Market Solutions

\$140.9B

2022 Projected Revenue\*

*\*Represents the midpoint of our 2022 total revenue guidance range.*

*\*As of March 31, 2022.*

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# Medicare Summary

**New in 2023!** For Wellcare plans – Members will enjoy access to **most in-network providers across 30 states**



**36**  
Markets

Adding **209**  
new counties across  
**17 markets** in 2023

Access to **51 million** beneficiaries, which accounts for **92% of the eligible beneficiaries** in our 36 markets (3% increase YOY)



**NEW** Broker Support Call Center Model for AEP 2023 including a blended W2 and vendor model

**Find a Provider Tool enhancements**



**Significant Investment in Customer Experience**



YOY to improve speed to answer, hold times and overall knowledge of products/benefits



**Launched NEW** Agent Management and Commissions System Centene Workbench on **April 5**

# Systems and Organizational Changes



Broker “Workbench” rolled out earlier this year

VP of Sales Operations hired in June of 2022

- Broker Support

The Ambetter Broker Services team which many consider to be “best-in-class” is now responsible for WellCare

- Separate teams created to support 1099’s, tele-digital and W2’s; Cross-training will be conducted to provide backup when demand is high
  - Agency and market specific roles have been created
  - All reps will be employees of Centene versus an external vendor
- Director of Process Improvement: Former leader of the WellCare Broker Support team
  - Director of Sales Compensation position created and moved to the Sales Organization
  - Director of Sales Administration position created to focus on contracting and regulations

Member Experience

- Chief Experience Officer position created and filled June 2022  
Former VP of Sales  
End-to-end member/broker experience
- Member Service  
Staffing model changes  
Tens of millions of dollars being invested

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# Supplemental Benefits

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## Flex Card

Our Flex Card is a pre-loaded debit card that a member can use for the purposes below. A member can also submit a claim to have the amount reimbursed for transactions at wellcare providers who do not accept VISA.

The member should never use this as a primary payment and should first use their allowed Dental, Vision, or Hearing benefit. This gives members greater “buying power” than using our Flex Card alone. **The Vision purse will be capped at \$250 and the rest of the allowance will be allocated to the Dental and Hearing benefit**

The vendor for the benefit is **WEX Health**  
**Phone number is 833-299-5093**

## Over the Counter OTC:

Member receives a fixed dollar amount each month or quarter to spend on eligible over-the-counter (OTC) medicines and products that are used for medical purposes.

CVS will offer a mail-order feature via phone or online as well as retail feature that allows members to purchase eligible items at participating CVS locations.

# Dental

- Dental vendors offering dental packages for 2023:
  - Envolve –1-855-586-1417**
  - [www.wellcare.com/FAP](http://www.wellcare.com/FAP)

# Routine Vision

National vendor offering vision services for 2023:

- **Envolve Vision 1-866-897-4785**
- For Envolve Vision Benefits providers may also be found at [www.wellcare.com/FAP](http://www.wellcare.com/FAP)
- \*Note: **The Vision purse will be capped at \$250** (Flex Card)

# Routine Hearing

Hearing exam/Hearing Aid vendors offering hearing services for 2023: Hearing Care Solutions (HCS)

In order for members to receive their full benefit, they must contact the vendor prior to scheduling an appointment.

- **1-866-344-7756**

# Part B Diabetic Testing Supplies Strategy

- In 2023, all MAPD plans will have the same Part B diabetic testing supply strategy
- Preferred manufacturers
- Traditional diabetic testing supplies: One Touch covered with quantity limit (1 meter per 365 days, 100 test strips per 25 days)
- Continuous blood glucose monitoring: Dexcom or Freestyle Libre with prior authorization
- Non-preferred manufacturers
  - Covered with approved prior authorization at the preferred manufacturer copay
- The vendor for the benefit is

**ONETOUCH**<sup>®</sup>



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# Value Based Insurance Design (VBID)

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# Benefit Innovations: D-SNP Plans

## Value-Based Insurance Design

Value Based Insurance Design (VBID) Model is an additional benefit that allows participating Medicare Advantage insurers to reduce cost sharing or provide additional supplemental benefits for targeted enrollees based on chronic condition or socioeconomic status.

