

Write It Right – Application Submission

Clever Enroll – Online Enrollment Portal

- ✓ Enrollment Application

Clever Care Website

Assessable Electronic In Language DocuSign

- ✓ Online Enrollment Powerforms

Downloadable Paper forms

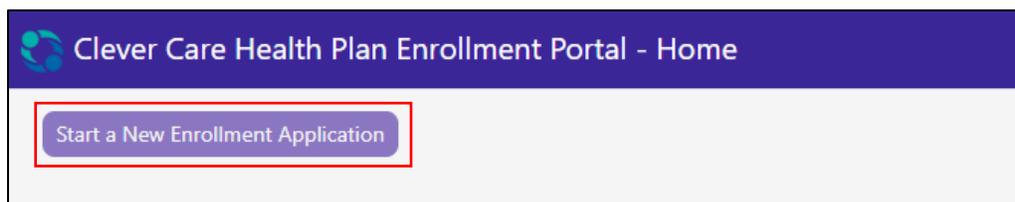
- ✓ Paper Enrollment forms



Clever Enroll – Online Enrollment

Clever Enroll is Clever Care's online enrollment portal. You can submit an electronic Scope of Appointment (SOA), a Plan Application, and a Health Risk Assessment (HRA) all in one portal.

Starting the Enrollment process. Click on the Start a New Enrollment Application Button.



Step 1 - Scope of Sales Appointment

1. Choose the plan year. Fill out the Beneficiary Name and Primary Residence contact information.

Clever Care Health Plan Enrollment Portal - SOA Joey Chadwick

Scope of Sales Appointment Submit SOA

Plan Year * 2025

Beneficiary Name and Primary Residence Contact Information

Beneficiary Prefix Beneficiary First Name * Beneficiary MI Beneficiary Last Name * Beneficiary Suffix

(562) 555-2525 Cell No Phone Number Provided

Street Address * Address 2

1234 Main Street

Zip Code * City * State *

90068 Los Angeles California

2. Read the Scope of Sales Appointment confirmation. Click the box to select which plans you will discuss with the beneficiary. The HMO box is for Longevity, and Value. The C-SNP box is for our Total+ plan. Plans will appear based on this check box and zip code. Any question with a red asterisk * is a required field.
3. Type in the full name of the beneficiary and choose the date the Scope of Appointment was signed. For a Power of Attorney or authorized representative choose Yes or No. IF, yes fill out their name, address, phone number, and relation to the beneficiary.

Scope of Sales Appointment Confirmation

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please select the product types that you would like the agent to discuss *

Clever Care Health Plan Medicare Advantage and Prescription Drug Plan (MAPD)

Medicare Health Maintenance Organization (HMO) A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare Chronic Special Needs Plan (C-SNP) A Medicare Advantage special needs Plan that is designed for people with chronic conditions.

Acknowledgement and Signature

Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Beneficiary or Authorized Representative Signature * Signature Date *

12/9/2024

Is an authorized representative signing on behalf of the beneficiary * Yes No

4. Answer the first required question. If the SOA was signed 2 days prior to the meeting enter N/A. If the SOA was signed the day of the meeting due to a walk-in, enter Walk-In. (CMS Requires the SOA to be signed 48 hours before enrollment)
5. Two new questions were added to the SOA.
 - a. How was the Scope of Sales Appointment captured?
 - Electronic, Paper, or Telephone
 - b. Date the Scope of Sales Appointment was captured?
 - Choose the date the SOA was signed
6. Complete the rest of the SOA by entering the Initial Method of contact, plans discussed and the agent's signature and date signed.

To be Completed by Agent

Agent First Name: Joey Agent Last Name: Chadwick Agent Phone Number: N/A

If the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting. *

Walk In

How was the Scope of Sales Appointment captured? * Date the Scope of Sales Appointment was captured *

Paper 12/9/2024

Initial Method of Contact *

Walk-in

Plan(s) the Agent Represented During this Meeting *

MA-PD Longevity-002-001

MA-PD Total +-011-001

MA-PD Value-008-001

Signature

Agent Signature * Agent Signature Date *

Joey Chadwick 12/9/2024 Submit SOA

7. When the SOA is complete, click the Submit SOA button. A message will appear, click Done.

Notice
✕

SOA Submitted

Confirmation Code: N00155451936

Done

Step 2 - Plan Selection

1. This page will display all Clever Care plans for the plan year you selected. Scroll down to the plan the beneficiary wants to enroll in.
2. Each plan box will display the Monthly Premium and a "View Details" link. The link will open a new tab on our Clever Care website with the plan overview details and downloadable documents.
3. You will also see details and copays for Medical, Pharmacy, and type of benefits.
4. Click the "Select This Plan" button to choose the plan. A purple box will surround the plan selection.
5. Scroll to the top of the screen and click the purple "Start Enrollment Application" button.

