

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

The electronic HRA button is available after an enrollment application is submitted **and** marked completed. HRA's must be submitted **no later** than 10 days after the application signature date or the plan effective date, whichever is later.

Starting the Health Risk Assessment HRA process. Click on the purple heart  icon next to the application on the dashboard

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 Ci...	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)									

Step 1 - Applicant Information

1. Review the applicant's information to ensure everything is correct.
2. Click the Home button on the upper right corner to go back to the dashboard without saving.

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

Step 2 – HRA Intro

1. Fill out question 1-3.

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. Enter any religious or cultural beliefs that the client may have in question 4. If they don't have anything, enter 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. Fill out questions 8-17 for pain screening, communication connection, and my health. Some questions are yes and no and others like #9 have multiple options to choose from.

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. Question 18 is the only optional question. Fill out this question with medications that the client is taking. If they are not taking any medications, leave this question blank.
5. Click the Add another medication link if there is more than 1 medication to add.

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](#)

6. Once you finish with questions 38 & 39, click the purple Submit button to submit the Health Risk Assessment.

7. If you want to save your progress and return later, click the Save button.

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

The electronic HRA button is available once an enrollment application is submitted in Connecture. HRA's must be submitted **no later** than 10 days after the application signature date or the plan effective date, whichever is later.

Step 1:

If you are contacted with Connecture, you will receive a **unique link** to access the website.

Step 2:

Once the application is submitted, **click** on the Health Risk Assessment (HRA) button to start the HRA process.

Application submitted

 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](#)

Step 3:

Complete questions 34 and 35 and then **click** 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](#)

Clever Care PowerForms

Another way to submit an HRA is through the DocuSign process. Both the agent and client will need an email address to use this process. HRA's must be submitted **no later** than 10 days after the application signature date or the plan effective date, whichever is later.

Step 1:

Go to Clever Care's Website at <https://clevercarehealthplan.com/brokers/enrollment-forms/>. Scroll down to "Power Forms" and **click** the link for the 2024 HRA form in the language needed.

NOTE: We will be accepting the 2024 HRA Powerforms until the 2025 form is finalized in Q1 of 2025.

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

Step 2:

Fill out the Agent's name and email address. The member section is not required. Click 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

Step 3:

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



Step 4:

Continue to fill out all of the required fields in red. If the member does not have an email address, simply use noemail@noemail.com in the email address field.

DocuSign Envelope ID: 09CEED02-D585-4E00-9B87-8A96A242009D

Health Risk Assessment

Member's first name: Member's last name: Middle initial:

Clever Care member MBI number: Date of birth: HRA completion date: 11/2/2023

Email address: Primary phone number: My primary language:

Other:

Step 5:

On the last page, complete questions 34 & 35 then click Finish.

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 healthy diet to maintain or improve my health
- Other personalized goal _____

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

No

Yes - Select all that apply:

- Transportation
- Lack of motivation
- Lack of time
- Lack of resources/equipment
- Other _____

FINISH