For PY 2023, Centene will offer a VBID model comprised of three components, **targeting the low-income (LIS) population**. The model intends to address socioeconomic barriers to health and wellness on Dual Special Needs Plans (D-SNPs). The VBID model includes the following elements:

- **Part D Reduced Cost Sharing** – LIS members in all phases will receive Part D drugs at a \$0 copay and deductible.
- **Healthy Food Card** – LIS members will receive an allowance per month (either \$25 or \$50, varying by plan) to purchase healthy foods.
- **Wellness and Healthcare Planning (WHP)** – Strategy to reach all enrollees in all plans included in the model and providers; to provide education about WHP services, including Advance Care Planning.

**In 2023 all D-SNP plans, excluding NJ Liberty and Ascension Complete, will participate in the VBID model.**



# VBID Healthy Food Card Benefit FAQs

## What is the grocery card benefit?

The Healthy Food Program engages food-insecure members by encouraging healthy food purchases in-store and online.

## What vendors will administer the grocery card benefit?

Incomm

## How is benefit eligibility determined?

D-SNP plan members who are LIS eligible.

## Will the purse be combined between OTC and VBID? Why?

Incomm – No, Will leverage single card, multi-purse solution

## When will members receive the grocery cards?

Prior to 1/1/23

## What action should members take to receive the grocery cards?

**No action needs to be taken.** Grocery cards will be sent automatically upon determining eligibility.

## What is the allotted allowance?

Either \$25 or \$50, depending on the member's plan.

## How frequently is the allowance refreshed?

Monthly.

## Do unused dollars roll-over

No, they do not rollover. Dollars are use or lose on a monthly basis.

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# SSBCI

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# Special Supplemental Benefits for the Chronically Ill (SSBCI)

In order to qualify for SSBCI benefits, a member must: [Member can call Member Services – 866-687-8878](tel:866-687-8878)

- **Be identified as high risk for hospitalization**
- **Need intensive care management**
- **Have at least one of the qualifying chronic conditions**

Autoimmune disorders  
Cancer  
Cardiovascular disorders  
Chronic heart failure  
Dementia  
Diabetes  
End stage liver disease  
End stage renal disease  
Severe hematologic disorders  
HIV/AIDS  
Chronic lung disorders  
Chronic and disabling mental health conditions  
Neurologic disorders  
Stroke





**SSBCI Non-Medical Transportation:** wellcare offers an SSBCI that covers transportation to non-medical locations such as the grocery store, pharmacy, shopping center, etc. This benefit is designed to help members complete daily tasks that can help lead to a healthier lifestyle.

**Flex Card for utility expenses:** a preloaded debit card that can be utilized to pay for utilities. Utilities payment is a growing issue in the financially insecure population, forcing beneficiaries to choose how their money is allocated. This benefit would address possible issues of members forgoing their prescriptions or doctor visits in order to pay the utility bills. Providing a stipend for utilities allows for members to have one less bill to worry about and allow for an increased stability in healthcare.

- *Plans with multiple flex benefits will receive a single debit card with a separate allowance for each benefit.*

**Helper Bees Care Concierge:** The benefit consists of the member receiving an allowance of credits per month that may be used for any combination of services, as appropriate for member need identified by the member's interdisciplinary care team. The care team coordinates with Care Concierge, leveraging Health Align network. A member is given the option of selecting from a list of services including, but not limited to, in-home support services, home modifications, and pest control to cater to their individual needs.