Clever Care Health Plan Enrollment Portal - New Enrollment: 2024 Joey Chadwick ▾

Scope of Sales Appointment | **Plan Selection** | Applicant Information | Medicare Information | Primary Care Physician | Payment Options | Attestation of Eligibility | Review

Plan Selection (4) Start Enrollment Application

Clever Care Longevity (HMO) Plan ▾

Clever Care Longevity (HMO) plan is a comprehensive MA-PD plan.

Monthly Premium	View Details	\$0.00
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[Hide Benefits and Co-Pays](#) Select This Plan

Medical

	In Network
PCP Copay	\$0.00
Specialist Copay	\$0.00
Deductible	\$0.00
OOP Max	\$1,700.00

Benefits Include

- Routine Physical
- Routine Vision and Eyewear Coverage
- Prescription Drugs
- Transportation (Non-Emergency)
- Dental
- Flexible Health and Wellness Allowance
- TeleHealth Visits
- Hearing
- Acupuncture
- Eastern Wellness Therapies

Pharmacy

Annual Deductible	Copays	
NA	Tier 1 Copay	\$0 Copay
Initial Coverage Limit	Tier 2 Copay	\$0 Copay
\$5,030.00	Tier 3 Copay	\$35 Copay
True OOP Threshold Amt	Tier 4 Copay	\$99 Copay
\$8,000.00	Tier 5 Copay	33% Coinsurance
	Tier 6 Copay	\$0 Copay

*Your cost-sharing may differ depending on the pharmacy you choose (e.g., standard retail, out-of-network, mail-order) or whether you receive a 30- or 100-day supply. If you live in a long-term care facility (LTC), you pay the same amount as you would at a standard retail pharmacy for a 31-day supply of medication. **Limits and exclusions may apply. Refer to the Evidence of Coverage for a full description of benefits. This information is not a complete description of benefits. Call (833) 388-8168 for more information.

Step 3 - Agreement

1. On the Review page, review each section to ensure accuracy.
2. Read the agreement section to the beneficiary. Check the box to record their digital signature. Enter their full name and the agent's full name.
3. Choose the Source of Application either by Telephonic or Enrollment portal.
4. Enter the person's name who helped the beneficiary fill out the application.
5. Enter the relationship to the beneficiary.
6. If a broker, also enter the National Producer Number.
7. Click the green **Enroll Now** button to submit the enrollment.

Agreement

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Clever Care Health Plan.
- By joining this Medicare Advantage Plan or Medicare Prescription Drug Plan, I acknowledge that Clever Care will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that when my Clever Care Health Plan coverage begins, I must get all of my medical and prescription drug benefits from Clever Care Health Plan. Benefits and services provided by Clever Care Health Plan and contained in my Clever Care Health Plan 'Evidence of Coverage' document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Clever Care will pay for benefits or services that are not covered.
- I understand that by checking this box [] this represents my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
1) This person is authorized under State law to complete this enrollment, and
2) Documentation of this authority is available upon request by Medicare.

By Checking this box you are signing this enrollment application and you agree to the above statements *

Member's or Authorized Representative's Signature *	Signature Date	Signature of Licensed Medicare Agent *	Signature Date
Ted Smith	12/9/2024	Joey Chadwick	12/9/2024

Select Source of Application *

- Enrollment Portal
- Telephonic

For individuals helping enroll, select **Enrollment Portal** on this form only

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Individual's Signature	Relationship to enrollee: *	National Producer Number(Agents/Brokers only): *	Enroll Now
Joey Chadwick	Broker	12345678	

Step 4 - Confirmation Number

1. Read the final statement and provide the beneficiary with the confirmation code.
 - a. On the upper right side you can Print the application, Start an HRA, or go to the Home screen.
 - b. This is the **ONLY** screen where the application can be printed. Click the print button and choose to save it as a PDF to your computer.

Clever Care Health Plan Enrollment Portal - New Enrollment: 2024 Joey Chadwick -

Thank You!

