

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

온라인 HRA 버튼은 가입 신청서를 제출하고 완료(completed)로 표시한 후에 사용하실 수 있습니다. HRA 는 신청서 서명일 또는 플랜 효력 발생일 중 늦은 날짜로부터 10 일 이내에 제출하셔야 합니다.

건강 위험 평가 HRA 프로세스 시작하기. 대시보드에서 신청서 옆에 있는 보라색 하트  아이콘을 클릭하십시오

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...	Medical...	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)									

1 단계 - 신청인 정보(Applicant Information)

1. 신청인 정보를 검토하여 모든 것이 정확한지 확인하십시오.
2. 저장하지 않고 대시보드로 돌아가려면 오른쪽 상단 모서리에 있는 홈(Home) 버튼을 클릭하십시오.

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

2 단계 - HRA 소개(HRA Intro)

1. 1 ~ 3 번 질문을 작성하십시오.

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. 질문 4 에는 가입자에게 해당할 수 있는 종교적 또는 문화적 신념을 입력하십시오. 없는 경우 N/A 를 입력하십시오.

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. 통증 스크리닝, 의사소통 커넥션, 나의 건강에 대한 8 ~ 17 번 문항을 작성하십시오. 일부 질문은 예(Yes)와 아니오(No)로 되어 있고 9 번과 같이 여러 옵션 중에서 선택할 수 있는 질문도 있습니다.

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?

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

4. 18 번 질문은 유일한 선택형 질문입니다. 이 질문에는 가입자가 복용 중인 약을 기입하십시오. 복용 중인 약이 없는 경우에는 이 질문을 비워 두십시오.
5. 추가할 약품이 1 개보다 많은 경우 다른 약품 추가(Add another medication) 링크를 클릭하십시오.

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](#)

- 38 번과 39 번 질문을 완료한 후 보라색 제출(Submit) 버튼을 클릭하여 건강 위험 평가서(Health Risk Assessment)를 제출하십시오.
- 진행 상황을 저장하고 나중에 다시 돌아오려면 저장(Save) 버튼을 클릭하십시오.

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

Save Submit

Connecture

Connecture 에서 가입 신청서를 제출하면 온라인 HRA 버튼을 사용하실 수 있습니다. HRA 는 신청서 서명일 또는 플랜 효력 발생일 중 늦은 날짜로부터 10 일 이내에 제출하셔야 합니다.

1 단계:

Connecture 에 연락하시면 웹사이트를 이용할 수 있는 **고유 링크**를 받게 됩니다.

2 단계:

신청서가 제출된 후, 건강 위험 평가(HRA) 버튼을 **클릭**하여 HRA 절차를 시작하십시오.

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](#)

3 단계:

34 번 및 35 번 질문에 대한 답변을 완료한 다음 평가 완료(Complete Assessment)를 클릭하십시오.

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](#)

Clever Care 파워폼(PowerForms)

HRA 를 제출하는 또 다른 방법은 DocuSign 프로세스를 이용하는 것입니다. 이 프로세스를 사용하려면 에이전트 및 고객 모두의 이메일 주소가 필요합니다. HRA 는 신청서 서명일 또는 플랜 효력 발생일 중 늦은 날짜로부터 10 일 이내에 제출하셔야 합니다.

1 단계:

Clever Care 웹사이트(<https://ko.clevercarehealthplan.com/brokers/enrollment-forms/>)로 이동하십시오. 아래로 스크롤하여 "파워폼(Power Forms)"으로 이동한 후 원하는 언어로 된 2024 HRA 양식 링크를 클릭하십시오.

참고: 2025 년 1 분기에 2025 년 양식이 준비될 때까지 2024 년 HRA 파워폼을 접수할 예정입니다.

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

2 단계:

에이전트의 이름과 이메일 주소를 입력하십시오. 회원 정보란은 필수 입력 사항이 아닙니다. 서명 시작(Begin Signing)을 클릭하십시오.

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: *

Full Name

Your Email: *

Email Address

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

Member

Name:

Full Name

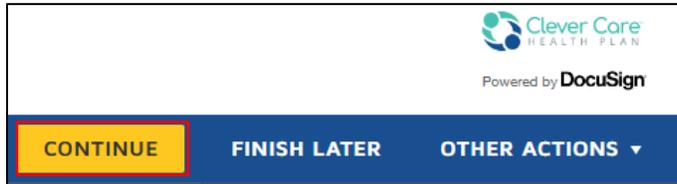
Email:

Email Address

BEGIN SIGNING

3 단계:

화면 오른쪽 상단 모서리에 있는 노란색 계속(continue) 버튼을 클릭하여 HRA 작성을 시작하십시오.



4 단계:

빨간색으로 표시된 모든 필수 입력란를 계속 작성하십시오. 회원에게 이메일 주소가 없는 경우, 이메일 주소란에 noemail@noemail.com 을 입력하십시오.

A screenshot of the 'Health Risk Assessment' form. The form includes fields for: Member's first name, last name, and middle initial; Clever Care member MBI number, Date of birth, and HRA completion date (pre-filled with 11/2/2023); Email address, Primary phone number, My primary language, and Other. Red boxes highlight the input fields for first name, last name, MBI number, Date of birth, Email address, Primary phone number, and Other.

5 단계:

마지막 페이지에서 질문 34 및 35 에 대한 답변을 완료한 후 마침(Finish)을 클릭하십시오.

A screenshot of the final page of the HRA. It contains two questions: Question 34 asks for health goals for everyday life with a list of options and a text field for other goals. Question 35 asks for barriers to accomplishing goals with radio buttons for 'No' and 'Yes', and checkboxes for 'Transportation', 'Lack of motivation', 'Lack of time', and 'Lack of resources/equipment', plus a text field for other barriers. A 'FINISH' button is highlighted in yellow at the bottom right.