



CENTENE  
**Workbench**

**wellcare**

TM

# **Centene Workbench: Contract Re-Certification Process**

External Guide

# Purpose of this Document


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

- Complete Contract Re-Certification in their Centene Workbench Portal.
- Steps will include verifying Demographic and Payment Information, Selling States, signing the 2023 TPME Agreement and W9.

**Please Note:** *Licensed-Only Agents and Dual-Assignment Agents will not be prompted to update payment information.*

- Print Contract and W-9 documents once completed.

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# Logging into PingOne

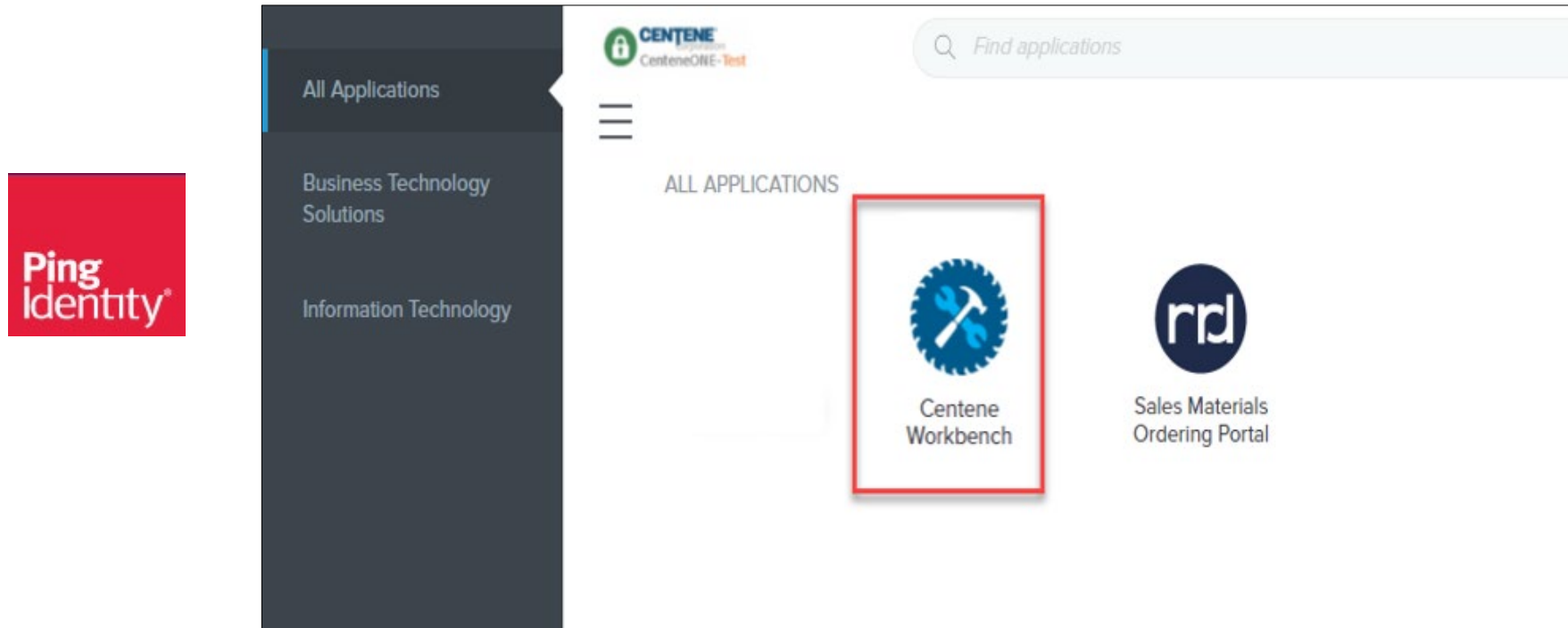
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# Logging into PingOne

To access the Contract Re-Certification, please log into your Broker Portal, through your PingOne access in Centene Workbench.