[Print](#) [HRA](#) [Home](#)

The Medicare Enrollment Application for Mary Beneficiary is subject to review by Clever Care Health Plan and the Centers for Medicare & Medicaid Services.

Confirmation Code: A00066648656

Thank you for completing your application in Clever Care Health Plan. Processing your application will take 7-10 calendar days.

Plan Selection

Clever Care Longevity (HMO) Plan
\$0.00 Premium Per Month

Applicant Information

Mary . Beneficiary	Permanent Residence Address
Female	3052 N GOODVIEW TR Los Angeles, CA 90068
02/02/1955	Preferred Material Language and Format (where available)
Contact Information	Selected language: English
Cell: (626) 555-1234 Texts Allowed	Format: Large Print

Clever Care Website – DocuSign PowerForms

Another way to submit a plan application is through a DocuSign process. The DocuSign process requires an electronic signature. To sign the application, the client needs to check the box after reading the statement of understanding to provide an e-signature.

NOTE: Please **do not** print the DocuSign form and fax or mail the application to Clever Care. Once the DocuSign is complete and by clicking the finish button, it will be automatically sent to Clever Care Electronically.

Step 1:

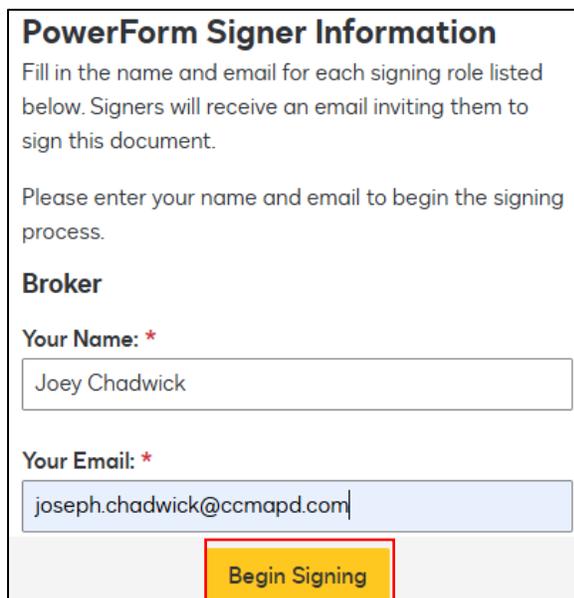
Go to Clever Care’s Website at <https://clevercarehealthplan.com/brokers/enrollment-forms/>. Scroll down to “Clever Care Power Forms” and **click** the link for the enrollment form in the language needed.



A screenshot of a web page titled "2025 Power Forms". It contains five orange hyperlinks stacked vertically: "2025 Broker Enrollment Form in English", "2025 Broker Enrollment Form in Chinese", "2025 Broker Enrollment Form in Korean", "2025 Broker Enrollment Form in Vietnamese", and "2025 Broker Enrollment Form in Spanish".

Step 2:

Fill out the Agent's name and email address.



A screenshot of a "PowerForm Signer Information" form. The form has a title "PowerForm Signer Information" and a paragraph: "Fill in the name and email for each signing role listed below. Signers will receive an email inviting them to sign this document." Below this is another paragraph: "Please enter your name and email to begin the signing process." The form is for a "Broker" and has two fields: "Your Name: *" with the value "Joey Chadwick" and "Your Email: *" with the value "joseph.chadwick@ccmapd.com". At the bottom is a yellow "Begin Signing" button.

Step 3:

In the upper right corner of the screen click the yellow continue button to begin filling out the application.



Step 4:

Continue to choose a plan in the county the client resides and fill out all of the required fields in red.

DocuSign Envelope ID: 3C23D859-A384-498E-93D3-D115A08E7C13

Section 1 All fields on this page are required (unless marked optional)

Select the plan you want to join:

Clever Care Longevity (HMO) H7607-002

<input type="radio"/> 001-Los Angeles County	\$0 per month
<input type="radio"/> 002-Orange County	\$0 per month
<input type="radio"/> 003-San Diego County	\$0 per month
<input type="radio"/> 004-San Bernardino County	\$0 per month
<input type="radio"/> 005-Riverside County	\$0 per month

