

# 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

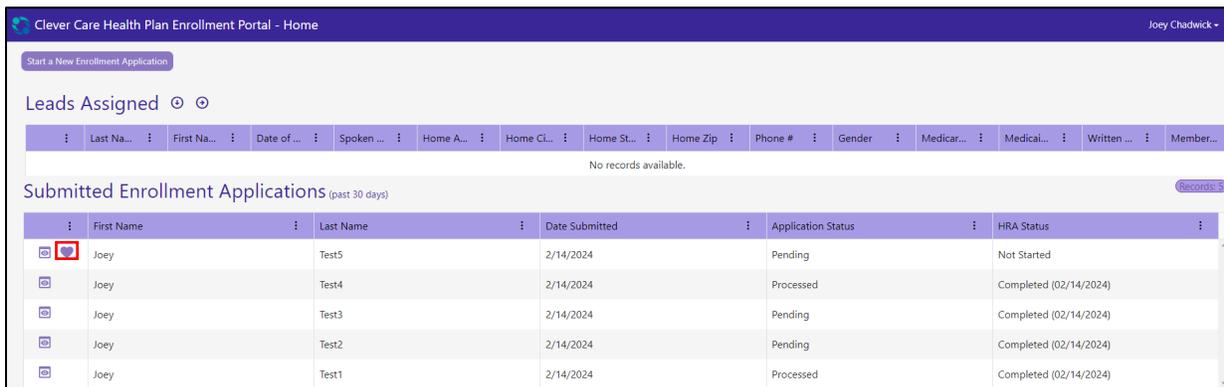


**연방 면책 조항:** Clever Care Health Plan, Inc. 는 메디케어 계약을 수반하는 HMO 및 HMO C-SNP 입니다. 가입은 계약 갱신에 달려 있습니다. 가입은 계약 갱신에 달려있습니다.

## Clever Enroll

전자적(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 가입 신청서(application) 옆의 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 ▾

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### Applicant Information Home

<b>Applicant Name</b> Mary Beneficiary	<b>Main Address</b> 3052 N GOODVIEW TR, Los Angeles, CA 90068	<b>Mailing Address</b>	<b>Phone Numbers</b> Cell: 6265551234	<b>Email</b>
<b>Plan Name</b> Clever Care Longevity Medicare Advantage (HMO) Plan	<b>Requested Effective Date</b> 04/01/2024	<b>Spoken Language</b> English	<b>Date of Birth</b> 02/02/1955	<b>Gender</b> Female
<b>Application Submit Date</b> 02/22/2024	<b>HRA Last Updated</b>	<b>Medicare Number</b> 1CD2EF3GH45	<b>Member ID</b> 0000060064	<b>State Medicaid Number</b> 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 고객에게 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. 질문 8 번부터 17 번까지는 통증 평가(pain screening), 의사소통 연결(communication connection), 건강 상태(my health)에 관한 질문을 작성하십시오. 일부 질문은 예/아니요 형식이며, 9 번과 같이 선택지가 여러 개인 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

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. 질문 18 번만 작성시 선택 사항입니다. 이 질문에는 고객이 복용 중인 약물을 기재하십시오. 약을 복용하지 않는다면, 이 문항은 빈칸으로 두십시오.
5. 추가할 약품이 2 개 이상인 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**

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

Save Submit

# Connecture

Connecture 에서 가입 신청서를 제출하면 전자(온라인) 건강 위험 평가(HRA) 버튼이 활성화됩니다. 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:

27 번 및 28 번 질문에 대한 답변을 완료한 다음 평가 완료(Complete Assessment)를 **클릭**하십시오.

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)?\***

Yes

No

**Complete assessment**

# Clever Care 파워폼(PowerForms)

HRA 를 제출하는 또 다른 방법은 DocuSign 절차를 이용하는 것입니다. 이 절차를 이용하려면 에이전트와 고객 모두 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. "Power Forms" 섹션으로 스크롤한 후, 필요한 언어로 해당 연도의 HRA 양식 링크를 클릭하십시오.

2025 Power Forms	2026 Power Forms
<a href="#">2025 Broker Enrollment Form in English</a>	<a href="#">2026 Broker Enrollment Form in English</a>
<a href="#">2025 Broker Enrollment Form in Chinese</a>	<a href="#">2026 Broker Enrollment Form in Chinese</a>
<a href="#">2025 Broker Enrollment Form in Korean</a>	<a href="#">2026 Broker Enrollment Form in Korean</a>
<a href="#">2025 Broker Enrollment Form in Vietnamese</a>	<a href="#">2026 Broker Enrollment Form in Vietnamese</a>
<a href="#">2025 Broker Enrollment Form in Spanish</a>	<a href="#">2026 Broker Enrollment Form in Spanish</a>
<a href="#">2025 HRA Form in English</a>	<a href="#">2026 HRA Form in English</a>
<a href="#">2025 HRA Form in Chinese</a>	<a href="#">2026 HRA Form in Chinese</a>
<a href="#">2025 HRA Form in Korean</a>	<a href="#">2026 HRA Form in Korean</a>
<a href="#">2025 HRA Form in Vietnamese</a>	<a href="#">2026 HRA Form in Vietnamese</a>
<a href="#">2025 HRA Form in Spanish</a>	<a href="#">2026 HRA Form in Spanish</a>
<a href="#">^ back to the top</a>	<a href="#">^ back to the top</a>

## 2 단계:

에이전트의 이름과 이메일 주소를 입력하십시오. 회원 정보 입력란은 필수 항목이 아닙니다. 서명 시작(Begin Signing)을 클릭하세요.

**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**

### 3 단계:

계속해서 보라색으로 표시된 필수 항목을 모두 작성하십시오.

DocuSign Envelope ID: DFBDE1D3-8B8E-4302-ACC3-7148D9CE5421

 **Health Risk Assessment**

Member's first name: <input type="text" value="Tom"/>	Member's last name: <input type="text" value="Black"/>	Middle initial: <input type="text"/>
Medicare MBI number: <input type="text" value="1cc2cc3cc45"/>	Date of birth: <input type="text" value="02/02/1655"/>	HRA completion date: 11/6/2025
Member phone number: <input type="text" value="123-123-1234"/>	Primary Care Provider (PCP) name: <input type="text" value="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): <input type="text" value="Joseph Chadwick"/>	Relationship to member: <input type="text" value="Agent"/>
Broker Name: Joseph chadwick	Broker NPN: <input type="text" value="15124512"/>

### 4 단계:

마지막 페이지의 27 번 및 28 번 질문을 완료하십시오.

**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 _____	

### 5 단계:

페이지 오른쪽 상단의 금색 완료 버튼을 클릭하십시오.