**Note:** For assistance with accessing PingOne, please follow the link to the PingOne Guide.



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# Viewing Notifications on Broker Portal

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# Accessing My Certification Cases from Navigation Menu

- Access the Contract Re-Certification by selecting from the Navigation Menu:
  - **My Credentials > My Certification Cases > Start.**

The screenshot displays the CENTENE Workbench interface. On the left is a blue navigation menu with the following items: DASHBOARD, STATEMENTS, BOOK OF BUSINESS, PAYMENT HISTORY, APPLICATION STATUS, DOCUMENTS & RESOURCES, MY CREDENTIALS (highlighted with a red box), MY ACCOUNT, SUPPORT TICKETS, and WORKFLOWS. The MY CREDENTIALS dropdown menu is open, showing three options: My Certification Cases (highlighted with a red box), Manage My Licenses, and My Status & Credentials. The main content area shows a table of certification cases. The first row is highlighted with a red box and contains the following data: Name (redacted), LOB (Medicare Advantage), Year (2023), Type (Contract Recertification), NPN (redacted), Sales Level (NMO), Submitted By (redacted), Creation Date (07/09/2022), and Status (Created - New, highlighted with a red box). A 'START' button is located in the first column of this row, also highlighted with a red box. Below the table, there is a modal window titled 'Recertification' with the following text: 'The 2023 Contract Recertification case is available for you to complete. You will be prompted to (1) verify Demographic, Payment Information, and Selling States and (2) sign the 2023 TPME Agreement and W9. Please Note: Licensed Only brokers and Dual Assignment brokers will not be prompted to update payment information. IMPORTANT! This is part of the annual certification requirements and must be completed by September 30, 2022 to avoid suspension from marketing / selling Wellcare products.' At the bottom of the modal are 'CLOSE' and 'CONTINUE' buttons.

Name	LOB	Year	Type	NPN	Sales Level	Affiliated Agency/Team	Submitted By	Creation Date	Status
[REDACTED]	Medicare Advantage	2023	Contract Recertification	[REDACTED]	NMO	[REDACTED]	[REDACTED]	07/09/2022	Created - New

- You can view the status of the case on the right-hand side under **STATUS**.



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# Completing the Contract Re-Certification Case

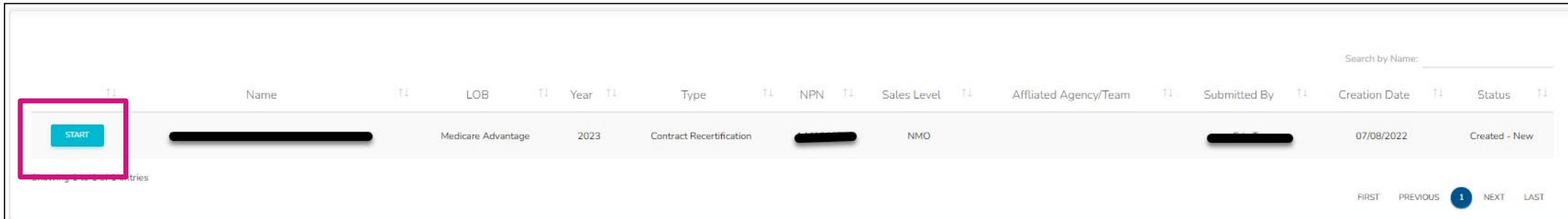
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# Completing the Contract Re-Certification

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



The screenshot displays a table within the Centene Workbench interface. The table has several columns: Name, LOB, Year, Type, NPN, Sales Level, Affiliated Agency/Team, Submitted By, Creation Date, and Status. A single row is visible, representing a pending contract re-certification. The 'START' button in the first column of this row is highlighted with a red rectangular box. The table also includes a search bar at the top right and pagination controls at the bottom right.

Name	LOB	Year	Type	NPN	Sales Level	Affiliated Agency/Team	Submitted By	Creation Date	Status
[REDACTED]	Medicare Advantage	2023	Contract Recertification	[REDACTED]	NMO	[REDACTED]	[REDACTED]	07/08/2022	Created - New



# Completing the Contract Re-Certification: Demographics

1. Select the **Demographics** tab under **My Certification Cases**.
2. Your Demographics information will automatically load in from your account profile.