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# 2023 Products

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Austin, Chambers, Fort Bend, Galveston, Guadalupe, Harris, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, Polk, San Jacinto, Walker, Waller, Wharton



**WellCare Network – NO REFERRALS REQUIRED**

Houston Market Provider Partnerships

1. Kelsey – Seybold Clinics
2. CenterWell Senior Primary Care
3. Dedicated Senior Medical Center
4. Oak Street Health
5. Cano Health
6. WellMed (Owned Clinics)
7. IORA Primary Care
8. UTMB Health
9. Memorial Hermann
10. Village Family Practice
11. Legacy Clinics

**15,000 Primary Care Physicians – 40,000 Specialists**

Plan Benefits	Wellcare Giveback (HMO) H0174019000	Wellcare No Premium (HMO) H0174010000
Counties	Austin, Chambers, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, Polk, San Jacinto, Walker, Waller, Wharton	Austin, Chambers, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, Polk, San Jacinto, Walker, Waller, Wharton
Premium Part B Giveback	\$95	\$0
Total Premium (Part C Part D)	\$0	\$0
In-Network Plan Deductible	No	\$0
Maximum Out of Pocket (MOOP)	\$7,550	\$3,300
Inpatient Hospital - Acute	\$370 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.	\$200 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$50	\$20
Over-the-Counter Items	\$60 Every Quarter	\$145 Every Quarter
Medically Necessary Transportation	N/A	48 one-way trips
Fitness Membership	Covered	Covered
Dental Benefits	Dental \$1000	Dental \$3000
Vision Benefits	Vision \$100	Vision \$200
Hearing Benefits	\$350 / per ear	Hearing \$750 per ear
Flex Card		\$500 for Dental, Vision, Hearing
Rx Deductible	\$350	\$0
Deductible Tiers	Tiers 3 to 5	N/A
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$5	\$0
Tier 3: Preferred Brand	\$20	\$20
Tier 6: Select Care Drugs	\$0	\$0
In-Home Support Services	N/A	24 hrs. per year - Chores and Personal Care Services
Laboratory and X-Ray Services	\$0	\$0
SSBCI Package	N/A	Utilities Flex Card - \$50/month

Plan Benefits	Wellcare Dual Access (HMO D-SNP) H0174004000 (OMB)	Wellcare Dual Liberty (HMO D-SNP) H0174006000 (MQMB/QMB+)
Counties	Austin, Bastrop, Bexar, Blanco, Burnet, Caldwell, Chambers, Comal, Dallas, Denton, El Paso, Fort Bend, Galveston, Guadalupe, Hardin, Harris, Hays, Jefferson, Johnson, Lee, Liberty, Matagorda, Milam, Montgomery, Newton, Orange, Polk, San Jacinto, Tarrant, Walker, Waller, Wharton	Austin, Bastrop, Bexar, Blanco, Burnet, Caldwell, Chambers, Comal, Cooke, Dallas, Denton, El Paso, Fort Bend, Galveston, Guadalupe, Hardin, Harris, Hays, Jefferson, Johnson, Lee, Liberty, Matagorda, Milam, Montgomery, Newton, Orange, Polk, San Jacinto, Tarrant, Walker, Waller, Wharton
Premium Part B Giveback	\$0	\$0
Total Premium (Part C/Part D)	\$0	\$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$8,300	\$8,300
Inpatient Hospital - Acute	\$0 co-pay up to 90 days per admission.	\$0 co-pay up to 90 days per admission.
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Over-the-Counter Items	\$325 Every quarter	\$425 Every quarter
Medically Necessary Transportation	Unlimited One-way trips Every Year	Unlimited One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	\$5,000 comprehensive services including dentures	No Max Allowance for comprehensive services including dentures and implants
Vision Benefits	Vision \$300	Vision \$400
Hearing Benefits	Hearing \$1000 per ear	Hearing \$3000 (2 Aids)
Flex Card	\$750 for Dental, Hearing and Vision	\$1000 for Dental, Hearing and vision
Rx Deductible	\$0	\$0
Deductible Tiers	Tiers 2 to 5	Tiers 2 to 5
Tier 1-6	All drugs \$0 copay	All drugs \$0 copay
Healthy Food Card	\$25	\$50
SSBCI Package	Helper Bee Care Concierge (100 monthly Credits) Utilities Flex (\$100/Month), Non Medical Transportation (unlimited)	Helper Bee Care Concierge (100 monthly Credits) Utilities Flex (\$125/Month), Non Medical Transportation (unlimited)

