

Electronic Enrollment and Health Risk Assessment (HRA) Submission Methods

- Clever Enroll - Broker Portal**
 - ✓ Electronic Scope Of Appointment
 - ✓ Enrollment Application
 - ✓ Health Risk Assessment
- Connecture - Agency Portal**
 - ✓ Electronic Enrollments
 - ✓ HRA's
- Clever Care Website**
 Assessable Electronic In language DocuSign
 - ✓ Enrollment forms
 - ✓ HRA's
- CMS Website**
 - ✓ Medicare.gov



Clever Enroll

登記申請已提交並且顯示為完成之後，即可使用電子 HRA 按鈕。HRA 必須在申請文件簽署日期或計劃生效日期後的 10 天內提交，以較晚者為準。

啟動健康風險評估 HRA 流程。按一下儀表板上申請旁邊的紫色愛心  圖示

Clever Care Health Plan Enrollment Portal - Home											Joey Chadwick		
Start a New Enrollment Application													
Leads Assigned													
Last Na...	First Na...	Date of ...	Spoken ...	Home A...	Home Cl...	Home St...	Home Zip	Phone #	Gender	Medicar...	Medicai...	Written ...	Member...
No records available.													
Submitted Enrollment Applications (past 30 days)											Records		
	First Name	Last Name	Date Submitted	Application Status	HRA Status								
	Joey	Test5	2/14/2024	Pending	Not Started								
	Joey	Test4	2/14/2024	Processed	Completed (02/14/2024)								
	Joey	Test3	2/14/2024	Pending	Completed (02/14/2024)								
	Joey	Test2	2/14/2024	Pending	Completed (02/14/2024)								
	Joey	Test1	2/14/2024	Processed	Completed (02/14/2024)								

第 1 步：申請人資訊 (Applicant Information)

1. 檢閱申請人的資訊，確保一切正確。
2. 按一下右上角的「首頁」(Home) 按鈕，即可返回儀表板而不儲存。

Clever Care Health Plan Enrollment Portal - Health Risk Assessment Joey Chadwick ▾

Applicant Information Home

Applicant Name Mary Beneficiary	Main Address 3052 N GOODVIEW TR, Los Angeles, CA 90068	Mailing Address	Phone Numbers Cell: 6265551234	Email
Plan Name Clever Care Longevity Medicare Advantage (HMO) Plan	Requested Effective Date 04/01/2024	Spoken Language English	Date of Birth 02/02/1955	Gender Female
Application Submit Date 02/22/2024	HRA Last Updated	Medicare Number 1CD2EF3GH45	Member ID 0000060064	State Medicaid Number 1784983611

第 2 步：HRA 簡介

1. 填寫第 1 題至第 3 題。

Health Risk Assessment

HRA INTRO

1. Preferred Method of Communication
 - Phone
 - Email
2. Interpreter Needed?
 - Yes
 - No
3. How was the HRA Completed?
 - Telephone
 - Face-to-Face
 - Telehealth/Virtual

2. 在第 4 題輸入客戶可能有的任何宗教或文化信仰。如果都沒有，請輸入 N/A。

INFORMATION ABOUT ME

4. Please describe anything related to your culture, beliefs, religious practices, or anything else important to you that would help us serve you better.

N/A

5. What is your current housing situation?

I have housing

Are you worried about losing your housing?

No

Yes

I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)

6. Who do you currently live with?

Living Alone

Living with family or friend

Living with spouse/significant other

Other

7. Do you have an Advance Directive in place? (a way to make sure that your designated medical power of attorney is able to communicate your medical wishes if you cannot speak for yourself)

Yes

No

3. 填寫第 8 題至第 17 題，瞭解疼痛篩檢 (pain screening)、溝通連結 (communication connection) 和我的健康 (my health)。有些問題是是非題，而像第 9 題這樣的其他問題有多個選項可供選擇。

PAIN SCREENING

8. Are you experiencing any pain now or in the last two weeks?

Yes

At its worst, how severe is your pain (0 to 10 with 10 being the worst)?