**Note:** Name, Tax ID, NPN, Email, Business Address information is pulled from NIPR and cannot be edited.

3. Ensure to review and/or update the following information in your Demographics:
  - **Mobile Number:** Required
  - **Business Number:** Required
  - **Marketing Number:** Optional
  - **Secondary Email:** Optional
  - **Shipping Address:** Required

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

4. Select continue to move on to the Payment section.

The screenshot shows the 'My Certification Cases' interface with the 'DEMOGRAPHICS' tab selected. A red message states 'Fields marked with an asterisk (\*) are required.' Below this, the 'Personal Information' section contains several input fields: First Name\*, Middle Initial, Last Name\*, SSN\*, NPN\*, DOB\*, Mobile Phone\*, Business Phone\*, Marketing Phone, Email\*, Secondary Email, and Job Title. The fields for First Name, Last Name, SSN, NPN, DOB, Mobile Phone, Business Phone, and Email are currently filled with greyed-out placeholder text.

The screenshot shows the 'My Certification Cases' interface with the 'DEMOGRAPHICS' tab selected. The 'Shipping Address Information' section is visible, featuring a dropdown menu for 'Shipping Address Same as Residence?' set to 'No'. Below this are input fields for Address 1\*, Address 2, City\*, State\* (a dropdown menu showing '--'), and Zip Code\*. The 'Broker Information' section below shows a 'Broker Type' dropdown menu with 'Field Broker' selected.



# Completing the Contract Re-Certification: Payment

## Direct and Downline Only Sub Type Payment Steps

1. Review your current payment information and update, as necessary.
  - 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.

**My Certification Cases**

DEMOGRAPHICS PAYMENT STATE LICENSES SUBMIT

Fields marked with an asterisk (\*) are required.

Payee

You are eligible to declare a private company, that you legally represent or own, to be your payee. This means that any money earned is paid to the Tax ID of this company. It also means that the 1099 tax form issued to you will be in the name and Tax ID of this company. If you chose to declare a payee, you will be prompted to sign a W9 form for your declared company payee. If you chose to not declare a company as your payee, then you will be the payee on record. This means that the 1099 tax form issued to you will be in your name and SSN. You will be prompted to sign a W9 form with your information.

Do you want to declare a private company to be your payee? \*

Banking Information

Payment Method



# Completing the Contract Re-Certification: Payment

## Direct and Downline Only Sub Type Payment Steps

### Payee 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

*As you declared "yes", you will need to provide additional information regarding your payee in the section below. The information you enter below will be used to electronically generate a IRS W-9 Form.*

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**Business Entity Information**

Taxpayer ID Number\* \_\_\_\_\_

Business Name DBA\* \_\_\_\_\_

Business Address\* \_\_\_\_\_

Business City\* \_\_\_\_\_

Business State\* -- \_\_\_\_\_

Business Zip\* \_\_\_\_\_

**W-9 Information**

Taxation Type\* -- \_\_\_\_\_

I declare that I am legally authorized to execute contracts and agreements on behalf of myself or the legal entity I represent. \*

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**Banking Information**

Payment Method ACH (Direct Deposit) \_\_\_\_\_

Account Type\* Checking \_\_\_\_\_

[?] Account Number\* .....

Verify Account Number\* .....

[?] Routing Number\* [REDACTED] \_\_\_\_\_

Financial Institution\* [REDACTED] \_\_\_\_\_

**CONTINUE**



# Completing the Contract Re-Certification: Payment

## Direct and Downline Only Sub Type Payment Steps

### No Payee Entity Assignment:

- If you selected **No**, provide the required payment information for yourself.
- Once all information is provided, select **Continue**.

**Banking Information**


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Payment Method      ACH (Direct Deposit)


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Account Type \*      Checking

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[?] Account Number: \*      ••••••••      

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Verify Account Number \*      ••••••••      

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[?] Routing Number: \*      104913912

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Financial Institution \*      PINNACLE BANK

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**CONTINUE**



# Completing the Contract Re-Certification: 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

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Based on your current sub-type, no additional data is needed within this section. Please click "Continue" to proceed.