Houston: Harris, Montgomery, Ft. Bend, Galveston, Jefferson, Austin, Brazoria,  
Chambers, Hardin, Liberty, Orange, Waller



## WellCare/TexanPlus Network

**LPO** – Local Provider Organization

**PODS** – PCP and Specialist must be in the same LPO – Referrals are Required

Bayshore Family Practice LPO

Beeler-Manske LPO

Brazoria County LPO

CIPA LPO

CY Fair LPO

Gulf Coast LPO

Houston Regional LPO

Katy Area Health Physicians Network

Kelsey-Seybold LPO

Memorial Clinical Associates

Millennium IPA LPO

North Central LPO

North Houston Medical Group LPO

Northwest Diagnostic Clinic LPO

SE Regional LPO

Southwest LPO

Pasadena/Bay Area LPO

Physicians At Sugar Creek

St. Joseph LPO

The Methodist LPO

Tomball LPO

Town and Country LPO

UTMB LPO

Village Family Practice LPO

West Houston Family Practice LPO

Dedicated Senior Medical Clinic

Oak Street Medical Clinic

IORA Primary Care

CenterWell Senior

Teaco LPO

WellMed (owned clinics)

Cano Health

Plan Benefits	Wellcare TexanPlus Classic No Premium (HMO) H4506003000	
Counties	Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Waller	
Premium Part B Giveback	\$0	
Total Premium (Part C Part D)	\$0	
In-Network Plan Deductible	No	
Maximum Out of Pocket (MOOP)	\$3,400	
Inpatient Hospital - Acute	\$325 co-pay per stay	
PCP Office Visits	\$0	
Specialist Office Visits	\$25	
Over-the-Counter Items	\$67 every quarter	
Medically Necessary Transportation	48 One-way trips Every Year	
Fitness Membership	Covered	
Dental Benefits	Dental \$1500 to include Dentures	
Vision Benefits	Vision \$100	
Hearing Benefits	Hearing \$750 per ear	
Rx Deductible	\$0	
Deductible Tiers	N/A	
Tier 1: Preferred Generic *Preferred Pharmacy	\$0	
Tier 2: Generic	\$0	
Tier 3: Preferred Brand *Senior Savings Model	\$25	
Tier 4: Non-Preferred Drug	\$70	23
Tier 6: Select Care Drugs	\$0	

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# Pharmacy

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# Pharmacy Benefit Highlights – MAPD

For 2023, Wellcare’s already highly competitive pharmacy benefits have been further improved, maintained, or optimized with a focus on affordability, quality, pharmacy access, and supplemental benefits.

IMPROVED	MAINTAINED	OPTIMIZED
D-SNP plans participating in LIS-VBID <sup>†</sup> Model with <b>no deductible and \$0 copays through all benefit stages</b>	<b>90-day Preferred Mail Order</b> benefit through CVS Caremark <sup>®</sup> for nearly all plans <sup>‡</sup> <ul style="list-style-type: none"> <li>• <b>\$0 copay – tier 1, 2, &amp; 6<sup>‡</sup></b></li> <li>• 2x preferred retail copay – tier 3 &amp; 4</li> </ul>	ALL plans <b>STARs adherence generics*</b> on tier 1 or tier 6 with <b>\$0 deductible and \$0 copay</b> <ul style="list-style-type: none"> <li>• Gap coverage on 46% of non-D-SNP and C-SNP plans</li> </ul>
Preferred retail pharmacy network continues to include CVS, Walgreens, most large grocers, <b>plus Amazon Pharmacy in 2023!</b>	Part D <b>preventive vaccine</b> benefit - <b>\$0 copay</b> options for ALL plans	15 plans continue to offer member savings on covered insulins <sup>§</sup> through the Senior Savings Model, now with Lantus & Toujeo!
Expanded coverage of long-acting insulins, <b>Lantus &amp; Toujeo</b>	<b>OneTouch<sup>®</sup></b> continues as <b>sole preferred brand</b> of Part B diabetic testing supplies for ALL plans	\$0 or tier-specific deductible <sup>¥</sup> for ALL plans and no tier 1 deductible for any plans

