

Electronic Enrollment and Health Risk Assessment (HRA) Submission Methods

Clever Enroll - Broker Portal <ul style="list-style-type: none"> ✓ Electronic Scope Of Appointment ✓ Enrollment Application ✓ Health Risk Assessment
Connecture - Agency Portal <ul style="list-style-type: none"> ✓ Electronic Enrollments ✓ HRA's
Clever Care Website Assessable Electronic In language DocuSign <ul style="list-style-type: none"> ✓ Enrollment forms ✓ HRA's
CMS Website <ul style="list-style-type: none"> ✓ Medicare.gov

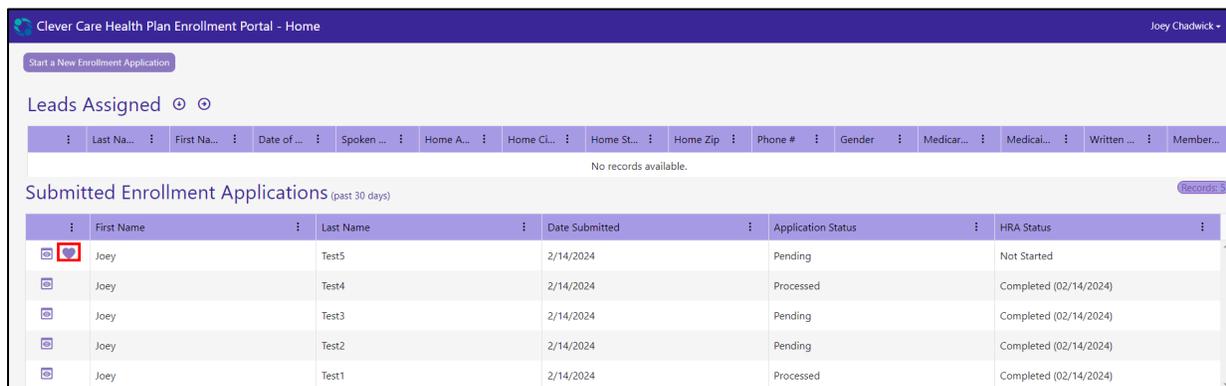


聯邦免責聲明： Clever Care Health Plan, Inc. 是一項與 Medicare 簽有合約的 HMO 和 HMO C-SNP 計劃。投保需視合約續約情況而定。

福全健保註冊 (Clever Enroll)

註冊申請提交並標記為已完成後，電子版健康風險評估 (HRA) 按鈕即可使用。健康風險評估 (HRA) 必須在申請簽署日期或計劃生效日期（以較晚者為準）後 10 天內 提交。

開始健康風險評估 **HRA** 流程。 點擊儀表板上申請旁邊的紫心圖標 



	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

1. 審查申請人的資訊以確保一切正確。
2. 點選右上角的「首頁」按鈕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 - 健康風險評估 (HRA) 簡介

1. 填寫問題 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. 在問題 4 中輸入客戶可能有的任何宗教或文化信仰。如果他們沒有任何宗教或文化信仰，請填寫 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. 填寫問題 8-17，即疼痛篩檢、溝通鏈接和我的健康。有些問題只有「是」和「否」兩個選項，而像第 9 題這樣的問題則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?

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. 問題 18 是唯一可選擇的問題。在此問題中填寫客戶正在服用的藥物。如果他們沒有服用任何藥物，則此問題留空。
5. 如果要添加的藥物超過 1 種，請點擊添加另一藥物鏈接。

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. 完成問題 38 和 39 後，點擊紫色提交按鈕提交健康風險評估。

7. 如果您想儲存進度並稍後返回，請點擊「儲存」按鈕。

HEALTH GOALS

27. 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 doctor to develop a regular exercise plan.
- Follow a nutritious and healthy diet to maintain or improve my health.
- Other personalized goal.

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

No

Yes - Select all that apply :

Select all barriers that apply.

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

Connecture

在 Connecture 中提交註冊申請後，即可使用電子健康風險評估 (HRA) 按鈕。健康風險評估 (HRA) 必須在申請簽署日期或計劃生效日期（以較晚者為準）後 10 天內 提交。

第 1 步:

如果您與 Connecture 取得聯絡，您將收到一個訪問該網站的 **唯一鏈接**。

第 2 步:

提交申請後，**點擊** 健康風險評估 (HRA) 按鈕即可啟動 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:

完成問題 27 和 28，然後 **點擊** 「完成評估」。

Health Goals

27. 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

28 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 的方式是透過 DocuSign 流程。代理人 and 客戶都需要一個電子郵件地址來使用此流程。健康風險評估 (HRA) 必須在申請簽署日期或計劃生效日期（以較晚者為準）後 10 天內 提交。

第 1 步:

進入福全健保 (Clever Care) 的網站 <https://zh.clevercarehealthplan.com/brokers/enrollment-forms/>。向下捲動到 "Power Forms"，然後 **點擊** 鏈接，選擇所需語言的正確計劃年度健康風險評估 (HRA) 表格。

2025 Power Forms	2026 Power Forms
2025 Broker Enrollment Form in English	2026 Broker Enrollment Form in English
2025 Broker Enrollment Form in Chinese	2026 Broker Enrollment Form in Chinese
2025 Broker Enrollment Form in Korean	2026 Broker Enrollment Form in Korean
2025 Broker Enrollment Form in Vietnamese	2026 Broker Enrollment Form in Vietnamese
2025 Broker Enrollment Form in Spanish	2026 Broker Enrollment Form in Spanish
2025 HRA Form in English	2026 HRA Form in English
2025 HRA Form in Chinese	2026 HRA Form in Chinese
2025 HRA Form in Korean	2026 HRA Form in Korean
2025 HRA Form in Vietnamese	2026 HRA Form in Vietnamese
2025 HRA Form in Spanish	2026 HRA Form in Spanish
^ back to the top	^ back to the top

第 2 步:

填寫代理人的姓名和電子郵件地址。會員部分不需要填寫。按一下「開始簽署」。

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: *
<input type="text" value="Full Name"/>
Your Email: *
<input type="text" value="Email Address"/>

Please provide information for any other signers needed for this document.
Member
Name:
<input type="text" value="Full Name"/>
Email:
<input type="text" value="Email Address"/>
BEGIN SIGNING

第 3 步:

繼續填寫紫色的所有必填欄位。

DocuSign Envelope ID: DFB061D3-8B8E-4302-ACC3-7148D9CE5421

Clever Care
HEALTH PLAN

Health Risk Assessment

Member's first name: Tom	Member's last name: Black	Middle initial:
Medicare MBI number: 1cc2cc3cc45	Date of birth: 02/02/1655	HRA completion date: 11/6/2025
Member phone number: 123-123-1234	Primary Care Provider (PCP) name: Yong Lee	

How was the HRA completed:

Telephone Face-to-Face Telehealth/Virtual

If applicable, list all individuals who helped complete this form
(i.e. provider, family member, friend, broker):

Name(s): Joseph Chadwick	Relationship to member: Agent
Broker Name: Joseph chadwick	Broker NPN: 15124512

第 4 步:

在最後一頁，完成問題 27 和 28。

Health Goals

27. 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 doctor to develop a regular exercise plan
- Follow a nutritious and healthy diet to maintain or improve my health
- Other personalized goal: _____

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

No

Yes - Select all that apply:

<input type="checkbox"/> Transportation	<input type="checkbox"/> Lack of motivation
<input type="checkbox"/> Lack of time	<input type="checkbox"/> Lack of resources/equipment
<input type="checkbox"/> Other _____	

第 5 步:

按一下頁面右上方的金色完成按鈕。