[CONTINUE](#)



# Completing the Contract Re-Certification: State Licenses

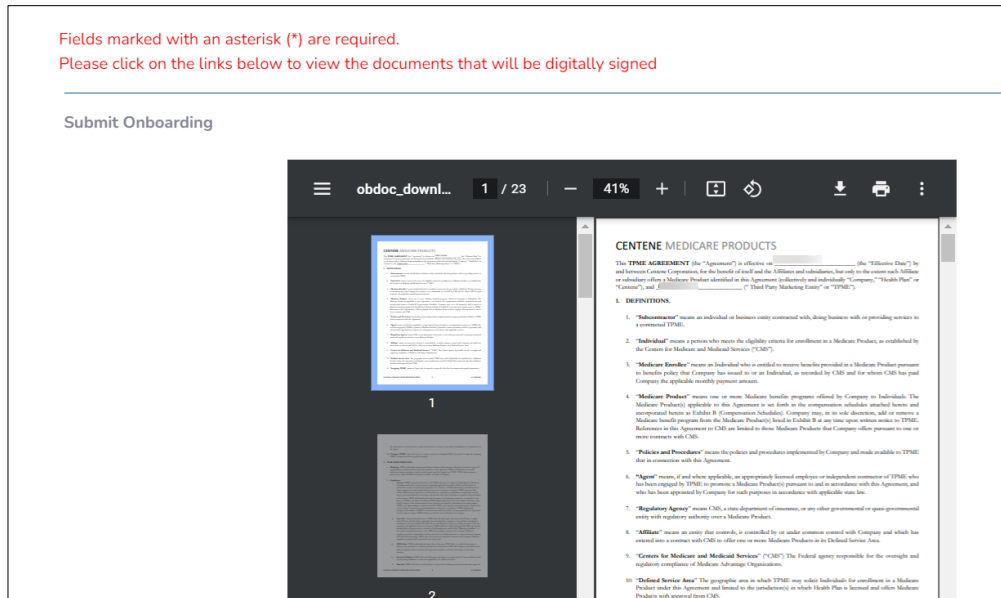
1. Review your current selected selling states.
2. You can also select additional licenses that you wish to market and sell Wellcare products for.
3. Once license section has been reviewed, select **Continue**.

<input checked="" type="checkbox"/> ME - Maine	<input checked="" type="checkbox"/> WI - Wisconsin
<input checked="" type="checkbox"/> MI - Michigan	<input checked="" type="checkbox"/> WV - West Virginia
<input checked="" type="checkbox"/> MN - Minnesota	<input type="checkbox"/> WY - Wyoming



# Completing the Contract Re-Certification: Submit

1. Prior to submitting this Contract-Recertification case, you will be able to review the 2023 TPME Medicare Agreement (including summary of changes) and your W9.



2. To submit your Contract Re-Certification case, review and acknowledge the statements below. Use the open space to complete your signature, and then select **Submit**.

I have read and agree to the terms and conditions of the contract

I understand that my submission of this application means that I have read and understand the contents of this application, and that I confirm that the information I have provided is accurate.

Date \* 07/08/2022

IP Address \* [redacted]

Please sign your name in the space below.

[Handwritten Signature]

CLEAR

SUBMIT





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# Contract Re-Certification Completed

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# Contract Re-Certification Completed

Once you have successfully submitted your Contract Re-Certification case, you will receive the following message regarding next steps. You will also be given the ability to download the TPME Medicare Agreement and W9. (These documents will also be stored in your broker profile under

**Note:** If you are Re-Certifying as an Agency, please ensure your Principal completes the Contract Re-Certification process as well.

**Submission Successful!**

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Thank you for completing your contract as part of the 2023 Annual Certification Requirement.

Below is a copy of your signed contract and W9. Please download and/or print a copy for your records. These document will also be stored in your portal under Documents & Resources - My Documents.

If you have not done so already, please ensure to complete the 2023 Annual Certification training prior to September 30, 2022 to ensure to avoid suspension from marketing and selling Wellcare products.

[Download Contract](#)

[Download W-9](#)

Broker Name	[REDACTED]
Email	[REDACTED]
NPN	[REDACTED]





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# Questions?