<sup>†</sup> Low Income Subsidy-Value Based Insurance Design, LIS eligibility m benefit on all plans except 4 C-SNP plans in AZ, FL, TX; \* Includes spe blood pressure, and high cholesterol; § Non-specialty tier insulin produ 2-5, 3-5, or 4-5

ay apply; <sup>‡</sup> Tier 6 \$0 copay for 90-day Preferred Mail Order cific classes of covered generic drugs used to treat diabetes, high cts; <sup>¥</sup> Tier-specific deductible means a deductible on only tiers

Variety of rich formulary options, further aligned to competition to support growth and improved quality measures



# Preferred Pharmacy Network

## Preferred Pharmacy Network

- Our preferred pharmacy network includes pharmacies that offer standard cost sharing, pharmacies that offer preferred cost sharing, and a mail order pharmacy that offers preferred cost sharing.
- Member cost sharing may be less at a preferred cost sharing pharmacy or mail order pharmacy.
- Our robust preferred retail network will continue to include **CVS, Walgreens, Costco, Sam's Club, HEB, Kroger, Walmart, Randalls**
  - **New in 2023, Amazon Pharmacy** will be added as a preferred retail pharmacy. Amazon will offer members:
    - Home Delivery
    - Compliance Packaging – PillPack multi-pack dispenser option sorts medicine into convenient, time-of-day packets
    - Day Supply Fulfillment – 30-60-90 day supply fill options

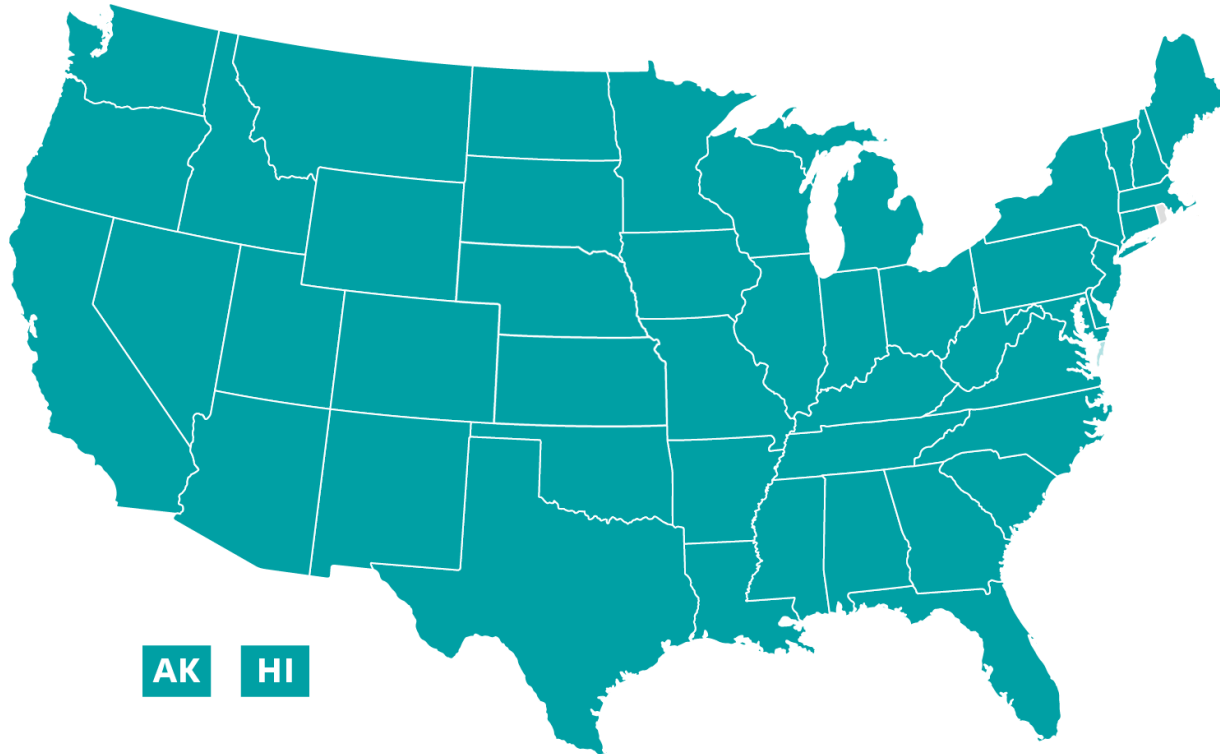
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# Prescription Drug Plan