0 1 2 3 4 5 6 7 8 9 10

Have you talked to your doctor or someone else about how to manage your pain?

Yes

Who did you talk to?

Yong Lee

No

No

9. Please select if you use any of the following equipment:

Dentures

Medical alert device

Lift chair

Brace (leg, back)

Transfer equipment

Cane

Incontinence supplies (pads, liners)

Glasses/contact lenses

Adaptive eating equipment

Bathing equipment

Walker

Bedside commode

Hearing aid

Wheelchair (manual, electric)

Other

Doesn't have/use any equipment

- 第 18 題是唯一的選填題。在這個問題中填入客戶正在使用的藥物。如果客戶沒有服用任何藥物，請將此問題留白。
- 如果要填寫的藥品超過 1 種，請按一下「新增另一個藥品」(Add another medication) 連結。

Health Risk Assessment

MY HEALTH

18. Please list the medications, frequency, and dosage you are taking, including over-the-counter and supplements.

Medication Name

Dosage/Strength

How often are you taking it?

[Add another medication](#)

- 完成第 38 題和第 39 題後，按一下紫色的「提交」(Submit) 按鈕，提交健康風險評估。
- 如果您想儲存進度並於稍後再返回，請按一下「儲存」(Save) 按鈕。

HEALTH GOALS

38. What are your health goals for everyday life? Please select at least one of the health goals listed below.

- Complete an annual wellness exam with my primary care provider (PCP)
- Volunteer for a local organization, such as the library, an animal shelter, or soup kitchen
- Work on maintaining or increasing my balance and strength to avoid falls
- Talk with my PCP to develop a regular exercise plan
- Follow a nutritious and healthy diet to maintain or improve my health
- Other personalized goal

39. Are there any barriers that may keep you from accomplishing your goal(s)?

- No
- Yes - Select all that apply :
 - Transportation
 - Lack of time
 - Lack of motivation
 - Lack of resources/equipment
 - Other

Connecture

在 Connecture 中提交登記申請後，即可使用電子 HRA 按鈕。HRA 必須在申請文件簽署日期或計劃生效日期後的 10 天內提交，以較晚者為準。

第 1 步：

如果您收到 Connecture 的聯絡，會提供您存取網站的**唯一連結**。

第 2 步：

提交申請後，請**按一下**健康風險評估 (Health Risk Assessment, HRA) 按鈕，開始 HRA 流程。

Application submitted

i Your application has been submitted and is pending approval.
This confirmation is not proof of membership.

[Email](#) [Print](#)

What to expect

- You will be notified when your application is accepted and your coverage is effective.
- You should receive your insurance card within 7 to 10 business days.
- If you have an email address on file, we will send copy of your application submission.

Next steps

Please complete the plan's optional Health Risk Assessment to gather more information about your health so they may provide health improvement suggestions.

[Complete Health Risk Assessment](#)

Application details

Member name
Terry Crews

Member address
510 Crane Blvd Los Angeles, CA 90065

Submitted on
November 2, 2023

Confirmation number
A81394315783833M

[View application](#)

第 3 步：

完成第 34 題和第 35 題，然後**按一下**「完成評估」(Complete Assessment)。

Health Goals

34. What are your health goals for everyday life? Please select at least one of the health goals listed below.*

- Complete an annual wellness exam with my primary care provider (PCP)
- Volunteer for a local organization, such as the library, an animal shelter, or soup kitchen.
- Work on maintaining or increasing my balance and strength to avoid falls
- Talk with my PCP to develop a regular exercise plan
- Follow a nutritious and health diet to maintain or improve my health
- Other personalized goal

35. Are there any barriers that may keep you from accomplishing your goal(s)?*

[Complete assessment](#)