Clever Care Value (HMO) H7607-008

<input type="radio"/> 001-Los Angeles County	\$0 per month
<input type="radio"/> 002-Orange County	\$0 per month
<input type="radio"/> 003-San Diego County	\$0 per month
<input type="radio"/> 004-San Bernardino County	\$0 per month
<input type="radio"/> 005-Riverside County	\$0 per month

Clever Care Total+ (HMO C-SNP) H7607-011

<input type="radio"/> 001-Los Angeles County	\$18.40 per month
<input type="radio"/> 002-Orange County	\$18.40 per month
<input type="radio"/> 003-San Diego County	\$18.40 per month
<input type="radio"/> 004-San Bernardino County	\$18.40 per month
<input type="radio"/> 005-Riverside County	\$18.40 per month

LAST name:

FIRST name: M.I. (optional):

Birth date: / Sex: Male Female

Phone Number: () - -

Step 5:

On page 4, have the client read the statement of understanding and then click the small checkbox. This represents the beneficiary's electronic signature.

Section 1 All fields on this page are required (unless marked optional) *continued*

IMPORTANT: Read and check the box below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Clever Care Health Plan.
- By joining this Medicare Advantage Plan, I acknowledge that Clever Care will share my information with Medicare, who may use it to track my enrollment, make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time - and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my Clever Care Health Plan coverage begins, I must get all of my medical and prescription drug benefits from Clever Care Health Plan. Benefits and services provided by Clever Care Health Plan and contained in my Clever Care Health Plan "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Clever Care will pay for benefits or services that are not covered.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that by checking this box **Required - Signature** (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 1. this person is authorized under State law to complete this enrollment, and
 2. documentation of this authority is available upon request by Medicare.

Today's date: 10/24/2024 / / Y Y Y Y

Step 6:

On the bottom of page 6, fill out the Relationship to enrollee, NPN, Effective Date, Received Date, and if the application was completed over the phone. Then the broker will sign the application by clicking the Sign button  .

For individuals helping enrollee with completing this form only	
Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.	
Name: Joey Chadwick	Relationship to enrollee: Broker
Signature: 	National Producer Number (Agents/Brokers only): 12345678
FMO (if applicable) Ipro	Telephonic Application?: <input type="radio"/> Yes <input checked="" type="radio"/> No
Effective date of coverage: 01/01/2025	Date application was received: 10/24/2024

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR 55 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

6 of 7

Step 7:

Once everything is completed, click the Finish button at the top of the page. This will electronically send the application to Clever Care. The broker will then receive an email confirmation and a copy of the application in your email inbox.

FINISH	FINISH LATER	OTHER ACTIONS ▾
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Clever Care Website – Downloadable Paper Forms

Another way to submit a plan application is by downloading a paper form, filling it out, having the beneficiary sign and either Fax or encrypted E-mail to Clever Care Health Plan.

Step 1:

Go to Clever Care’s Website at <https://clevercarehealthplan.com/brokers/enrollment-forms/> and scroll down to the bottom of the page that says “**Printable Resources**” and click the link for the 2025 enrollment form in the language needed.



Step 2:

At the top of the page, click either the download button  or the print button  to print the form so it can be completed by the beneficiary.



Step 3:

Ensure the application is signed and dated in Section 1 on page 4.

Section 1	
All fields on this page are required (unless marked optional) <i>continued</i>	
IMPORTANT: Read and sign below:	
<ul style="list-style-type: none">• I must keep both Hospital (Part A) and Medical (Part B) to stay in Clever Care Health Plan.• By joining this Medicare Advantage Plan, I acknowledge that Clever Care will share my information with Medicare, who may use it to track my enrollment, make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.• I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).• I understand that when my Clever Care Health Plan coverage begins, I must get all of my medical and prescription drug benefits from Clever Care Health Plan. Benefits and services provided by Clever Care Health Plan and contained in my Clever Care Health Plan "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Clever Care will pay for benefits or services that are not covered.• The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.• I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:<ol style="list-style-type: none">1. this person is authorized under State law to complete this enrollment, and2. documentation of this authority is available upon request by Medicare.	
Signature: _____	Today's date: M M / D D / Y Y Y Y _____
If you're the authorized representative, sign above and fill out these fields:	
Name: _____	Address: _____
Phone number: _____	Relationship to enrollee: _____

Step 4:

Once the paper application is completed and signed by both you and the beneficiary, you can submit the application the following ways.

1. **Preferred Method:** Fax the application to (657) 276-4757
2. Optional Method: Encrypted e-mail to enrollment@ccmapd.com