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# PDP Overview



**4.1M** members



**#2** standalone individual PDP



**3.5** STAR quality rating



**60K+** pharmacies in network



**3** unique plans per region



# 2023 Product Offerings

	Duals		Low Premium		High Premium	
<b>Plan Name</b>	Classic		Value Script		Rx Value Plus	
<b>Premium</b>	\$24.30-\$37.60		\$3.50-\$11.20		\$65.00-\$71.40	
<b>Deductible</b>	\$505 (applies to all tiers)		\$505 (applies to tiers 3,4,5,6)		\$0	
<b>Retail Type</b>	Pref Retail	Std Retail	Pref Retail	Std Retail	Pref Retail	Std Retail
<b>Initial Coverage Stage</b>	T1: \$0 T2: \$3-\$9 T3: \$30-\$42 T4: 33%-44% T5: 25%	T1: \$2-\$7 T2: \$7-\$18 T3: \$37-\$47 T4: 34%-46% T5: 25%	T1: \$0 T2: \$5 T3: \$44 T4: 47% T5: 25% T6: \$11	T1: \$8 T2: \$15 T3: \$47 T4: 50% T5: 25% T6: \$11	T1: \$0 T2: \$4 T3: \$47 T4: 50% T5: 33% T6: \$11	T1: \$10 T2: \$20 T3: \$47 T4: 50% T5: 33% T6: \$11
<b>Initial Coverage Limit</b>	Up to \$4,660 in Rx costs		Up to \$4,660 in Rx costs		Up to \$4,660 in Rx costs	
<b>Senior Savings Model (Insulin Savings)</b>			\$35 insulins+		\$35 insulins+	
<b>Network (Preferred Retail Pharmacies)</b>	Walgreens, CVS, Amazon, & most grocers		Walgreens, CVS, Amazon, & most grocers		Walgreens, CVS, Amazon, & most grocers	

+Non-specialty tier insulins in the deductible, initial coverage, and coverage gap stages.

Agent use only. Confidential and proprietary. Not to be distributed or shared with Medicare beneficiaries. Distribution to any person or company is prohibited and may be grounds for contract termination. Plan and benefit information contained in this document is pending government approval and subject to change. Final 2023 plan and benefit information may be discussed with beneficiaries on or after October 1.

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# Broker Experience Enhancements

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# 2023 Annual Certification Training (ACT)

Completing Wellcare ACT comes with many benefits:

- AHIP integration when accessed through the Centene Learning Center:
  1. Discounted AHIP pricing (\$125 vs \$175)
  2. Real-time AHIP to ACT training availability
  3. Hierarchical training path (ensures all training requirements met): 2023 AHIP → 2023 ACT Journey → 2023 ACT Product → 2023 ACT Exam
- Certifies you to market / sell all 2022 and 2023\* Wellcare Medicare MAPD and PDP product offerings. (This includes brands Allwell, Ascension Complete, Fidelis Care, Health Net, 'Ohana Health, Trillium Advantage)
- Access to Custom Point (sales material ordering)

**\*Reminder:** Complete Wellcare ACT by 9/30 to ensure you are ready to sell 2023 by 10/1.



**NOTE – Must complete 2023 Attestation Form in Centene Workbench to be ready to sell**



# Broker Portal: Centene Workbench

The **Centene Workbench** broker portal is a best-in-class tool to help our partners succeed.