福全健保 (Clever Care) PowerForms

另一種提交 HRA 的方法是透過 DocuSign 流程。代理人 and 客戶雙方都需要有電子郵件地址才能利用此流程。HRA 必須在申請文件簽署日期或計劃生效日期後的 10 天內提交，以較晚者為準。

第 1 步:

前往福全健保 (Clever Care) 的網站: <https://zh.clevercarehealthplan.com/brokers/enrollment-forms/>。向下捲動至「Power Forms」，並**按一下**所需語言的 2024 年 HRA 表格連結。

注意: 我們會持續接受 2024 年版的 HRA Powerform，直到於 2025 年第一季確認最終版的 2025 年表格為止。

2024 Power Forms		
2024 Broker Enrollment Form in English	SOA Form in English	2024 HRA Form in English
2024 Broker Enrollment Form in Chinese	SOA Form in Chinese	2024 HRA Form in Chinese
2024 Broker Enrollment Form in Korean	SOA Form in Korean	2024 HRA Form in Korean
2024 Broker Enrollment Form in Vietnamese	SOA Form in Vietnamese	2024 HRA Form in Vietnamese
2024 Broker Enrollment Form in Spanish	SOA Form in Spanish	2024 HRA Form in Spanish

第 2 步:

填寫代理人的姓名和電子郵件地址。不需要填寫會員 (Member) 部分。按一下「開始簽署」(Begin Signing)。

PowerForm Signer Information

Fill in the name and email for each signing role listed below. Signers will receive an email inviting them to sign this document.

Please enter your name and email to begin the signing process.

Agent

Your Name: *

Your Email: *

Please provide information for any other signers needed for this document.

Member

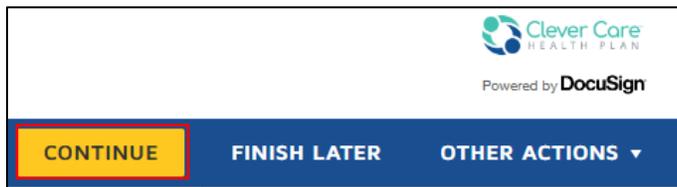
Name:

Email:

BEGIN SIGNING

第 3 步:

按一下畫面右上角的黃色「繼續」(Continue) 按鈕，開始填寫 HRA。



第 4 步:

繼續填寫所有標為紅色的必填欄位。如果會員沒有電子郵件地址，請在電子郵件地址欄位中填入 noemail@noemail.com 即可。

A screenshot of the "Health Risk Assessment" form. At the top left is the DocuSign Envelope ID: 09CEED02-D585-4E00-9B87-8A96A242009D. The Clever Care Health Plan logo is at the top center. The title "Health Risk Assessment" is in blue. The form contains several fields with red boxes around them, indicating they are required: Member's first name, Member's last name, Middle initial, Clever Care member MBI number, Date of birth, HRA completion date (pre-filled with 11/2/2023), Email address, Primary phone number, My primary language, and Other. There is also a field for "Other personalized goal" with a text input line.

第 5 步:

在最後一頁完成第 34 題和第 35 題，然後按一下「完成」(Finish)。

A screenshot of the HRA form showing questions 34 and 35. Question 34 asks for health goals for everyday life, with a list of checkboxes: Complete an annual wellness exam with my primary care provider (PCP), Volunteer for a local organization, Work on maintaining or increasing my balance and strength to avoid falls, Talk with my PCP to develop a regular exercise plan, Follow a nutritious and healthy diet to maintain or improve my health, and Other personalized goal. Question 35 asks if there are any barriers that may keep you from accomplishing your goal(s), with radio buttons for "No" and "Yes - Select all that apply:". Under "Yes", there are checkboxes for Transportation, Lack of time, Lack of motivation, and Lack of resources/equipment, plus an "Other" field with a text input line. At the top right and bottom center of the form, there is a yellow "FINISH" button.