Key features include, but are not limited to:

- Support ticket improvement, tracking and monitoring, email alerts, etc.
- Dashboard reporting including sales, credentials, commissions, and book-of-business
- Self-service functionality for demographic, licensing, and business structure maintenance


The screenshot displays the Centene Workbench dashboard for user DENNY TRONCOSO. The dashboard includes several key sections:

- My Credentials:** Shows Broker Status as 'Active/Certified' and State Licenses as '1 Active'. A 'View Details' link is provided.
- Commission Statement History:** A table with columns for Statement Date, Statement Description, and Total Commission. A 'View Details' link is present.
- Quick Links:** A table listing links such as 'Ascend Enrollment Platform', 'Provider Lookup', and 'Centene Learning Center' with their respective descriptions.
- New Application Status:** A table with columns for Application ID, MBI, Application Date, First Name, Last Name, Status, Reason, and NPN. One application is listed with ID 2700755, MBI 001540155A, and status 'Plan-Change'.
- Medicare Book of Business:** A bar chart titled 'Total Book of Business over time within the past 12 months'.
- New Enrollments:** A bar chart titled 'Newly enrolled members within the past 12 months'.





# Ascend

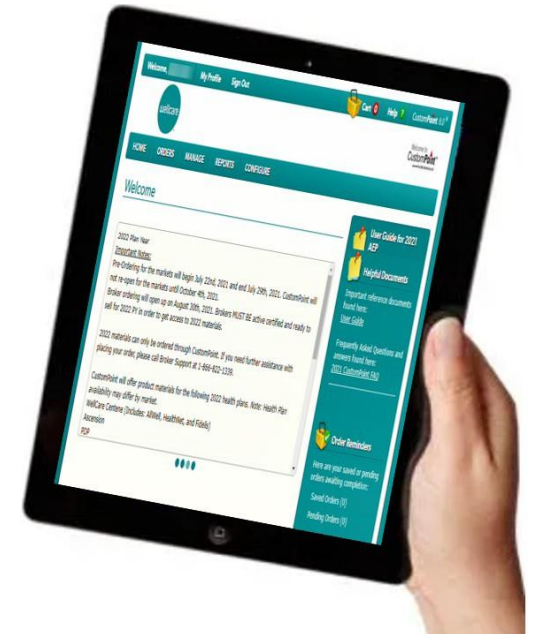
 Ascend is the preferred quote and enrollment platform for all Wellcare plans including legacy Allwell, Health Net, Superior, and Fidelis plans. Ascend allows for side-by-side comparisons of Key features and includes the following functionality:

- Quick Quote feature allows for quotes and PURLs to be emailed to beneficiaries for agent credited applications
- Agent Portal available for tracking enrollment, quote, send for signature, and VBE submissions within Ascend
- Provider and Pharmacy network compare feature across all brands with accepted plans
- Text, email and face-to-face SOA options
- Integrated Medicaid/LIS check in select states
- Telephonic and Zoom enrollment options for field agents (RATE)
- PCP indicators and reminders if a PCP is not selected in the application
- Send for Signature feature allows for beneficiary signature via email. Send for Signature indicator is also now available in the Ascend agent portal
- **Value Based Enrollments – up to \$125 for each completed HRA for D-SNP and C-SNP plans**

# 2023 Sales Materials

- Brokers have the ability to order sales materials via the CustomPoint materials portal. This includes all required materials for a compliant sales appointment.
- CustomPoint can be accessed via the broker single sign-on portal and offers the capability to elect state and product specific materials, specify shipping addresses for each submitted order, and real-time shipment tracking information and order status.
- 2023 Materials will available as downloadable PDF files on October 1.

**Note:** This year we will be proactively mailing materials to selected brokers, please keep an eye out for an email confirmation from CustomPoint. The anticipated in hand date for proactive shipping is September 27.





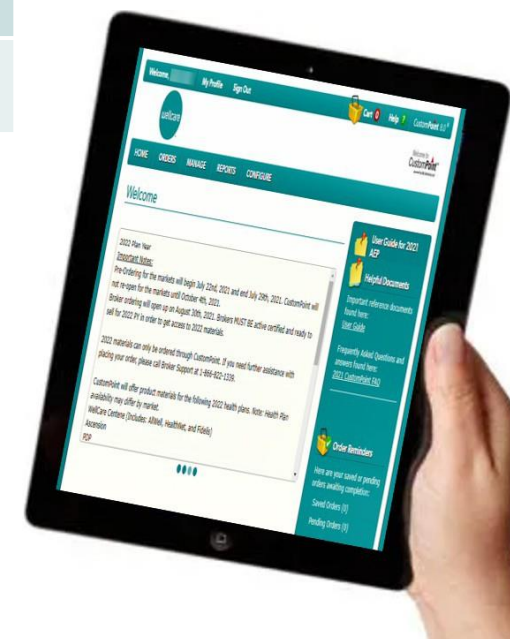
# Sales Material Ordering & Distribution

2023 sales materials will be available for order beginning September 27 and available as downloadable PDF files on October 1.

Please note order/delivery timelines:

Shipping Event	Ordering Begins	Ordering Ends	Estimated In-Hand Date
Wave 1	Pre-orders for select brokers in July	July 24 EOD	September 27
Ongoing	September 27	N/A	5-7 Business Days

**Reminder:** *You must be certified to sell 2023 Wellcare products to order.*





# Broker Support Resources

Support	Purpose	Contact Information
<b>Broker Support</b>	Assistance with contracting, certification, commissions, onboarding, etc.	866-822-1339 Mon – Fri: 8AM – 8PM EST
<b>Request for Information (RFI) - Wellcare</b>	Assistance with resolving applications in Pending status	866-822-1339 Mon – Fri: 8AM – 8PM EST
<b>Special Populations (SPOP) Medicaid Eligibility</b>	Eligibility support for Medicare and Medicaid	866-211-0544 Mon – Fri: 8AM – 8PM EST Sat – Sun: 8AM – 5PM EST
<b>Telephonic Scope of Appointment (SOA)</b>	Document SOA via phone	877-780-3920 (MAPD) 877-297-3625 (PDP)
<b>Paper Application Submission</b>	Submit paper enrollment applications via FAX	866-473-9124 (Wellcare MAPD) 866-388-1521 (PDP)

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# Marketing

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# Local Field Marketing (Universal and Regional)

- Local Field marketing plans for all states are already in motion for AEP; no additional requests will be taken.
- Broad benefit messaging and plan or benefit-based campaigns focuses on push products and the competitiveness of plans in a defined footprint. Campaigns contain a diverse mix of mediums, including print, direct mail, outdoor flyers, radio, and field activation elements. Campaigns available in the new brand include:



**AEP Prime**  
Available in  
Spa/Chi/Kor/Viet



**Flex Card**  
Available in Spanish



**Give Back**  
Available in Spanish



**Provider Co-Marketing**  
Some items available  
in Spa/Chi/Kor



**Event Promotion**  
Available in  
Spa/Chi/Kor/Viet



**Dental**  
Some items available  
in Spanish

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# Third Party Marketing Organizations

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# Third Party Marketing Organizations Requirements

## New Requirements for Third Party Marketing Organizations (TPMO)

- Beginning October 1, 2022 for all 2023 enrollment activity, all TPMOs, including **all third-party marketing/lead generation vendors, agencies, 1099 agents and brokers (captive, independent street brokers, Teledigital agents, etc.)**, will be required to record **ALL** beneficiary calls – inbound and outbound – in their entirety. There is no exception.
  - *Applies to all telephonic sales, marketing activities, and administrative/service calls, even if it does not result in an enrollment.*
  - *Recordings are not required for in-person activities.*
  - *Medicare requires all records to be maintained for 10 years.*
  - *Audience is all beneficiaries and members. There is no distinction made between new and existing clients.*
  - **Ascend** will include outbound Remote Agent Telephonic Enrollment (RATE) call recording functionality before AEP. Recordings may be captured outside of Ascend but must comply with all relevant regulations and laws (consent, retention, producibility, etc.).
- New CMS disclaimer language must be read within 60 seconds of a sales call, if the agent is not representing every plan in the service area. The disclaimer is also required for all electronic communications with beneficiaries, websites (regardless of content), and marketing materials.
- Lead generating activities will need to include a notice to the beneficiary that their information may be shared with a licensed agent.
- More detailed information will be available soon.



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# Questions?

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